

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G248	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2012
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2804 CORPUS CHRISTI DR SOUTH BEND, IN 46617
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 11, 12, and 13, 2012.</p> <p>Facility number: 000770 Provider number: 15G248 AIM number: 100234910</p> <p>Surveyors: Susan Reichert, Medical Surveyor III, Team Leader Amber Bloss, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 7/20/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0149	<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.</p> <p>Based on record review and interview, the facility neglected to implement written policy and procedures to report allegation of abuse and neglect to the Bureau of Developmental Disabilities (BDDS) for 1 of 1 allegation reviewed of abuse, and failed to document a thorough investigation into 1 of 2 allegation reviewed of abuse involving 1 of 4 sampled clients (client #4) and 2 additional clients (clients #5 and #8).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the BDDS and reports of injury were reviewed on 7/11/12 at 2:00 PM. An incident report dated 5/6/12 completed by staff #9 indicated "I was told by [staff #6] that [client #5's mother] and [client #5] said I (staff #9) cursed [client #8] out and that [staff #2] slammed [client #4's] hand on the table which was not true." The report indicated staff #9 had reported the incident to on call staff. There was no evidence of a report to BDDS or of an investigation into the allegations.</p> <p>Staff #6 was interviewed on 7/11/12 at</p>	W0149	<p>The facility works diligently to assure that all allegations of abuse, neglect, mistreatment, or injuries of unknown origin in this facility are reported immediately to the administrator or other officials in accordance with State law through established procedures. Although verbal investigations were promptly completed (within 24hrs) for the incidents involving Clients #8 and #4, there was not enough written evidence of this investigation. According to the surveyor there was an allegation made when Staff #9 wrote an incident report indicating "I was told by staff#6 that Client #5's mother and Client #5 said I (staff#9) cursed client #8 out and that Staff #2 slammed Client#4's hand on the table which was not true." This incident was quickly investigated by On-Call QMRP and the Corpus QMRP and was not believed to be abuse. In the future the Program Assistants will continue to report such incidents in a timely manner. The QMRP will follow and complete the steps in the facility's Abuse, Neglect or Exploitation Policy. This includes, but is not limited to; reporting the allegation to BDDS, interviewing all individuals involved in the allegation, compiling a written</p>	08/12/2012	

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	<p>6:12 PM and indicated she had been aware of client #5's concerns regarding staff's treatment of client #4 and #8, but was not present at the time of the incident, but was downstairs in the home at the time. She indicated she had talked to client #5's mother to assure her there was no abuse of clients going on in the home. She indicated the incident had been reported to on call staff.</p> <p>The QMRP (Qualified Mental Retardation Professional) was interviewed on 7/11/12 at 3:15 PM and indicated she had completed interviews regarding the allegations of abuse involving clients #4 and #8 and had not substantiated them, and stated "We take it seriously, but I knew some things weren't accurate. We didn't see it as abuse." She indicated she had not completed a written investigation or reported it to BDDS. She indicated client #8 was not able to be interviewed and did not complete a written interview involving client #5 regarding the incident or client #5's mother. She indicated it was agency policy to report allegations of abuse to BDDS.</p> <p>Client #8 was interviewed on 6/11/12 at 6:25 PM and indicated she liked living at the group home and denied staff mistreated or yelled at her.</p>		report and making recommendations for resolution. Person Responsible: QMRP/Program Manager		

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	<p>The facility's Abuse, Neglect, or Exploitation policy dated 10/6/08 indicated "It is the policy of LOGAN to support and assist its employees in their legal responsibility to report any knowledge or suspicion of abuse, neglect, exploitation, mistreatment or violation of rights of any individuals served by LOGAN...Reports of abuse, neglect or exploitation must also be reported to the Bureau of Developmental Disabilities Services (BDDS) of the Indiana Family and Social Services Administration...The Program Director will begin the investigation. The investigation must be completed within five (5) business day (seven (7) calendar days) of the initial report...The investigation, managed by the Program Director, will include, but not be limited to, the following steps:...Converse with and secure a written statement(s) of all individuals receiving services who where (sic) involved in the incident or may have pertinent information. Converse with and secure written statement(s) from individuals who witnessed the incident or may have pertinent information...Assess intent and make recommendations for resolution...."</p> <p>9-3-2(a)</p>						

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to report 1 of 1 allegation of abuse of abuse and neglect to the Bureau of Developmental Disabilities (BDDS) affecting 1 of 4 sampled clients (client #4) and 2 additional clients (clients #5 and #8) as required by state law.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the BDDS and reports of injury were reviewed on 7/11/12 at 2:00 PM. An incident report dated 5/6/12 completed by staff #9 indicated "I was told by [staff #6] that [client #5's mother] and [client #5] said I (staff #9) cursed [client #8] out and that [staff #2] slammed [client #4's] hand on the table which was not true." The report indicated staff #9 had reported the incident to on call staff. There was no evidence of a report to BDDS.</p> <p>Staff #6 was interviewed on 7/11/12 at 6:12 PM and indicated she had been aware of client #5's concerns regarding</p>	W0153	<p>The facility works diligently to assure that all allegations of abuse, neglect, mistreatment, or injuries of unknown origin in this facility are reported immediately to the administrator or other officials in accordance with State law through established procedures. Although verbal investigations were promptly completed (within 24 hrs) for the incidents involving Clients #8 and #4, there was not enough written evidence of this investigation. According to the surveyor there was an allegation made when Staff #9 wrote an incident report indicating "I was told by staff#6 that Client #5's mother and Client #5 said I (staff#9) cursed client #8 out and that Staff #2 slammed Client#4's hand on the table which was not true." This incident was quickly investigated by On-Call QMRP and the Corpus QMRP and was not believed to be abuse. In the future the Program Assistants will continue to report such incidents in a timely manner. The QMRP will follow and complete the steps in the facility's Abuse, Neglect or Exploitation Policy. This includes, but is not limited to filing a report</p>	08/12/2012	

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	<p>staff's treatment of client #4 and #8, but was not present at the time of the incident, but was downstairs in the home at the time. She indicated she had talked to client #5's mother to assure her there was no abuse of clients going on in the home. She indicated the incident had been reported to on call staff.</p> <p>The QMRP (Qualified Mental Retardation Professional) was interviewed on 7/11/12 at 3:15 PM. and indicated she had completed interviews regarding the allegations of abuse involving clients #4 and #8 and had not substantiated them, and stated "We take it seriously, but I knew some things weren't accurate. We didn't see it as abuse." She indicated she had not completed a written investigation or reported it to BDDS. She indicated it was agency policy to report allegations of abuse to BDDS.</p> <p>9-3-2(a)</p>		<p>for any allegation of abuse; written or verbal, with BDDS per the 24 hour timeframe and guidelines. The QMRP will complete an investigation that includes interviewing all involved in the allegation, and compiling a written report with outcomes and resolution. Person Responsible: QMRP/Program Manager</p>		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to document a thorough investigation into 1 of 1 allegation reviewed of abuse affecting 1 of 4 sampled clients (client #4) and 2 additional clients (clients #5 and #8).</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the BDDS and reports of injury were reviewed on 7/11/12 at 2:00 PM. An incident report dated 5/6/12 completed by staff #9 indicated "I was told by [staff #6] that [client #5's mother] and [client #5] said I (staff #9) cursed [client #8] out and that [staff #2] slammed [client #4's] hand on the table which was not true." The report indicated staff #9 had reported the incident to on call staff. There was no evidence of of an investigation into the allegations.</p> <p>Staff #6 was interviewed on 7/11/12 at 6:12 PM and indicated she had been aware of client #5's concerns regarding staff's treatment of client #4 and #8, but was not present at the time of the incident, but was downstairs in the home</p>			W0154	<p>The facility works diligently to assure that all allegations of abuse, neglect, mistreatment, or injuries of unknown origin in this facility are reported immediately to the administrator or other officials in accordance with State law through established procedures. Although verbal investigations were promptly completed (within 24 hrs) for the incidents involving Clients #8 and #4, there was not enough written evidence of this investigation. According to the surveyor there was an allegation made when Staff #9 wrote an incident report indicating "I was told by staff#6 that Client #5's mother and Client #5 said I (staff#9) cursed client #8 out and that Staff #2 slammed Client#4's hand on the table which was not true." This incident was quickly investigated by On-Call QMRP and the Corpus QMRP and was not believed to be abuse. In the future the Program Assistants will continue to report such incidents in a timely manner. The QMRP will follow and complete the steps in the facility's Abuse, Neglect or Exploitation Policy. After filing a report for any allegation of abuse; written or verbal, with BDDS per the 24 hour timeframe and guidelines; the QMRP will complete a thorough investigation</p>		08/12/2012

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	<p>at the time. She indicated she had talked to client #5's mother to assure her there was no abuse of clients going on in the home. She indicated the incident had been reported to on call staff.</p> <p>The QMRP (Qualified Mental Retardation Professional) was interviewed on 7/11/12 at 3:15 PM and indicated she had completed interviews regarding the allegations of abuse involving clients #4 and #8 and had not substantiated them, and stated "We take it seriously, but I knew some things weren't accurate. We didn't see it as abuse." She indicated she had not completed a written investigation. She indicated client #8 was not able to be interviewed and did not complete a written interview involving client #5 regarding the incident or client #5's mother.</p> <p>Client #8 was interviewed on 6/11/12 at 6:25 PM and indicated she liked living at the group home and denied staff mistreated or yelled at her.</p> <p>9-3-2(a)</p>		that includes interviewing all involved in the allegation, and compiling a written report that includes the interviews conducted, summaries, outcomes and resolution. Person Responsible: QMRP/Program Manager		

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W0249	<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 1 of 4 sampled clients, (client #4), the facility failed to ensure her glasses were available to implement her goal to wear her glasses as indicated in her plan.</p> <p>Findings include:</p> <p>During observations at the group home on 7/11/12 from 5:13 PM until 7:05 PM and again on 7/12/12 from 7:021 AM until 8:30 AM, client #4 did not wear her glasses or was prompted to wear her glasses.</p> <p>Client #4's record was reviewed on 4/20/12 at 11:15 AM. Her 2/16/12 Individual Support Plan (ISP) indicated a goal to to wear her glasses. A 7/26/11 vision examination indicated client #4 was prescribed glasses for "potentially part time wear."</p> <p>The Qualified Mental Retardation Professional was interviewed on 7/12/12</p>	W0249	<p>Client #4 has a goal to wear her glasses in short increments while in her home and to store her glasses in the same location each time she takes them off. This goal is designed as such to assist client #4 to utilize her glasses although her eye doctor noted on her 7-26-11 exam "Corrective lenses prescribed but due to minimal need may choose not to wear glasses. She may only need to wear them on a part-time basis". Staff has been made aware that if a client loses, misplaces, and/or breaks adaptive devices such as glasses this must be reported to the Program Coordinator immediately in an effort to get them replaced as quickly as possible. Staff will continue to document this in other places like the goal sheets for QMRP to review. Client #4's glasses were ordered on 7-31-12 and were picked up on 8-6-12.</p> <p>Persons Responsible: Program Assistants Program Coordinator QMRP/Program Manager</p>	08/12/2012			

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W0322	<p>at 3:30 PM and indicated client #4's glasses were unable to be located.</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based upon record review and interview, the facility failed to ensure a follow up recommendation to a mammogram was implemented for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 7/12/12 at 11:42 AM. A letter from a regional breast care center dated 8/30/11 indicated "...Your left diagnostic mammogram performed on 8/25/11 appears to be normal. However, we would like you to return in 8 months for a bilateral routine screening mammogram to confirm that nothing has changed...."</p> <p>The group home nurse was interviewed on 7/12/12 at 3:45 PM. She indicated the follow up mammogram had not been completed.</p> <p>9-3-6(a)</p>			W0322	<p>Client #3 received a diagnostic mammogram of her left breast on 8-25-11 which was normal. However an 8 month follow-up was recommended. A follow up exam has been scheduled for 8-16-12-earliest available appointment. Completed paperwork from this appointment will be filed and available for review upon request. all recommendations will be reviewed and implemented. In the future, the QMRP and/or Nurse will perform quarterly audits of the individual's medical appointments to ensure that no follow-up appointments have been missed.</p> <p>Persons Responsible: Nurse QMRP/Program Manager</p>		08/12/2012

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>431 IAC 1.1-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on interview and administrative record review for 1 of 3 staff personnel records, (staff #6), the facility failed to ensure staff #6 received an annual</p>	W9999	<p>At the time of this survey we were unable to locate Staff #6's T.B. Test; however we were able to later locate Staff #6's 2-17-12 T.B. Test.</p> <p>Staff #6 received her test upon her return from maternity leave. Completed paperwork for this test is available upon request for review.</p> <p>In the future, the building or group home Nurse who performs the test will submit all staff's completed T.B. forms to Human Resources to be placed in the designated employee file to ensure such information is accessible to appropriate personnel upon request.</p> <p>Persons Responsible: Nurse QMRP/Program Manager Human Resources</p>	08/12/2012	

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	<p>mantoux test.</p> <p>Findings include:</p> <p>The facility's personnel records were reviewed on 7/12/12 at 2:10 P.M. Review of staff personnel files indicated the most recent mantoux test for staff #6 was dated 11/18/10. There was no evidence of chest x-rays being conducted.</p> <p>During interview with the Qualified Mental Retardation Professional (QMRP) on 10/24/05 at 4:00 P.M., the QMRP indicated staff #6 had not received their yearly Mantoux tests yet and arrangements were being made.</p> <p>9-3-3(e)</p>						