

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G748	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2013
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NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 1, 2, 3, 6, 9, 10, and 13, 2013.</p> <p>Facility number: 011602 Provider number: 15G748 AIM number: 200903760</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/20/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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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, for 3 of 3 BDDS (Bureau of Developmental Disabilities Services) reports of allegations of staff sleeping on duty, the facility neglected to implement the facility's policy and procedure to prohibit staff neglect for 4 of 4 clients (clients #1, #2, #3, and #4) and 2 additional clients (clients #5 and #6).</p> <p>Findings include:</p> <p>On 5/1/13 at 12:35pm, on 5/3/13 at 8am, and on 5/6/13 at 3:30pm, the facility's BDDS Reports and investigations were reviewed from 05/01/12 through 05/1/13. The review indicated the following:</p> <p>-A 12/23/12 BDDS report for an incident on 12/23/12 at 2:12am, indicated staff were asleep and on duty at the group home with clients #1, #2, #3, and #4. The incident report indicated staff neglect was substantiated and the staff person was terminated from employment.</p> <p>-A 9/26/12 BDDS report for an incident on 9/26/12 (no time was indicated), indicated an allegation of neglect for staff sleeping while on duty. The allegation</p>	W000149	Policy was followed during these incidents. Unfortunately it is impossible to determine when a staff will fall asleep. QDDP and Group Home supervisor will continue to complete monthly checks on the overnight shift to ensure that staff are not sleeping. QDDP and Group home supervisor will continue to encourage staff to call immediately if a staff falls asleep. The unannounced visits can only assist in ensuring that staff are not sleeping. Household tasks are assigned to keep staff active and to prevent sitting. Staff are trained to call supervision immediately upon noticing another staff sleeping, this policy was followed in each circumstance.	05/14/2013			

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	<p>was substantiated and the staff was terminated from employment.</p> <p>-A 6/11/12 BDDS report for an incident on 6/11/12 at 7:47am, indicated the house manager was contacted with an allegation of a staff sleeping on duty while clients #1, #4, #5, and #6 lived in the group home. The report indicated the staff was suspended. A follow up BDDS report indicated that the staff involved was terminated for substantiated neglect of sleeping on duty.</p> <p>The facility's records were reviewed on 5/1/13 at 1:00pm. A review of the facility's undated "Customer Abuse Notice (policy)" indicated, in part, the following: "Prohibitive Practices Spectrum Community Services of Indiana, LLC prohibits the following practices: Abuse, is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, or mental anguish. This includes deprivation by an individual including a caretaker of goods or services that are necessary to attain or maintain physical, mental, or psychosocial well being...." The policy indicated staff were prohibited from abuse and/or neglect.</p> <p>On 5/1/13 at 12:30pm, a review of the facility's 5/2011 "Neglect, Battery, and</p>				

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	<p>Exploitation of Individuals" indicated neglect included the lack of facility staff supervision.</p> <p>On 5/10/13 at 2:05pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated staff were suspended for sleeping on duty then later terminated if the allegation was substantiated. The QIDP indicated clients #1, #2, #3, and #4 required awake on duty staff twenty-four hours a day. The QIDP indicated the staff neglected to follow the abuse/neglect policy and procedure.</p> <p>9-3-2(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review, and interview, for 1 of 2 sample clients (client #2), the facility failed to ensure client #2's fall risk plan included guidelines for bathing after repeated falls in the bathroom.</p> <p>Findings include:</p> <p>On 5/1/13 at 12:35pm, on 5/3/13 at 8am, and on 5/6/13 at 8am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 05/2012 through 05/1/13 and indicated the following:</p> <ul style="list-style-type: none"> -A 4/13/13 BDDS report for an incident on 4/11/13 at 1:30pm, indicated client #2 fell and slipped on floor after showering. No injury was indicated. -A 4/2/13 BDDS report for an incident on 4/2/13 at 11:05am, indicated client #2 fell in shower. No injury was indicated. -A 2/25/13 BDDS report for an incident on 2/24/13 at 9:15am, indicated client #2 fell in shower and bruised Left knee. <p>Client #2's record was reviewed on 5/2/13 at 12:20pm. Client #2's undated "Health Risk: Fall" plan identified "Health Risk:</p>	W000240	Client #2 is independed in the bathroom and will force any staff out when he is in the bathroom for privacy. High Risk Protocol has been updated to include reminding the client to utilize hand rails while bathing, staff will also remind the client to act appropriately in the bathroom and refrain from any horseplay. Agency Nurse and QDDP will monitor effectiveness of change via incident reports.	05/15/2013			

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	<p>Fall - Increased risk due to poor posture and decreased balance...Visual Monitoring while ambulating." Client #2's Fall Risk Plan did not indicate what type of supervision client #2 should have inside the bathroom and did not indicate specific guidelines for client #2 to shower/bath to address falls in the shower. Client #2's 12/14/12 ISP (Individual Support Plan) indicated he wore left and right ankle support inserts inside his shoes for stability.</p> <p>An interview with the Agency Nurse and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/10/13 at 2:05pm. At 2:05pm, the Agency Nurse and the QIDP indicated client #2 had a recommendation to wear his ankle supports to prevent falls. The Agency Nurse indicated client #2 was at risk for falls and indicated she was unaware client #2's Fall Risk Plan did not include recommendations for safety while in the bathroom/shower.</p> <p>9-3-4(a)</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</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 for 2 of 2 sample clients (clients #1 and #2) and 2 additional clients (clients #3 and #4), the facility failed to implement client #1 and #2's BSPs (Behavior Support Plans) to ensure chemicals were secured for the safety of clients.</p> <p>Findings include:</p> <p>1. Clients #1, #2, #3, and #4 were observed on 5/1/13 from 2:50pm until 6:10pm and on 5/2/13 from 6:30am until 8:42am. Inside the laundry room were unsecured laundry detergent, bleach, bottles of spot remover, and liquid Lysol cleaner. During both observation periods, clients #1 and #2 walked into and out of the laundry room and the chemicals were unsecured inside the laundry room. On 5/1/13 at 3:40pm, Group Home Staff (GHS) #1 indicated clients #1 and #2 should have chemicals and sharps locked inside the group home. GHS #1 indicated client #1 had drunk body wash in the past</p>	W000249	At the conclusion of survey, all toxic chemicals were locked and secured per behavior plans. At house meetings May 28th-30th Group Home supervisor reviewed chemical safety for use and securing and use of toxic chemicals. QDDP and Group Home Supervisor will be responsible for checking weekly to ensure that toxic chemicals are secured correctly.	05/14/2013			

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	<p>and hygiene boxes were kept inside the medication office. On 5/2/13 at 6:45am, GHS #2 indicated chemicals and sharps were to be kept secured inside the group home.</p> <p>2. Clients #1, #2, #3, and #4 were observed on 5/1/13 from 2:50pm until 6:10pm and on 5/2/13 from 6:30am until 8:42am. The office and the closet were not locked during both observation periods. During both observation periods, clients #1, #2, #3, and #4 walked into and out of the office to obtain their personal hygiene boxes located in the unsecured closet. On 5/1/13 at 3:40pm, client #1 went into the medication office, walked to the unsecured closet, removed his personal care items for hygiene, and client #4's two (2) medicated shampoo bottles were observed in his box. At 3:40pm, Group Home Staff (GHS) #1 indicated clients #1, #3, and #4's hygiene boxes were unsecured in the unlocked closet. GHS #1 indicated client #1 had drunk body wash in the past and hygiene boxes were kept inside the medication office since. On 5/2/13 at 6:45am, GHS #2 with client #4 accessed his unsecured personal hygiene box inside the unlocked medication office. GHS #2 and client #4 both indicated inside client #4's unsecured box were medicated shampoos "Ketoconazole 2% shampoo" 4 ounce</p>				

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	<p>bottle, "q 3 days (every three days)" for dandruff and "Selenium Sulfide 1%, q 3rd day" for dandruff.</p> <p>Client #1's record was reviewed on 5/2/13 at 10:00am. Client #1's 12/4/12 ISP (Individual Support Plan) indicated an identified risk for drinking body wash and the need for chemicals to be kept secured. Client #1's 9/27/12 BSP (Behavior Support Plan) indicated an identified need for locked chemicals inside the group home.</p> <p>Client #2's record was reviewed on 5/2/13 at 12:20pm. Client #2's 5/3/13 and 12/14/12 ISP indicated the need for locked sharps and chemicals inside the group home. Client #2's 8/21/12 BSP indicated the need for locked chemicals inside the group home.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/10/13 at 2:05pm. At 2:05pm, the QIDP indicated the facility should have locked and/or secured chemicals inside the group home for the safety of clients #1, #2, #3, and #4. The QIDP stated client #1, #2, #3, and #4 records indicated a restriction for the group home to have "all" chemicals kept locked.</p>						

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	9-3-4(a)			

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W000261	<p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Based on record review and interview, the facility failed to ensure the Human Rights Committee (HRC) had a client and a parent/guardian as members for 2 of 2 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>On 05/2/13 at 2:00 PM a review of the facility's HRC minutes from 5/2012 through 05/2013 were reviewed for clients #1 and #2. The HRC roster indicated the facility had failed to include a client, a parent and/or a guardian on the HRC.</p> <p>On 05/10/13 2:05 PM an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the HRC meetings did not include a client nor a parent/guardian as members.</p> <p>9-3-4(a)</p>	W000261	HRC Does have a dual purpose individual that serves as a parent and behaviorist. HRC has attempted and continues to attempt to find a client in services that would be appropriate member of HRC. Regulation does not mandate a client be on HRC but suggests that any should attempt to secure someone utilizing services.	05/15/2013	

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W000391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 1 of 9 medications observed administered (client #1), the facility failed to ensure each medication was labeled with an open date.</p> <p>Findings include:</p> <p>On 5/2/13 at 7:24am, the facility's Group Home Staff (GHS) #3 entered the medication room and selected client #1's "Bacitracin Apply to affected areas" tube of medication, administered the medication to client #1's finger, and client #1 applied the medicated cream to his left and right legs. At 7:24am, client #1 and GHS #3 both indicated client #1's medicated cream did not have a date when the medication was opened nor an expiration date on the tube of medication. At 7:45am, client #1's 5/2013 MAR (Medication Administration Record) indicated "Bacitracin 500 Oint (Ointment), apply topically as needed for minor cuts/abrasions/skin breaks."</p> <p>On 5/2/13 at 10:00am, client #1's 3/26/13 "Physician's Order" indicated "Bacitracin 500 Oint (Ointment), apply topically as needed for minor cuts/abrasions/skin</p>	W000391	At staff meetings May 29th-30th staff were reminded to write on any medication the date opened. Agency nurse will review medications during weekly visits to ensure that the date opened is documented on the medication.	05/15/2013	

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	<p>breaks."</p> <p>An interview with the Agency Nurse and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/10/13 at 2:05pm. At 2:05pm, The Agency Nurse and the QIDP both indicated the facility followed Core A/Core B policy and procedures for administering medications. The QIDP indicated the facility's policy and procedure "Medication Administration" indicated medications should have had a date documented to identify when the medication was opened.</p> <p>On 5/3/13 at 11:00am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" indicated medications should be labeled with a date opened for as needed topical medications.</p> <p>9-3-6(a)</p>				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <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, for 1 of 1 sampled client (client #2) who wore prescribed eye glasses, the facility failed to teach and encourage client #2 to wear his prescribed eye glasses.</p> <p>Findings include:</p> <p>Client #2 was observed on 5/1/13 from 2:50pm until 6:10pm and on 5/2/13 from 6:30am until 8:42am. During both observation periods client #2 did not wear his prescribed eyeglasses. During both observation periods client #2 watched television, walked around the facility, completed medication administration, and cooked with staff.</p> <p>Client #2's record was reviewed on 5/2/13 at 12:20pm. Client #2's 12/14/12 ISP (Individual Support Plan) indicated a goal/objective to wear his prescribed eye glasses to read. Client #2's 9/10/12 vision assessment indicated he wore prescribed eye glasses.</p>	W000436	<p>During house meetings May 28th-30th staff reviwed clients needs and were instructed to document refusals to wear glasses on the MAR. Staff are also to encourage the client to wear his glasses.QDDP and Group Home Supervisor will monitor effectiveness of training during weekly visits to the home.</p>	05/30/2013			

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	<p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/10/13 at 2:05pm. At 2:05pm, the QIDP indicated client #2 had a recommendation to wear prescribed eye glasses and should have been taught and encouraged during formal and informal opportunities to wear his prescribed eye glasses.</p> <p>9-3-7(a)</p>			

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NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929		
(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	
W009999	<p>State Findings</p> <p>1. 460 IAC 9-3-4 Active Treatment Services</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 2 of 2 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>Clients #1 and #2 were observed on 5/1/13 from 2:50pm until 6:10pm and on 5/2/13 from 6:30am until 8:42am. During both observations, clients #1 and #2</p>	W009999	<p>Client #1's vocation assessment was updated to reflect the inability of the client to attend workshop due to the client having issues with large groups. Client #1 did visit day program upon admission but had a melt down and it was determined he would not be fit at that time for day program. Client #2 is accepted at a day program but refuses to go. Due to the refusals a tutoring program was established, Client #2 refuses frequently to attend the tutoring program. QDDP updated both clients vocational assessments to reflect current needs. Team will review quarterly and recommend any changes to the daily routine in regards to day service. next team meetings are 6/19/13.</p>	05/15/2013	

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	<p>periodically watched television, walked around the facility, and cooked with staff. No alternative day services were observed to be provided.</p> <p>Client #1 was interviewed on 5/1/13 at 4:50pm. When asked what he would like to do during the day, client #1 stated, he wanted to work and "I'd like a job."</p> <p>Client #2 was interviewed on 5/1/13 at 4:50pm. When asked what he would like to do during the day, client #2 stated, he wanted "a job. I want to work."</p> <p>House manager #1 was interviewed on 5/2/13 at 9:30 A.M.. When asked what client #1 and #2's day programming consisted of, House manager #1 stated, "We provide them (clients #1 and #2) with meaningful activities as described on their (client #1 and #2's) meaningful day schedules. [Client #1] attends a class once a week."</p> <p>Client #1's records were reviewed on 5/2/13 at 10:00 A.M.. A review of the client's "Meaningful Day" schedule for 4/29/13 indicated the following activities: Breakfast, Morning Grooming, Medication Administration, Relax, Listen to Music, Crafts, look through Newspaper, TV, Morning Goals, Leisure Time, Go for a walk, Lunch Prep,</p>						

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	<p>Afternoon Goals, Leisure Time, Dinner Prep, Look through the Newspaper, Medication Administration, and Asleep. Review of client #1's 12/4/12 Individual Support Plan (ISP) indicated client #1 "expressed interest in working at a workshop." The review further indicated no documented evidence was available for review that client #1 had been referred for admission to the contracted workshop. Client #1's 10/18/12 Vocational Assessment did not indicate if client #1 was being considered to attend workshop.</p> <p>Client #2's records were reviewed on 5/2/13 at 12:20 P.M.. A review of the client's "Meaningful Day" schedule for 4/29/13 indicated the following activities: Breakfast, Morning Grooming, Medication Administration, Phone time, TV time, Volunteer, Morning Goals, Leisure Time, Go for a walk, Lunch Prep, Afternoon Goals, Leisure Time, Volunteer, Dinner Prep, Medication Administration, Nightly Hygiene, and Asleep. Client #2's record indicated he attended workshop at the former group home in another town in 10/2012. Client #2's record indicated he was transferred from that group home to his current placement in 10/2012 and had not attended workshop since admission. No reason was documented in client #2's record.</p>			

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	<p>On 5/3/13 at 10am, client #2's 12/14/12 and 5/3/13 revised Vocational Assessment was reviewed. Client #2's 5/3/13 Vocational assessment indicated he attended two classes weekly and "was in the process of getting a job."</p> <p>The Director of Operations (DO) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 5/10/13 at 2:05pm. Both the Director of Operations and the QIDP indicated the facility had worked with a day program provider in securing services for clients #1 and #2 but had not succeeded in securing such services. The QIDP stated the facility was providing day programming to clients #1 and #2 through the use of "Meaningful Day" activities. When asked if the facility met the criteria and certification requirements established by the Division of Aging and Rehabilitative Services for all day service providers, Director of Operations stated, "No."</p> <p>9-3-4(b)(2)</p>						