

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 25, 26, 27, and 28, 2013</p> <p>Facility number: 000810 Provider number: 15G291 AIM number: 100249070</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 2, 2013 by Dotty Walton, Medical Surveyor III.</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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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #1) did not wear a soiled sweater.</p> <p>Findings include:</p> <p>Client #4 was observed during the 3/25/13 observation period from 3:17 P.M. until 5:45 P.M. At 4:10 P.M., client #4 ate a snack and spilled some of her beverage onto her sweater. From 4:10 P.M. until 5:45 P.M., direct care staff #1, #3, and #4 all interacted with client #4 but did not assist or prompt the client in changing her sweater. Client #4 wore the soiled sweater throughout the 3/25/13 observation period.</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 3/26/13 at 9:55 A.M. QMRP #1 indicated direct care staff should have assured client #4 changed from her soiled sweater.</p> <p>9-3-2(a)</p>	W000137	<p>Client # 4 will be given the opportunity to wear a shirt protector at meals and during snack times to avoid soiling her clothing. If she chooses not to wear a shirt protector, staff will ensure that soiled clothing is changed in a timely fashion.</p> <p>Regular and routine observations by the Program Coordinator and QMRP during meal and snack times will serve as oversight and monitoring to ensure consistency in protecting and providing clean clothing. Additionally, staff will receive retraining at the upcoming staff meeting on April 18, 2013 regarding the use of shirt protectors and providing clean clothing to individuals in effort to preserve dignity and their rights to clean clothing. QMRP Program Coordinator</p>	04/27/2013			

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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 2 sampled clients who wore eyeglasses (client #3), the facility failed to encourage and teach client #2 to wear her eyeglasses.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 3/26/13 observation period from 6:14 A.M. until 8:15 A.M. During the observation period, client #3 was not observed to be wearing her eyeglasses nor were direct care staff #3, #5, or #6 observed to prompt or assist client #3 in wearing her eyeglasses.</p> <p>Client #3's record was reviewed on 3/26/13 at 9:21 A.M. A review of the client's 1/9/12 vision exam indicated client #3 had been prescribed eyeglasses for "full time wear."</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 3/26/13 at 9:55 A.M. QMRP #1 indicated client #3 wore eyeglasses but did not want</p>	W000436	<p>A goal for teaching client #3 to wear her glasses has been written and implemented for client #3. Individuals refusing to wear adaptive devices will be assessed semi-annually by the Support team and QMRP for appropriate ways to train the individual to use their adaptive equipment. Staff will be trained formally to implement the goal for Client #3 to wear her glasses at a house meeting on April 18, 2013. Training will include the appropriate use of all adaptive equipment for all clients at the Spruce home. Regular oversight, monitoring and observations will be conducted by the Program Coordinator and QMRP to ensure implementation. QMRP Program Coordinator</p>	04/27/2013			

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	to wear them. When asked if staff should encourage and teach client #3 to wear her eyeglasses, QMRP #1 stated, "Yes."  9-3-7(a)				