STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	2105 S WABASH SOUTH BEND, IN 46615

(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
W000000	This visit was for the investigation of complaint #IN00139511. COMPLAINT #IN00139511: SUBSTANTIATED. Federal/state deficiencies related to the allegation(s) are cited at W104, W149, W154 and W157. Dates of Survey: November 22, 27 and December 13 and 20, 2013. Facility number: 000718 Provider number: 15G185 AIM number: 100234600 Surveyor: Christine Colon, QIDP The following federal deficiencies also reflects state findings in accordance with 460 IAC 9. Quality review completed January 2, 2014 by Dotty Walton, QIDP.	W000000		

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.

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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 3 of 4 sampled clients (A, B, and D) and 1 additional deceased client (I), to exercise general operating direction over the facility in a manner to provide oversight to ensure their abuse and neglect policy was implemented. Findings include: A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on 11/22/13 at 4:05 P.M. Review of the reports indicated: 1. -BDDS report dated 7/26/13 involving a non-verbal client, client B, which indicated: "On 7/26/13, a staff person from her day services classroom (facility owned) reported a concern about how she had observed another staff person treating [client B]. [Client B] frequently pinches staff, and the reporting staff stated that her co-worker, [Staff #13], responds by 'forcefully smacking' [client B's] hand and 'yelling' at her to go away. If [client B] does not	W000104	LOGAN does have policies and procedures that provide operating direction over the facility. In the future, LOGAN will consistently exercise these policies and procedures by documenting the review and investigation of falls (observed and unobserved) and injuries of what appear to be initially of unknown origin in a thorough and timely manner. LOGAN makes every effort to exercises general policy and operating direction by providing documented staff training on identifying Abuse, Neglect and Exploitation prior to working a direct care shift. Abuse, Neglect and Exploitation training is provided on an annual basis, and more often, as needed. Examples of more often and as needed include, but is not limited to; when management observations reveal a potential question of staff needing additional training, and/or, there are very few incidents reported and the number is below the usual/expected trend. Additionally, this training now also incorporates prevention strategies as well as review of client rights and the policy(s) that pertain to client rights. This training also incorporates and includes review of incident reporting policies and	01/27/2014

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	go away, [Staff #13] will reportedly 'grab [client B] under her arm by her shoulder, drag her to a chair, and plop her down in it.' This was described as an event that occurred more than once over time, but no specific date of occurrence was reported." BDDS Follow-Up report dated 8/9/13 indicated: "The allegation of physical abuse was not substantiated. During the course of the investigation, it became apparent that the team of staff was not working together in a cohesive way resulting in a hostile work environment. This further led to compromised client services and programming. Daily classroom curriculum was not implemented and clients were not provided meaningful activities. Therefore [Staff #13] was terminated and management staff over the program are no longer with the company." 2. -BDDS report dated 5/21/13 indicated a nonverbal client, client D, had bruising to her left and right feet. The causes of the injuries were unknown. No investigation record was submitted for review in regard to this incident. -BDDS report dated 7/2/13 indicated an injury from an unwitnessed fall involving client I, which resulted in a scalp laceration and a diagnosis of		definitions. LOGAN makes every effort to exercise general operating direction and to provide oversight to ensure its abuse and neglect procedures and policies are implemented. In the instances of the investigations and the review of these incidents, this oversight was not sufficient for all of these incidents. As a result, LOGAN is developing and implementing additional systems to strengthen this oversight. In the future, for clients that experience falls and unknown injuries, an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. Pertaining to the incident that occurred on 7/26/2013 that involved Client B, the governing body did make every effort to implement its abuse and neglect policies and procedures by completing a thorough investigation. The investigation included documented interviews with 21 staff, written statements, conclusions, recommended /corrective actions and documented verbal correspondence with Adult Protective Services. Staff was suspended during the investigation per policy. Management provided operational direction and corrective actions were implemented immediately that included, but not limited to; hiring and training new staff, changes to	

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	"Acute Mild Blunt Head Trauma." No investigation record was submitted for review in regard to this incident. -BDDS report dated 9/4/13 indicated a non-verbal client, client A had a fall requiring 3 stitches to a cut above her right eye. No investigation record was submitted for review in regard to this incident. -BDDS report dated 9/12/13 indicated a non-verbal client, client A had a fall which reopened a prior injury and required 6 stitches. No investigation record was submitted for review in regard to this incident. -BDDS report dated 10/29/13 involving a non-verbal client, client A indicated: "Staff noticed a bruise about 6 inches long on [client A's]right collar bone. [Client A] was being seen by her physician today due to an on-going illness and at this appointment an x-ray was taken of this area. The collar bone was found to be broken. [Client A] has been ill recently and continues to be very weak. Staff report that she crumbled to her knees the day before due to weakness but they did not note any injury and she did not go to the floor hard and did not hit the collar bone. Staff did not notice anything out of the		the classroom structure in the form of increasing the staff to client ratio. Management /Supervisor's offices were placed closer to the classrooms for better monitoring in addition to doors (both management offices and classrooms) remaining open thru out the program day for better monitoring and to promote management presence. Management staff are routinely and randomly present throughout the program day in the classrooms in effort to ensure quality programming, meaningful activity and safety. Pertaining to the incident that occurred on 5/21/2013, when an injury is identified as an unknown injury, an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Pertaining to the incident that occurred on 7/2/2013, when an unobserved fall occurs an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP.	

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	ordinary that could cause the injury, but she has been very weak....[Facility] staff will continue to investigate as to a possible cause of injury." The cause of the injury was unknown. No investigation record was submitted for review in regard to this incident. A review of the facility's "Logan Abuse, Neglect and Exploitation" policy, dated 9/23/13, was conducted on 11/22/13 at 6:30 P.M. Review of the policy indicated: "...Alleged, suspected, or actual abuse, neglect or exploitation of an individual....The provider shall suspend staff involved in an incident from duty pending investigation by the provider....An injury to an individual when the cause is unknown and the injury is indicative of abuse, neglect, or exploitation...An injury to an individual when the cause is unknown and the injury requires medical evaluation or treatment. A significant injury to an individual that includes but is not limited to: A fracture...bruises or contusions longer than 3 inches in any direction...lacerations which require more than first aid...any injury requiring more than first aid...A fall resulting in injury regardless of the severity of the injury....Investigation and Resolution		The process will include observing the environment, using the FALL ASSESSMENT (as appropriate), interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury or the unobserved fall. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Pertaining to the incident that occurred on 9/4/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 9/12/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall.	

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	Procedures: In accordance with Logan's internal incident reporting process, every incident report is thoroughly investigated by the Program Director or designee" An interview with the Quality Assurance Director (QAD) was conducted on 11/27/13 at 3:20 P.M. The QAD stated the day program staff were all "let go" because of the findings of the investigation. The QAD indicated all staff are trained annually on the facility's abuse and neglect policy and should implement it at all times. The QAD further indicated there were no investigations completed in regards to the above mentioned incidents. When asked if investigations should be completed, she stated "Yes." This federal tag relates to complaint #IN00139511. 9-3-1(a)		The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 10/29/2013, when an injury is identified as an unknown injury, an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury or the unobserved fall. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Management/Supervisory staff are trained to complete the designated Incident Review/Investigation Summary Report. Staff will be trained to	

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			complete the Fall Assessment form. PERSONS RESPONSIBLE: Program Coordinator, Program Manager/QIDP, Director of REsidential Services. Director of Quality Assurance	
W000149	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 4 sampled clients (A, B and D) and 1 additional client (I), the facility neglected to implement written policy and procedures to prevent client abuse. The facility neglected to conduct thorough investigations in regards to possible abuse and neglect. Findings include: A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on 11/22/13 at 4:05 P.M. Review of the reports indicated: -BDDS report dated 7/26/13 involving a non-verbal client, client B, which indicated: "On 7/26/13, a staff person from her day services classroom (facility owned) reported a concern about how she had observed another staff person treating	W000149	LOGAN has developed written policies and procedures that prohibit mistreatment, neglect and abuse. LOGAN makes every effort to implement these written policies and procedures. The implementation of these policies and procedures was not sufficient for all of these incidents. As a result, LOGAN is developing additional systems to meet the intent of the policies and procedures and that these policies and procedures are implemented on a consistent basis. Additionally, management staff such as Program Coordinators, Program Managers, and Directors will continue to make announced and unannounced visits during varied program times to spot check for meaningful activity, to assess the environment for safety, and to reinforce LOGAN's written policies and procedures. In the future, for clients that experience falls and unknown injuries, an Incident Review/Investigation Summary Report has been developed and will be completed	01/27/2014

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	[client B]. [Client B] frequently pinches staff, and the reporting staff stated that her co-worker, [Staff #13], responds by 'forcefully smacking' [client B's] hand and 'yelling' at her to go away. If [client B] does not go away, [Staff #13] will reportedly 'grab [client B] under her arm by her shoulder, drag her to a chair, and plop her down in it.' This was described as an event that occurred more than once over time, but no specific date of occurrence was reported." BDDS Follow-Up report dated 8/9/13 indicated: "The allegation of physical abuse was not substantiated. During the course of the investigation, it became apparent that the team of staff was not working together in a cohesive way resulting in a hostile work environment. This further led to compromised client services and programming. Daily classroom curriculum was not implemented and clients were not provided meaningful activities. Therefore [Staff #13] was terminated and management staff over the program are no longer with the company." -BDDS report dated 5/21/13 indicated a nonverbal client, client D, had bruising to her left and right feet. The causes of the injuries were unknown. No investigation record was submitted for review in regard to this incident.		by the QIDP. For falls, A FALL ASSESSMENT will also be completed. Additionally, documented incident review/investigations after falls and for injuries of unknown origin will allow for prevention steps and plans to be identified and implemented in effort to support the prohibition of mistreatment, neglect and abuse. Pertaining to the incident that occurred on 7/26/2013 that involved Client B, the governing body did make every effort to implement its abuse and neglect policies and procedures by completing a thorough investigation. The investigation included documented interviews with 21 staff, written statements, conclusions, recommended /corrective actions and documented verbal correspondence with Adult Protective Services. Staff was suspended during the investigation per policy. Management provided operational direction and corrective actions were implemented immediately that included, but not limited to; hiring and training new staff, changes to the classroom structure in the form of increasing the staff to client ratio. Management /Supervisor's offices were placed closer to the classrooms for better monitoring in addition to doors (both management offices and classrooms) remaining open	

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	-BDDS report dated 7/2/13 indicated an unwitnessed fall involving client I, which resulted in a scalp laceration and a diagnosis of "Acute Mild Blunt Head Trauma." No investigation record was submitted for review in regard to this incident. -BDDS report dated 9/4/13 indicated a non-verbal client, client A had a fall requiring 3 stitches to a cut above her right eye. No investigation record was submitted for review in regard to this incident. -BDDS report dated 9/12/13 indicated a non-verbal client, client A had a fall which reopened a prior injury and required 6 stitches. No investigation record was submitted for review in regard to this incident. -BDDS report dated 10/29/13 involving a non-verbal client, client A indicated: "Staff noticed a bruise about 6 inches long on [client A's] right collar bone. [Client A] was being seen by her physician today due to an on-going illness and at this appointment an x-ray was taken of this area. The collar bone was found to be broken. [Client A] has been ill recently and continues to be very weak. Staff report that she crumbled to		thru out the program day for better monitoring and to promote management presence. Management staff is routinely and randomly present throughout the program day in the classrooms in effort to ensure quality programming, meaningful activity and safety. With management being more present during program hours, it allows for quicker identification for additional training to staff. Training is arranged and provided either 1:1 or in a group setting as quickly as possible. By identifying a problem or a potential problem and then providing training, the probability of further or a bigger issue is diminished. Pertaining to the incident that occurred on 5/21/2013, when an injury is identified as an unknown injury, an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Pertaining to the incident that occurred on 7/2/2013, when an unobserved fall occurs an Incident	

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	her knees the day before due to weakness but they did not note any injury and she did not go to the floor hard and did not hit the collar bone. Staff did not notice anything out of the ordinary that could cause the injury, but she has been very weak....[Facility] staff will continue to investigate as to a possible cause of injury." The cause of the injury was unknown. No investigation record was submitted for review in regard to this incident. A review of the facility's "Logan Abuse, Neglect and Exploitation" policy, dated 9/23/13, was conducted on 11/22/13 at 6:30 P.M. Review of the policy indicated: "...Alleged, suspected, or actual abuse, neglect or exploitation of an individual....The provider shall suspend staff involved in an incident from duty pending investigation by the provider....An injury to an individual when the cause is unknown and the injury is indicative of abuse, neglect, or exploitation...An injury to an individual when the cause is unknown and the injury requires medical evaluation or treatment. A significant injury to an individual that includes but is not limited to: A fracture...bruises or contusions longer than 3 inches in any		Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, using the FALL ASSESSMENT (as appropriate), interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury or the unobserved fall. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Pertaining to the incident that occurred on 9/4/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 9/12/2013, after a client	

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	direction...lacerations which require more than first aid...any injury requiring more than first aid...A fall resulting in injury regardless of the severity of the injury....Investigation and Resolution Procedures: In accordance with Logan's internal incident reporting process, every incident report is thoroughly investigated by the Program Director or designee." An interview with the Quality Assurance Director (QAD) was conducted on 11/27/13 at 3:20 P.M. The QAD stated the day program staff were all "let go" because of the findings of the investigation. The QAD indicated all staff are trained annually on the facility's abuse and neglect policy and should implement it at all times. The QAD further indicated there were no investigations completed in regards to the above mentioned incidents. When asked if investigations should be completed, she stated "Yes." This federal tag relates to complaint #IN00139511. 9-3-2(a)		experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 10/29/2013, when an injury is identified as an unknown injury, an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury or the unobserved fall. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Management/Supervisory are trained to complete the	

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			designated Incident Review/Investigation Summary Report. Staff will be trained to complete the Fall Assessment form. PERSONS RESPONSIBLE: Program Coordinator, Program Manager/QIDP, Director of Residential Services, Director of Quality Assurance	
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility neglected to implement their abuse/neglect policy for 2 of 4 sampled clients (A and D), and 1 additional deceased client (I), by failing to conduct thorough investigations in regards to allegations of staff abuse and neglect and injuries of unknown origin. Findings include: A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on 11/22/13 at 4:05 P.M. Review of the reports indicated:	W000154	LOGAN makes effort to have documented evidence of all alleged violations and to complete thorough investigation of each incident. As documented evidence was lacking, LOGAN is developing and implementing additional systems that will outline the recording and documenting protocol for incidents that require further review and investigation. In the future, for clients that experience falls and unknown injuries, an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. Pertaining to the incident that occurred on 5/21/2013, when an injury is identified as an unknown injury, an Incident Review/Investigation Summary	01/27/2014

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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 S WABASH SOUTH BEND, IN 46615	

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	-BDDS report dated 5/21/13 indicated a nonverbal client, client D, had bruising to her left and right feet. The causes of the injuries were unknown. No investigation record was submitted for review in regard to this incident. -BDDS report dated 7/2/13 indicated an unwitnessed fall involving client I, which resulted in a scalp laceration and a diagnosis of "Acute Mild Blunt Head Trauma." No investigation record was submitted for review in regard to this incident. -BDDS report dated 9/4/13 indicated a non-verbal client, client A had a fall requiring 3 stitches to a cut above her right eye. No investigation record was submitted for review in regard to this incident. -BDDS report dated 9/12/13 indicated a non-verbal client, client A had a fall which reopened a prior injury and required 6 stitches. No investigation record was submitted for review in regard to this incident. -BDDS report dated 10/29/13 involving a non-verbal client, client A indicated: "Staff noticed a bruise about 6 inches long on [client A's] right collar bone. [Client A] was being seen by her		Report has been developed and will be completed by the QIDP. The process will include observing the environment, interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Pertaining to the incident that occurred on 7/2/2013, when an unobserved fall occurs an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, using the FALL ASSESSMENT (as appropriate), interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury or the unobserved fall. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Pertaining to the incident that occurred on 9/4/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that	

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	physician today due to an on-going illness and at this appointment an x-ray was taken of this area. The collar bone was found to be broken. [Client A] has been ill recently and continues to be very weak. Staff report that she crumbled to her knees the day before due to weakness but they did not note any injury and she did not go to the floor hard and did not hit the collar bone. Staff did not notice anything out of the ordinary that could cause the injury, but she has been very weak....[Facility] staff will continue to investigate as to a possible cause of injury." The cause of the injury was unknown. No investigation record was submitted for review in regard to this incident. An interview with the Quality Assurance Director (QAD) was conducted on 11/27/13 at 3:20 P.M. The QAD indicated all staff are trained annually on the facility's abuse and neglect policy and should implement it at all times. The QAD further indicated there were no investigations completed in regards to the above mentioned incidents. When asked if investigations should be completed, she stated "Yes." This federal tag relates to complaint #IN00139511.		include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 9/12/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 10/29/2013, when an injury is identified as an unknown injury,	

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	9-3-2(a)		an Incident Review/Investigation Summary Report has been developed and will be completed by the QIDP. The process will include observing the environment, interviewing the staff, and using medical resources, (as appropriate), in effort to identify the cause of the unknown injury or the unobserved fall. Based on the information received, outcome, results, and causes can be determined through this process. Corrective and preventative steps will be identified and implemented. Management/Supervisory are trained to complete the designated Incident Review/Investigation Summary Report. Staff will be trained to complete the Fall Assessment form. In the future, LOGAN will consistently review and investigate falls and injuries of what appear to be initially of unknown origin. As indicated above, a formal FALL ASSESSMENT document will be completed after each fall. Injuries of initial unknown origin will be investigated and documented on a designated form in effort to identify the causing factors for the injury. Conclusions and corrective actions will be identified and implemented in effort to prevent future reoccurrence. Management/Supervisory are trained to complete the designated Incident Review/Investigation Summary	

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			Report. Staff will be trained to complete the FALL ASSESSMENT form that is to be completed after each fall. Persons Responsible: Program Coordinator, Program Manager/QIDP, Director of Residential Services, Director of Quality Assusrance	
W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, for 1 of 4 sampled clients (client A), the facility failed to take sufficient/effective corrective measures in regard to client A's documented falls. Findings include: A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on 11/22/13 at 4:05 P.M. Review of the reports indicated: -BDDS report dated 9/4/13 indicated a non-verbal client, client A had a fall requiring 3 stitches to a cut above her right eye. "[Facility] staff and nurse will monitor [client A] to ensure the injury heals thoroughly. [Client A's] support team will review at least semi-annually her fall risk plan to ensure that it	W000157	LOGAN makes every effort to identify and implement corrective actions to prevent further incidents from occurring. LOGAN made effort to identify and take effective actions in preventing Client A experiencing further falls. However, the actions were not sufficiently effective. Pertaining to the incident that occurred on 9/4/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or	01/27/2014

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	remains appropriate." No documentation was available for review to indicate the facility took immediate sufficient/effective corrective action in regards to client A's fall. -BDDS report dated 9/12/13 indicated a non-verbal client, client A had a fall which reopened a prior injury and required 6 stitches. No documentation was available for review to indicate the facility took immediate sufficient/effective corrective action in regards to client A's fall. A review of client A's record was conducted on 12/13/13 at 1:20 P.M. Review of client A's record failed to indicate her Interdisciplinary team took sufficient/effective corrective action in regards to her documented falls. Further review of her record did not indicate the facility made revisions to her Fall Risk Plan (no date noted) to immediately address her documented falls. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 12/20/13 at 2:30 P.M. The QIDP indicated there was no documentation to indicate the facility took immediate sufficient/effective corrective action to address client A's documented falls.		revised, and implemented in effort to ensure safety and avoid future falls. Pertaining to the incident that occurred on 9/12/2013, after a client experiences a fall a FALL ASSESSMENT will be completed by staff that witnessed the fall. The FALL ASSESSMENT will record identifying factors that include, but is not limited to; activity before the fall, activity at the time of the fall, body position, location, walking surface, destination, footwear, furniture arrangement, noise level, lighting, etc. The completed ASSESSMENT will allow for management/supervisory staff to determine and make needed changes and identify preventative solutions. Additionally, a fall plan will be developed, reviewed or revised, and implemented in effort to ensure safety and avoid future falls. In the future, LOGAN will consistently review and investigate falls. A formal FALL ASSESSMENT document will be completed after each fall. Based on the results and indicators from the ASSESSMENT, the IDT will determine if a fall plan is needed or what revisions need to be made to an existing Fall Risk Plan. Revisions will be documented and dated and implemented. Management/Supervisory are trained to complete the designated Incident Review/Investigation Summary	

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	The QIDP further indicated client A's Interdisciplinary Team (IDT) met on 10/31/13 to make revisions to her Fall Risk Plan. 9-3-2(a)		Report. Staff will be trained to complete the FALL ASSESSMENT form that is to be completed after each fall. .Persons Responsible: Program Manager/QIDP, Director of Residential Services, Director of Quality Assurance	