STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G416		12/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	20089 LARK DR SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: December 2, 3, 4, and 7, 2015. Facility number: 000930 Provider number: 15G416 AIM number: 100244540 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/14/15.	W 0000		
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview, the facility failed to implement shaving objectives during times of opportunity for 3 of 4 sampled clients (clients #1, #2, and #3).	W 0249	**W 249** This facility strives to provide continuous active treatment for the individuals it serves. All staff in this facility will receive documented training by January 6, 2016, on how to provide	01/06/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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 12/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	20089 LARK DR SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Findings include: Clients #1, #2, and #3 were observed during the group home observation period on 12/3/15 from 5:51 A.M. until 7:30 A.M. At 6:42 A.M., direct care staff #5 shaved client #1 with an electric razor in the living room area of the facility. At 6:44 A.M., direct care staff #5 shaved client #3 with an electric razor in the living room area of the facility, and at 6:47 A.M., direct care staff #5 shaved client #2 with an electric razor in the living room of the facility. Direct care staff #5 was not observed to implement shaving objectives for clients #1, #2, and #3 to shave themselves. Client #1's records were reviewed on 12/3/15 at 9:07 A.M. Client #1's Individual Support Plan dated 9/3/15 indicated the following objective: "Learn to shave himself." Client #2's records were reviewed on 12/3/15 at 9:39 A.M. Client #2's Individual Support Plan dated 10/29/15 indicated the following objective: "Learn to shave himself." Client #3's records were reviewed on 12/3/15 at 10:17 A.M. Client #3's Individual Support Plan dated 2/19/15		continuous active treatment focusing on morning hygiene routines and morning training objectives. This will be provided for all clients including clients 1, 2, and 3 personal grooming objectives related to shaving. The Program Coordinator will be present during the morning shifts during the morning routine at least 4 times a week, more often as needed, for a four week period, in order to serve as a role model and provide needed oversight and direction to staff to ensure clients training objectives are implemented and clients are participating in their morning routines. Additionally, the QIDP will complete weekly observations during the morning shifts, more often as needed, when the morning hygiene tasks such as shaving are being completed with clients. The QIDP will serve as a role model and provided demonstration and direction to staff to ensure staff are encouraging participation from clients as well as implement hygiene training objectives. In the future, the Program Coordinator and QIDP will continue to complete weekly scheduled and unscheduled checks during morning routine times when clients are being assisted in shaving and hygiene tasks to ensure that objectives pertaining to shaving and other morning hygiene training	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G416		12/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	20089 LARK DR SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	indicated the following objective: "Learn to shave himself." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/3/15 at 10:49 A.M. QIDP #1 stated, "Shaving objectives (for clients #1, #2, and #3) should have been implemented." 9-3-4(a)		objectives are implemented as written. As well as, staff are encouraging clients to be involved, as appropriate, in their morning routines. Further, the Director of Residential Services and Director of Quality Assurance will make scheduled and unscheduled checks on at least a quarterly basis, more often as needed to ensure that objectives are being implemented as written and clients are actively involved in their morning hygiene routines. Persons Responsible: QIDP/Program Manager, Program Coordinator, Director of Residential Services Director of Quality Assurance	
W 0268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 3 of 4 clients living at the group home (clients #1, #2, and #3), the facility failed to ensure clients' dignity by sharing a razor and shaving them in the living room. Findings include: Clients #1, #2, and #3 were observed during the group home observation period on 12/3/15 from 5:51 A.M. until 7:30 A.M. At 6:42 A.M., direct care staff	W 0268	**W 268** This facility strives to promote the growth, development and independence of the clients it serves. All staff in this facility will receive documented training by January 6, 2016, on methods to ensure clients' dignity by assisting the clients in shaving in private whether it is in the client's bedroom or bathroom and shaving with their own razor/shaver. All clients of the home including Clients 1, 2, and 3 have their own personal shavers. The Program Coordinator will be present during the morning shifts during the morning routine at	01/06/2016

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 12/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	20089 LARK DR SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	#5 shaved client #1 with an electric razor in the living room area of the facility. At 6:44 A.M., direct care staff #5 shaved client #3 with an electric razor in the living room area of the facility, and at 6:47 A.M., direct care staff #5 shaved client #2 with an electric razor in the living room of the facility. During this time, clients #1, #2, and #3 were being shaved, clients #4, #5, #6, and #7 milled around the living room area, watching television, and watching clients #1, #2, and #3 being shaved. Direct care staff #5 used the same electric razor to shave clients #1, #2, and #3. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/3/15 at 10:49 A.M. QIDP #1 stated direct care staff #5 "should not have shaved them [clients #1, #2, and #3] in the living room." 9-3-5(a)		least 4 times a week, more often as needed, for a four week period, in order to serve as a role model and provide needed oversight and direction to staff to ensure clients using their own designated razor/shaver when shaving and are shaving in an appropriate private place such as the bathroom or bedroom. Additionally, the QIDP will complete weekly observations, more often as needed, during the morning shifts when the morning hygiene tasks such as shaving are being completed with clients. The QIDP will provide any direction, if needed, to ensure clients are using their own razor/shaver and are shaving in an appropriate private place such as the bathroom or bedroom. In the future, the Program Coordinator and QIDP will continue to complete weekly scheduled and unscheduled checks during morning routine times when clients are completing their hygiene routines, such as shaving, to ensure that clients in this facility are being assisted with shaving using their own razor/shaver in a private area of the home. Further, the Director of Residential Services and Director of Quality Assurance will make scheduled and unscheduled checks on at least a quarterly basis, more often as needed to ensure that staff are assisting in providing personal care in private areas of the home	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G416		12/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	20089 LARK DR SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			and that each client has and is using their own personal hygiene items Persons Responsible: Program Coordinator; QIDP/Program Manager; Director of Residential Services; Director of Quality Assurance	
W 0454 Bldg. 00	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview, the facility failed to assure 3 of 4 sampled clients (clients #1, #2,and #3) shaved with individual razors. Findings include: Clients #1, #2, and #3 were observed during the group home observation period on 12/3/15 from 5:51 A.M. until 7:30 A.M. At 6:42 A.M., direct care staff #5 shaved client #1 with an electric razor. At 6:44 A.M., direct care staff #5 shaved client #3 with an electric razor, and at 6:47 A.M., direct care staff #5 shaved client #2 with an electric razor. Direct care staff #5 used the same electric razor to shave clients #1, #2, and #3. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/3/15 at 10:49 A.M. QIDP #1 indicated clients #1, #2, and #3 had their	W 0454	**W 454** This facility strives to provide a sanitary environment to avoid sources and transmission of infections. All staff in this facility will receive documented training by January 6, 2016, addressing the importance of each client having and utilizing their own hygiene items including using their own razor/shaver. All clients of the home including Clients 1, 2, and 3 have their own personal shavers. The Program Coordinator will be present during the morning shifts during the morning routine at least 4 times a week, more often as needed, for a four week period, in order to serve as a role model and provide needed oversight and direction to staff to ensure each client is using their own razor/shaver as well as their own designated personal hygiene items and the items are clean and sanitary. Additionally, the QIDP will complete weekly observations, more often as needed, during times when clients are completing	01/06/2016

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 12/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	20089 LARK DR SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	own personal electric razors. QIDP #1 stated, "[Direct care staff #5] should not have shaved all three (clients #1, #2, and #3) with the same razor." 9-3-7(a)		shaving tasks to ensure that clients are using their own razor/shavers as well as their own designated personal hygiene items and the items are clean and sanitary. In the future, the Program Coordinator and QIDP will continue to complete weekly scheduled and unscheduled checks during morning routine times when clients are being assisted in shaving and hygiene tasks to ensure that each individual is using their own hygiene items and that the items are clean and sanitary. Further, the Director of Residential Services and Director of Quality Assurance will make scheduled and unscheduled checks on at least a quarterly basis, more often as needed to ensure clients are provided and are using their own personal care items and the items are clean and sanitary. Persons Responsible: Program Coordinator; QIDP/Program Manager; Director of Residential Services, Director of Quality Assurance	