

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G416	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/05/2014
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20089 LARK DR SOUTH BEND, IN 46637
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: December 2, 3, and 5, 2014.</p> <p>Facility number: 000930 Provider number: 15G416 AIM number: 100244540</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 17, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 to develop and/or implement abuse/neglect policies and procedures to prevent neglect of 1 additional client (#6) and to prevent financial exploitation of 3 of 4 sampled clients (#2, #3, and #4) and 3 additional</p>	W000149	<p><b>W149</b></p> <p>The facility makes every effort to implement it's policy and procedures to prevent abuse, neglect and financial exploitation.</p> <p>Regarding client #6, staff have</p>	01/04/2015

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>clients (#5, #6, and #7).</p> <p>Findings include:</p> <p>1) On 12/3/14 at 12:54 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) and internal incident reports from 8/12/14 to 12/3/14 and facility investigations from 12/3/13 to 12/3/14 were reviewed. A BDDS report dated 8/12/14 indicated "[Client #6] is a 63-year old man diagnosed with [Intellection Disabilities], Down's Syndrome, Epilepsy, Congenital Heart Disease, Congenital Dysplasia LE (left hip, Hypothyroidism, Cataracts (corrected with surgery), Osteoporosis, Low Testosterone, Irritable Bowel Syndrome, CHF (Congestive Heart Failure), and A-Fib (Atrial Fibrillation)." The report indicated "on 8/12/14, [Client #6] had exited the vehicle at day program and was sitting in his wheelchair while staff helped his housemates to exit. Due to a misunderstanding between staff about who was attending to him, his chair started to roll forward. Staff tried to stop him, but before they could reach him, he bumped into a parked car. He was examined by the day program nurse, who found no injuries." The BDDS report indicated "staff will monitor [Client #6] throughout the day and will follow up on any indications of discomfort. The</p>		<p>received documented training and have clear information and knowledge as to the vanning protocol for the morning drop off and pick up at day program. This protocol involves a face to face hand off including physical contact with the wheelchair from residential staff to day program staff. And, the protocol involves an order for loading/unloading and assisting each of the men that need assistance from staff to ambulate safely to and from the building. Finally, management staff make unannounced and announced observations at drop off and pick up times to immediately address any problems with staff if the protocol is not being followed and implemented in effort to ensure client safety during drop off and pick up times.</p> <p>In the future, all new staff will be trained on the drop off/ pick up protocol during department orientation and prior to dropping off/picking up individuals at day program or for other activities. Management staff will continue to make unannounced and announced observations at drop off/pick up time and address any issues immediately if protocol is not followed in order to promote safety.</p> <p>Persons Responsible: QIDP/Manager, Day Services Manager, Day Services Program</p>		

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	<p>process for safely unloading the van will be reviewed with staff involved today. The parking lot does not have an obvious incline, however, staff will be re-trained to do a better job clearly communicating with day (program) staff to ensure successful hand off to day program."</p> <p>An investigation conclusion dated 8/13/14 indicated "staff do not appear clear on what the vaning procedure is. [Group home] staff will receive training/clarification on the vaning procedure that they cannot leave clients until they enter the building or they have to hand off the clients to day program staff. [Group home] staff will also get [Client #1] off the van prior to getting [Client #6] off as this contributed to the problem. [Client #1] who is able to walk but has fall issues. By getting [Client #1] off the van before [Client #6], staff will not have the problem of [Client #1] walking off on his own."</p> <p>On 12/5/14 at 2:08 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated staff should have been monitoring Client #6 to ensure his safety. The QIDP indicated Client #6 relies on staff for wheelchair safety.</p> <p>2) On 12/3/14 at 12:54 PM, the facility's BDDS (Bureau of Developmental</p>		<p>Coordinator, Group Home Program Coordinator</p> <p>Regarding client #2, #3, #4, #5, #6, and #7 funds, each has been reimbursed the amount that was missing from their designated cash bag. Additionally, the following steps were implemented in effort to ensure safekeeping as well as access to their money:</p> <ol style="list-style-type: none"> <li>1. A smaller amount of money (such as \$20 in cash) for each client is held in the house cash bag lock box. The smaller amount (such as \$20) will be replenished on a regular basis allowing each client to have access to their money. If a client chooses/needs to make a purchase requiring a larger amount of money, the money will be withdrawn from their designated bank savings account directly prior to needing the larger amount and the purchases made right away (by the next business day) alleviating a large sum of money being held in the cash bag lock box.</li> <li>2. The lock to the cash bag lock box was changed. The Program Coordinator will always have access to the key to the cash bag lock box and permanent staff will have access to the key and cash bag lock box. Substitute or temporary staff that pick up open shifts in the home will not</li> </ol>				

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	<p>Disabilities Services) and internal incident reports from 8/12/14 to 12/3/14 and facility investigations from 12/3/13 to 12/3/14 were reviewed. A BDDS report dated 11/25/14 indicated "at 5:45 PM on 11/24/2014, staff at the [group] home were completing the counting of each of the client's cash in the home." The report indicated "seeing as multiple clients were missing money, we have made the assumption that this was theft. [The facility] is filing a police report with the [local police department]. [The facility] will reimburse each of the clients for the money that was taken. An internal investigation has started."</p> <p>A follow-up BDDS report dated 12/2/14 indicated "[The facility] has completed an investigation. [The facility] does not have any substantial evidence to pinpoint who took the money. The money is kept in a locked lockbox which is then locked in a locked medication cabinet. All staff that worked the shifts at the time of the incident had access to the keys which open the lockbox. Paperwork has been completed to have the clients' money reimbursed to them, and they should receive their reimbursement by the end of the week."</p> <p>An investigation dated 12/3/14 indicated "on the evening of 11/24/2014, when</p>		<p>have access to the key and the cash bag lock box.</p> <p>3. The cash bag lock box key is kept on a separate key ring from the primary house key ring. Additionally, the cash bag lock box key is kept in a secured location that requires a code to access. Only the Program Coordinator and permanent staff will have access to this code that accesses the cash bag lock box key. Substitute or temporary staff that pick up open shifts in the home will not have access to the code that accesses the key to the cash bag lock box.</p> <p>-</p> <p>4. A checklist was designed and implemented that directs permanent staff at the end of the weekday morning shift for the last staff in the house to check and initial that the cash bag lock box is secure and the cash bag lock box is secured in the designated place.</p> <p>5. Staff to first arrive on the weekday afternoon shift will check to make sure that the home and the cash bag lock box is secure. If unsecured, staff will</p>	

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	<p>[DSP (Direct Support Professional) #1] went to complete the shift money count, he found that the envelopes containing the money to be counted were missing for 6 of 7 men." The investigation indicated the following clients were missing money:</p> <p>"[Client #5] was short \$84. [Client #3] was short \$89. [Client #4] was short \$25.04. [Client #6] was short \$48.00. [Client #2] was short \$35. [Client #7] was short \$73."</p> <p>The investigation indicated "total amount missing was \$354.04." The investigation's conclusion indicated "the money remains missing. Therefore, it was substantiated that the six men were financially exploited as their money was not utilized in an authorized manner." The conclusion indicated "the six men had their rights violated as [the facility] failed to keep their money in a secure location resulting in a lack of access to their personal funds." The investigation conclusion indicated "[Facility] policy and procedures as well as Federal and state regulations were not followed as the six men's money was not kept safe and secured and as a result were not accessible for their personal use."</p>		<p>immediately call the Program Coordinator, Program Manager and/or on call QIDP. This immediate reporting will initiate the beginning of an investigation in effort to ascertain any breach in procedures.</p> <p>6. Lark staff have received documented training on the above procedures and expectations.</p> <p>In the future, new hire permanent staff will be trained on the cash bag lock box and key procedures and expectations, prior to having access to the cash bag lock box and key.</p> <p>Additionally, the Program Coordinator will complete a weekly check of the cash bags and documents the count is accurate, all deposits and withdrawals are documented, receipts have been obtained for all purchases and checkbooks are balanced. Additionally, the Program Manager/QIDP will complete a monthly check of the cash bags and document the count is accurate, all deposits and withdrawals are documented, receipts have been obtained for all purchases and checkbooks are balanced.</p>		

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W000331	<p>On 12/3/14 at 1:55 PM during an interview, the Director of Quality Assurance (DQA) indicated she had just completed the investigation. The DQA indicated the investigation was unable to identify who had taken clients #2, #3, #4, #5, #6, and #7's money. The DQA indicated the facility filed a police report and the clients' funds would be reimbursed.</p> <p>The facility's policy and procedures were reviewed on 12/3/14 at 2:25 PM. The facility's policy of abuse/neglect (dated October 1987) indicated the facility "prohibits the abuse, neglect, and exploitation of any individual receiving LOGAN services."</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, the facility's nursing staff failed to ensure 1 of 4 sampled clients (#1) risk plans were implemented and updated as necessary to prevent falls with serious injury.</p>	W000331	<p>Persons Responsible: Group Home Program Coordinator and QIDP/Program Manager</p> <p><u>W 331</u></p> <p>Client #1's Support team members have discussed Client</p>	01/04/2015			

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	<p>Findings include:</p> <p>On 12/2/14 between 4:45 PM and 6:10 PM, group home observations were conducted. Client #1 wore a helmet throughout the evening observation. Client #1 walked independently to the table for dinner. Client #1 did not use a wheelchair and was not offered use of a wheelchair.</p> <p>On 12/3/14 between 7:20 AM and 9:20 AM, group home observations were conducted. At 7:20 AM, Client #1 was assisted with medication administration. Client #1 stood in the medication room independently. Client #1 took his medication while standing independently and left the medication by ambulating independently without staff assistance. Client #1 did not use a wheelchair and was not offered use of a wheelchair during the morning observation in the group home.</p> <p>On 12/5/15 at 1:15 PM, day program observations were conducted. Client #1 was seated in the wheelchair in his day program room. At 1:20 PM, during an interview, the day program staff indicated Client #1 utilizes the wheelchair throughout the day at day program.</p>		<p>#1's risk plans and the risk plans were revised which includes clear guidelines and instructions for the utilization of the wheelchair. The Support team included the orthopedic physician who provided input and instruction for the revised risk plans. Staff have been trained on these changes to the plans and the plans are being implemented.</p> <p>The QIDP/Program Manager has provided training to the Program Coordinator in regards to passing physician information from medical appointments to the assigned nurse/QIDP by the following business day of the appointment. This will ensure the information is received in a timely manner so that revisions to risk plans and implementation of the revised risk plans will occur in a timely manner</p> <p>In the future, the Nurse/QIDP will follow up weekly with the Program Coordinator to make sure that all physicians' orders and recommendations have been passed on after medical appointments to the assigned nurse/QIDP. The QIDP /Nurse will respond to order and recommendations by revising plans and then training staff so risk plans are current and</p>		

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	<p>On 12/3/14 at 12:54 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) and internal incident reports from 8/12/14 to 12/3/14 and the facility's investigations from 12/3/13 to 12/3/14 were reviewed. A BDDS report dated 9/12/14 indicated Client #1 "is an individual who receives pre-vocational services at [facility owned day program]. He has been diagnosed with ID/DD [Intellectual Disabilities/Developmental Disabilities], Seizure Disorder, and Osteoporosis (progressive bone loss)." The report indicated "he has high risk plans for Seizures, Falls, and Osteoporosis. On 9/11/2014, around 2:30p (pm), another individual in service notified staff that [Client #1] had fallen in the bathroom. Staff immediately went to investigate and saw that [Client #1] was lying on the floor with his right sock and shoe removed and his right leg resting on his left. [Client #1] was conscious and greeted the staff that entered. Staff asked him what happened and [Client #1] told them that he had fallen and that his foot hurt." The report indicated "staff examined his leg and concluded that [Client #1] needed medical attention. Some of the nurses working at [the facility] arrived to examine and assist [Client #1]. They quickly concluded that he needed further medical assistance. An</p>		<p>implemented to meet client health care needs.</p> <p>Persons Responsible:  Nurse, Program Coordinator and QIDP/Program Manager</p>	

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	<p>ambulance was called and arrived to take [Client #1] to the ER (emergency room) at [local hospital]." The report indicated "it was determined that he had a spiral fracture of his right tibia (the large bone of the lower leg). That night they performed surgery on his leg and then admitted him to the hospital." The report indicated the facility had begun to investigate "to identify preventative measures that can be taken to lower the risk of a similar incident happening in the future."</p> <p>A follow-up report dated 9/16/14 indicated Client #1 was released from the hospital on 9/15/14. The report indicated "a fracture risk plan and transfer risk plan have been written and is in place. [Client #1] has fall, osteoporosis and seizure risk plans also in place. The team will continue to review and make changes to these plans as necessary."</p> <p>The investigation dated 9/17/14 indicated "[Client #1] encouraged per his fall plan to utilize the wheel chair if he is walking more than about 15 feet. [Client #1] has the right to refuse but is generally fairly cooperative. This encouraging the use of the wheel chair is to hopefully minimize [Client #1]'s falls. His regular orthopedic physician, [doctor], has stated to staff including myself in the past that [Client</p>			

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	<p>#1]'s osteoporosis is so bad that he could be walking and a (sic) one of his bones could just break which then would cause a fall.</p> <p>On 12/5/14 at 12:47 PM, record review indicated Client #1 had the following risk plans (not all inclusive): Transfer Risk Plan (dated 9/15/14), Fracture Risk Plan (9/15/14), Vertigo (9/11/14), Osteoporosis (dated 3/13/14), Fall Plan (3/13/14), and Seizure Action Plan (dated 3/13/14).</p> <p>Record review indicated Client #1's Transfer Risk and Fall Risk plans indicated Client #1 was to use a wheelchair. Client #1's Transfer Risk Plan indicated "[Client #1] should utilize a wheel chair at all times when moving about." Client #1's Fall Risk Plan indicated "[Client #1] should utilize a wheel chair with staff pushing him if he is willing to cooperate with this. A wheel chair should be available both for the group home as well as the day program use. Especially if the distance is more than 15 feet staff should greatly encourage [Client #1] to utilize the wheel chair with staff pushing him. Please note that [Client #1] does have the right to refuse to utilize the wheel chair."</p> <p>On 12/5/14 at 2:08 PM, the QIDP</p>			

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	<p>(Qualified Intellectual Disability Professional) indicated the House Manager (HM) indicated Client #1 had an appointment which cleared Client #1 to bear weight since his leg surgery to repair the fracture. The QIDP indicated the HM did not forward the orders from the physician for review and for Client #1's IDT (Interdisciplinary Team). The QIDP indicated Client #1's orthopedic doctor indicated Client #1's osteoporosis had progressed where Client #1 could break bones very easily. The QIDP indicated the facility nurse did not update Client #1's risk plans with current doctor's recommendations. The QIDP indicated Client #1 should have been using his wheelchair as indicated by his fall risk plans until an IDT (interdisciplinary team) met to discuss current physician's orders.</p> <p>9-3-6(a)</p>			