

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G284	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2014
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 BENTLEY LN SOUTH BEND, IN 46616
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: February 11, 12, 13 and 18, 2014.</p> <p>Facility number: 000804 Provider number: 15G284 AIM number: 100235020</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 March 3, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who resided in the home, the governing body failed to exercise</p>	W000104	<p>Double front doors will be primed and painted. The unfilled screw holes will be filled, primed and painted. The metal carpet divider</p>	03/20/2014

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>operating direction over the group home to ensure maintenance was completed for the interior of the home in regards to chipped paint on walls and trim, kitchen appliances, shower curtain rods, bathroom wallpaper and tiles, window coverings, linoleum flooring, heating/air conditioning vents, and glass shelving.</p> <p>Findings include:</p> <p>During group home observations on 2/12/14 between 4:45 PM and 5:56 PM and on 02/18/14 between 6:23 AM and 8:17 AM, the interior of the group home where clients #1, #2, #3, #4, #5, #6, and #7 resided was observed . The interior double front doors were rusted along the bottom edge. The double doors had unfilled screw holes above the door knobs. Next to the front doors was a metal carpet divider which was propped up along the corner of the wall. The door frame of the office was scuffed with the paint chipped. The wall behind a chair which was used by the clients during medication administration in the entrance of the office contained scuffs and wear marks along the wall. The air vent above the chair in the office was dusty. The dining room air vent near the dining room table was dusty. The bathroom adjacent to the dining room</p>		<p>will be removed and if strip is missing where carpet and flooring meet it will be replaced. The door frame to the office will be primed and painted. The walls in the office will be primed and painted. The air vents will be cleaned and dust removed. The rusty curtain rods will be replaced in the bathrooms. The bathroom cabinet above the sink will be replaced. The discolored wallpaper in the bathrooms will be removed and the wall(s) primed and painted. The trim around the toilet will be removed and replaced. The grab bar will be replaced and secured firmly to the wall. The kitchen stove has been replaced. The refrigerator that was leaking has been repaired. There is a working coffee pot in the kitchen. The door frame from the kitchen to the living area will be primed and painted. The oversized and ill-fitting shelves in the bookcases will be properly sized and placed in the bookcases. The missing vertical blinds will be replaced. The worn linoleum flooring in the hallway will be replaced. The carpet in the bedroom with the urine stain will be removed and replaced with flooring. Bathroom tiles that are loose will be replaced and/or secured. Bedroom flooring with missing sections/broken will be replaced. Cobwebs have been removed.</p> <p>The Program Coordinator has developed an AM and PM cleaning</p>		

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	<p>had a rusty shower curtain rod. The bathroom wallpaper surrounding the sink was discolored. The trim pieces surrounding the toilet area were chipped throughout. The bathroom cabinet above the sink had peeling and chipped areas along the cabinet shelf. The safety bar next to the toilet was missing 2 screws on the left side and 1 screw on the right side. The kitchen oven door window had interior stains. The kitchen refrigerator was leaking and had absorbent towels beneath to absorb the water. The kitchen coffee pot was not in working condition. The door frame of the kitchen leading into the large living room had chipped paint areas. The book shelves in the large living room had glass shelves which were improperly sized. The book shelf on the right side had 4 glass shelves which stuck out over 1" (inch) beyond the book shelf and the left side had 1 glass shelf which stuck out over 1/2" beyond the book shelf. The large living room had a sliding glass door which had a vertical blind. The vertical blind of the sliding glass door was missing 15 vertical panels. The linoleum floor in the hallway to the bedrooms appeared worn throughout. Client #4's bedroom had an odor. Interview on 2/12/14 at 5:25 PM with DSP (Direct Support Professional) #1 stated the large spot on Client #4's</p>		<p>routine for staff to complete. The Program Coordinator will complete house walk through inspections at least weekly to ensure the home remains clean and well maintained. The QIDP/Program Manager will complete monthly inspections and report any maintenance issues to maintenance as well as identify any cleaning issues that need to be addressed with the Program Coordinator. The Director of Quality Assurance will complete Quarterly inspections noting any and all cleaning issues and maintenance issues. An outcome report will be completed with identified problems, resolutions and time frames for resolutions. Finally, a maintenance staff has been assigned to this house and will complete monthly walk thru checks in effort to identify and address problems before they become a bigger issue and to complete preventative maintenance tasks.</p> <p>Persons Responsible: Program Coordinator, QIDP/Program Manager, Director of Quality Assurance, Maintenance staff</p>		

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	<p>carpet was a urine stain which was "difficult to clean thoroughly." DSP #1 indicated the odor in Client #4's bedroom was from the spot on the carpet. The clients' bathroom in the hallway had a shower curtain rod which was rusted throughout the surface. The bathroom in the hallway contained wallpaper which was discolored and peeling. The bathroom tile along the wall next to the bathtub had 2 tiles which were loose. Client #6 and Client #3's bedroom had linoleum tiles in the center of the room which were broken and missing sections. In Client #5's bedroom, the window had cobwebs.</p> <p>On 2/18/14 at 11:48 AM during an interview, the Administrator indicated the house manager had spoken with the maintenance department regarding outstanding maintenance issues at the group home. The Administrator indicated the facility failed to put the maintenance requests in written work order form. The Administrator indicated the group home did have maintenance issues that should be addressed.</p> <p>9-3-1(a)</p>				

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W000217	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on interview and record review for 4 of 4 sampled clients (clients #1, #2, #3, and #4), the facility failed to complete an annual assessment of their nutritional status regardless of availability of a dietitian.</p> <p>Findings include:</p> <p>1) On 2/18/14 at 10:10 AM, record review indicated Client #1's diagnoses included, but were not limited to, Type 2 Diabetes, hyperlipidemia (high cholesterol), and HTN (hypertension). Record review indicated Client #1's last dietary assessment was on 3/9/12.</p> <p>2) On 2/18/14 at 11:59 PM, Client #2's record was reviewed. The record review indicated Client #2's last dietary assessment was on 3/9/12.</p> <p>3) On 2/18/14 at 10:45 AM, record review indicated Client #3's diagnosis included, but was not limited to, a history of obesity. Record review indicated Client #3's last dietary</p>	W000217	<p>This facility will continue to endeavor to ensure that a nutritional assessment is completed for each client annually, more often as needed, based on health status changes. Clients #1, #2, #3, #4's nutritional assessments were completed on 5/9/13 but had not been sent to the agency. The Nurse will provide oversight and monitor nursing assessments to ensure that they are completed and received in a timely manner. Any recommendations will be implemented.</p> <p>Responsible Persons: Nurse</p>	03/20/2014	

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	<p>assessment was on 3/9/12.</p> <p>4) On 2/18/14 at 12:19 PM, Client #4's record was reviewed. The record review indicated Client #4's last dietary assessment was on 3/9/12. Record review indicated Client #4's 2/1/14 physician's order indicated Client #4 was prescribed Metformin HCL 500 mg (milligrams) tablet two times daily (blood sugar stabilizer).</p> <p>On 2/18/14 at 11:48 AM, the facility nurse stated clients #1, #2, #3, and #4's dietary assessments "may be out of date since they lost a dietician." On 2/18/14 at 1:20 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated clients #1, #2, #3, and #4's 3/2012 dietary assessments were the most recent nutritional assessments completed. The QIDP indicated the clients (#1, #2, #3, and #4) dietary assessments should have been done on an annual basis. The QIDP stated the facility was still "trying to catch up" with the dietary assessments.</p> <p>9-3-4(a)</p>				

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, for 1 of 4 sampled clients (#4), the facility failed to include behavioral drugs in a plan designed to reduce the behaviors (refusals of medical appointments and laboratory testing), for which the drugs were employed.</p> <p>Findings include:</p> <p>On 2/18/14 at 12:19 PM, record review indicated Client #4 had an 8/21/13 ISP (Individual Support Plan) and a BSP (Behavior Support Plan) dated 8/21/13. Client #4's BSP indicated the targeted behaviors of physical aggression, sexually inappropriate behavior, self injurious behaviors, and inappropriate touch. Client #4's BSP indicated a history of refusing medical tests/appointments (periodontal cleaning, laboratory blood tests). Client #4's BSP indicated his psychiatrist "recommended 100 mg/milligrams of Seroquel (antipsychotic) 1 hour prior to all appointments and Ativan (anti-anxiety) 2 mg to be given 1/2 hour</p>	W000312	<p>Client #4's behavior plan was updated on 3/12/14 to include the target behavior of refusing medical treatment which is defined as refusing to receive medical treatment (this includes but is not limited to blood draws, dental cleaning/exams, physical exams, x-rays, and vision exams).</p> <p>Procedures to address target behaviors are as follow: "Due to Client #4's extreme physical aggression from past attempts to seek medical treatment for him, Client #4 requires a combination of premeditations to be taken prior to all appointments to keep him calm enough to receive treatment. Client #4 requires Seroquel 300 mg 1hr prior to appointments and Ativan 2 mg 1/2hr prior to appointments. Staff will follow the above medication regimen prior to all appointments. Staff have made several attempts in the past to take Client #4 to appointments without premeditations which have resulted in injury to staff, medical personnel, and potential injury to Client #4. Therefore, Client #4's support team</p>	03/20/2014			

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	<p>prior to all appointments." Client #4's behaviors of medical appointment and lab refusals were not further addressed in Client #4's ISP/BSP.</p> <p>During record review on 2/18/14 at 12:19 PM, record review indicated Client #4 saw his psychiatrist on 11/20/13. The physician's note indicated, in part, Client #4 was on "Metformin (blood sugar stabilizer) and glipizide (blood sugar stabilizer) and is being followed by a family physician....Currently his blood sugar is not being monitored except when he goes to his physician and that happens only when he gets his Seroquel prm (given as needed) dosage along with Ativan...."</p> <p>On 2/18/14 at 12:44 PM, the facility Nurse indicated Client #4's blood sugar checks have been done only every 3 months at the doctor's office because of Client #4's refusals. The nurse stated Client #4 required a chest x-ray to rule out TB (tuberculosis) because Client #4 "kept refusing (other testing)." The Nurse stated Client #4 "required pre-medication to go to appointments." The Nurse stated Client #4 has improved "he will now allow his blood pressure taken when before he would allow nothing tactile."</p>		<p>and doctor's believe it is imperative that he receives the above prescribed medications prior to all appointments for everyone's personal health and safety involved. If Client #4 refuses treatment after taking the premed staff will encourage him to leave the appointment and re-acclimate back into his regular routine (i.e. group home or workshop), notify the QIDP/Program Manager, Nurse, or Program Coordinator, and write a detailed incident report. The QIDP /Program Manager will continue to monitor Client #4's behaviors with the help of a behaviorist on an as needed basis. This will be accomplished through continued reviews of Client #4's behavior plan at least annually. Client #4's behavior plan and premeds will be reviewed by his Support Team and will continue to require Human Right review/approval".</p> <p>Client #4's updated Behavior Management Plan (BMP) has been distributed to his support team for review and approval. Then the plan will be sent to the Director of Residential Services and HRC members for review and approval prior to the expected March 20, 2014 completion date. Staff training on this plan will be held on March 18, 2014 at the monthly house meeting. Although not stated, the team had discussed, on several occasions, the benefits of</p>				

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	<p>On 2/18/14 at 3:23 PM during an interview with the QIDP (Qualified Intellectual Disabilities Professional) stated Client #4 did not have a "desensitization program" for medical appointments or labs. The QIDP indicated Client #4's refusals of medical appointments and labs were not addressed in his BSP (Behavior Support Plan) or ISP (Individual Support Plan). The QIDP stated "it's hard to say whether it would be helpful." The QIDP stated she was "uncertain" whether Client #4 would "ever be able to attend doctor and dental appointments" without the use of prn medications.</p> <p>9-3-5(a)</p>		<p>using the premeds in decreasing mental instability, anxiety and refusals when taken to appointments. With the support team and doctor's verbal approvals, the use of premeds for Client #4 has been on going since several failed attempts were made to get Client #4 treatment. By continuing to build a familiar and consistent routine and premeds, desired outcomes are that this assists client #4 in better maintaining mental stability, as well as decreasing anxiety and refusals by having routine, known expectations and predictability in Client #4's environment. Client #4's assigned Behavior Consultant is incorporating additional desensitization strategies into his programming.</p> <p>The Quarterly Health Services Nursing Assessment form includes a section specifically identifying psychotropic medication. The form also includes a section to complete with dates of BMP, dates of HRC approval, and date of last physician visit. This is completed quarterly by the Nurse & reviewed by the QIDP. In addition, to assure that this issue is addressed for new admissions, the Group Living Intake-Procedures form includes psychotropic medications prescribed on any behaviors requiring a BMP. Also includes date of submission to HRC & date of approval.</p> <p>To minimize the possibility of all</p>		

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review, and interview, for 1 of 4 clients observed during medication administration (Client #7), the facility failed to implement infection control practices during medication administration in regards to using universal precautions when checking blood sugar levels.</p>	W000454	<p>other clients having the potential to be affected by the same deficient practice, on a quarterly basis the QIDP updates the HRC on the progress of each client. This practice was instituted for any client receiving services from LOGAN, to ensure that there is no possibility of a client receiving restrictive treatment without support team or human rights approval. In addition, annually the Director will review with the QIDP all restrictive programs and treatment plans to assure that these programs have approval by the individuals support team and human rights committee.</p> <p>Responsible Persons: Director of Residential Services, QIDP/Program Manager, Nurse</p> <p>On 3-13-14 training material was placed in the group home on infection control practices during medication administration in regards to using universal precautions when checking blood sugar level for all staff to review and sign. The train material specifically remind staff that gloves are to be worn when checking blood sugar levels and/or</p>	03/20/2014

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	<p>Findings include:</p> <p>On 2/18/14 at 7:10 AM, Client #4 was observed during medication administration. DSP (Direct Support Professional) #2 assisted Client #4 in checking his blood sugar. DSP #2 pricked Client #4's finger with a needle and squeezed his finger to produce a drop of blood. DSP #2 used a test strip to check Client #4's blood sugar level which read 86. DSP #2 did not wear gloves while she assisted Client #4 with checking his blood sugar level.</p> <p>On 2/18/14 at 12:35 PM, record review indicated Client #4's physician's orders dated 2/1/14 which indicated "check blood sugar before breakfast and before supper daily."</p> <p>On 2/18/14 at 12:44 PM during an interview, the facility Nurse stated "yes, staff were taught to wear gloves in Med (Medication) Core A and B (staff training)." The Nurse stated staff should wear gloves "any time there is a chance of a blood spill" or contact with blood to prevent contamination.</p> <p>9-3-7(a)</p>		<p>when there is possible contact with any bodily fluid. All staff will be formally retrained on this practice at the March 18, 2014 staff meeting. The QIDP and the Bentley Program Coordinator will monitor by observing med passes including blood sugar checks at least monthly to ensure that staffs are using universal precautions by wearing gloves when checking blood sugar levels.</p> <p>Responsible Persons: Program Coordinator & QIDP/Program Manager</p>				

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