

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2011
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NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN46385
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: December 28, 29, and 30, 2011.</p> <p>Facility Number: 012557 Provider Number: 15G791 AIMS Number: 201017960A</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/4/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	Initial comments - no standard deficiencies noted.	
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 3 of 4 clients (clients #1, #2, and #3) who lived in the home, to ensure the abuse/neglect policy was implemented pertaining to investigations of client to client aggression.</p>	W0149	QMRP/QDDP or designee will complete investigation of client to client aggression. QMRP will ask each staff involved to provide a written account of the antecedent, behavior, and conclusion of each incident. Each customer involved will be interviewed, and if able, will write	01/16/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>On 12-28-11 at 10:15 a.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated the following:</p> <p>-A BDDS report dated 4-22-11 for client #1 indicated she grabbed her roommate's hair and hit her.</p> <p>-A BDDS report dated 6-19-11 indicated client #3 "punched" her housemate then kicked her.</p> <p>-A BDDS report dated 7-28-11 indicated client #3 threw a plastic water bottle which hit her housemate in the head.</p> <p>-A BDDS report dated 7-30-11 indicated client #3 threw the phone at her roommate then the roommate hit client #3's mouth with her fist.</p> <p>-A BDDS report dated 8-28-11 indicated client #3's hair was pulled and she was "brought to the ground" by her housemate client #2. Client #2 also bit client #3's finger which broke the skin.</p> <p>There were no investigations available to review for these BDDS reports of client to client aggression.</p> <p>On 12-28-11 at 10:30 a.m. a review of the facility's Customer Abuse NoticePolicy dated 8-05 was conducted. The policy indicated "abuse of any kind" would be</p>		<p>an account of the incident. Each staff member and client involved will be interviewed, appropriate actions will be taken with finding from investigation - ISP, BSP, or Policy update.</p>		

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W0154	<p>investigated.</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated there were no investigations for the client to client aggression available for review per the facility's policy.</p> <p>9-3-2(a)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed for 3 of 4 clients (clients #1, #2, and #3) who lived in the home, to ensure incidents of client to client aggression were thoroughly investigated for 5 of 5 incidents.</p> <p>Findings include:</p> <p>On 12-28-11 at 10:15 a.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated the following:</p> <p>-A BDDS report dated 4-22-11 for client #1 indicated she grabbed her roommate's hair and hit her.</p>	W0154	Any alleged, suspected, or actual abuse/neglect/exploitation or client to client aggression will be investigated. Staff will provide a written account of antecedent, behavior, and conclusion of the incident. Customers and staff will be interviewed, corrections will be made based on findings - ISP, BSP, Policy, training.	01/16/2012	

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W0227	<p>-A BDDS report dated 6-19-11 indicated client #3 "punched" her housemate then kicked her.</p> <p>-A BDDS report dated 7-28-11 indicated client #3 threw a plastic water bottle which hit her housemate in the head.</p> <p>-A BDDS report dated 7-30-11 indicated client #3 threw the phone at her roommate then the roommate hit client #3's mouth with her fist.</p> <p>-A BDDS report dated 8-28-11 indicated client #3's hair was pulled and she was "brought to the ground" by her housemate client #2. Client #2 also bit client #3's finger which broke the skin.</p> <p>There were no investigations available to review for these BDDS reports of client to client aggression.</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated there were no investigations for the incidents of client to client aggression available for review.</p> <p>9-3-2(a)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the</p>	W0227	Client #1 has a goal in place to	01/16/2012	

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	<p>facility failed for 1 of 2 sampled clients (client #1) to ensure the Individual Support Plan (ISP) contained communication and money goals to address the client's assessed needs.</p> <p>Findings include:</p> <p>On 12-29-11 at 10:00 a.m. a record review for client #1 was conducted. The CFA (comprehensive functional assessment) dated 4-11 indicated client #1 needed physical assistance and object cues to assist her with communicating and she needed object cues to assist her with her financial needs. Client #1's Individualized Support Plan (ISP) dated 3-25-11 did not have goals to assist her with her financial or communication needs. A speech therapy evaluation dated 9-7-11 indicated client #1 needed assistance with others understanding what she was saying. The recommendations were as follows: "produce final consonants, will discriminate correct versus incorrect sounds in words and will produce (s and z) in initial and final positions."</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated client #1 did need assistance with her communication and with her finances and</p>		<p>address communication. Client #1 will read aloud, from a book of her choice, staff will encourage Client #1 to read for two minutes. Client #1 has a goal in place to address financial management. Client #1 will count change from a \$1 purchase.</p>		

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W0249	<p>she did not have a goal in place to assist her.</p> <p>9-3-4(a)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure her medication administration goal was implemented per her Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 12-29-11 from 7:30 a.m. until 9:15 a.m. an observation at the home of client #2 was conducted. At 8:55 a.m. client #2 administered her medications with assistance from direct care staff #1. Client #2 read her medications from the bubble packs and took her medications with water. Client #2 did not state 2 methods of preventing/treating constipation.</p>	W0249	Client #2 goal for medication administration has been updated to reflect "at medication pass" to ensure the client every opportunity to practice said goal. Previously the goal stated "at 8am."	01/16/2012	

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W0383	<p>On 12-29-11 at 11:00 a.m. a record review for client #2 was conducted. The ISP dated 3-25-11 indicated client #2 had a medication goal to state 2 methods of preventing/treating constipation.</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated client #2 did have a goal to state 2 methods of preventing constipation and the goal should be implemented per her ISP.</p> <p>9-3-4(a)</p> <p>Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3, and #4) who lived in the home, to ensure only authorized persons had access to the keys to the drug storage area.</p> <p>Findings include:</p> <p>On 12-29-11 from 7:30 a.m. until 9:15 a.m. an observation at the home of clients #1, #2, #3, and #4 was conducted. At 7:30 a.m. the medication keys were in a drawer in the unlocked medication area with access to anyone who came into the room. At 8:20 a.m. direct care staff (DCS) #5 took the keys from the drawer,</p>	W0383	A key lock box has been provided. All keys (including medication cabinet) are placed in the combination locked box. Staff have access to this box to ensure each customer does not access medications or other items that may be hazardous.	01/16/2012	

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	<p>unlocked the medication cabinet then put the keys back into the drawer. Client #1 came into the medication room and was administered her medication. DCS #5 took the keys from the drawer and locked the cabinet back after client #1 had taken her medications. At 8:55 a.m. DCS #1 took the keys from the drawer and unlocked the medication cabinet. DCS #1 assisted client #2 with her medication administration then locked the cabinet back, and put the keys back into the drawer. During the morning observation clients #1, #2, #3, and #4 were observed to enter the medication room having access to the medication keys.</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated the door leading into the medication room was not locked and the door was kept open. The QMRP also indicated the keys to the medication cabinet were kept in a drawer and anyone in the medication room would be able to access them.</p> <p>9-3-6(a)</p>				

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W0436	<p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) to ensure they were taught to wear their eyeglasses.</p> <p>Findings include:</p> <p>On 12-28-11 from 2:00 p.m. until 6:30 p.m. an observation at the home of clients #1 and #2 was conducted. During the entire observation clients #1 and #2 did not wear their eyeglasses. Clients #1 and #2 participated in meal preparation. Client #1 colored, played games, and ate her supper.</p> <p>On 12-29-11 from 7:30 a.m. until 9:15 a.m. an observation at the home of clients #1 and #2 was conducted. Client #2 fixed herself eggs for breakfast and read the labels from her bubble packs during her medication administration. Client #1 got herself some coffee and participated in her medication administration. Clients #1 and #2 did not have their glasses on during the entire observation.</p>	W0436	<p>For each client that has eyeglasses, eye glasses has been placed on the medication administration record to provide staff a reminder to ask each client if they wish to wear their glasses. The times for this are 8am, 12pm, 4pm.</p>	01/16/2012			

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	<p>On 12-29-11 at 11:00 a.m. a record review for client #2 was conducted. The health risk form dated 10-19-11 completed by the facility registered nurse indicated client #2 wore eyeglasses. A vision screening from the Eye Clinic indicated client #2 had glasses and should be wearing them. Client #2's Individualized Support Plan (ISP) dated 11-9-11 indicated she had vision difficulties and she wore eyeglasses.</p> <p>On 12-28-11 at 10:00 a.m. a record review for client #1 was conducted. Client #1's nursing quarterly dated 10-11 indicated client #1 had adaptive equipment which included eyeglasses.</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated clients #1 and #2 wore glasses and they should be taught how to use them.</p> <p>9-3-7(a)</p>				
W0440	<p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3, and #4) who lived in the home, to ensure evacuation drills were held</p>	W0440	<p>Staff will complete fire drills quarterly for each shift, each quarter house manager will provide appropriate shift a time and date for each shift. To</p>	01/16/2012	

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	<p>quarterly for each shift.</p> <p>Findings include:</p> <p>On 12-28-11 at 1:00 p.m. a review of the facility's evacuation drills was conducted. Drills conducted from 4-28-11 through 12-4-11 indicated drills were only implemented on 1st and 2nd shifts. The review of drills did not indicate any evacuation drills were conducted during 3rd shift while clients were asleep.</p> <p>On 12-29-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated there were no evacuation drills from 4-28-11 through 12-4-11 which were conducted on 3rd shift while clients were asleep.</p> <p>9-3-7(a)</p>		<p>correct this dificiency, a fire drill was conducted on 1/2/12 at 6:30am for the customers that were in the home on that given date.</p>		