

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G757	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/26/2013
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NAME OF PROVIDER OR SUPPLIER  SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 304 3RD ST FLORA, IN 46929
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: April 1, 2, 22, 24 and 26, 2013.</p> <p>Facility number: 011817 Provider number: 15G757 AIM number: 200940180</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed May 3, 2013 by Dotty Walton, QIDP.</p>	W000000		
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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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 1 of 2 sampled clients (client #1), to exercise general operating direction over the facility in a manner to ensure she had window coverings for her bedroom window.</p> <p>Findings include:</p> <p>An observation was conducted on 4/1/13 from 12:45 P.M. until 6:20 P.M. During the entire observation period client #1's bedroom windows did not have window coverings.</p> <p>An observation was conducted on 4/2/13 from 6:45 A.M. until 2:30 P.M. During the entire observation period client #1's bedroom windows did not have window coverings.</p> <p>An interview with client #1 was conducted on 4/1/13 at 1:30 P.M. Client #1 indicated she would like to have curtains on her windows.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 4/2/13 at 2:30 P.M. The GHM indicated there were no window coverings in client</p>	W000104	Curtains were purchased and installed. The curtains have a velcro backing to ensure that if the client pulls them down, they can easily be replaced. Program Coordinator will ensure that all windows are covered to allow for privacy.	05/16/2013			

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	#1's bedroom because she pulls them down.  9-3-1(a)			

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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on record review, observation and interview, the facility failed to have an updated Individual Support Plan (ISP) for 1 of 1 clients observed at the outside day program (client #3), available for all staff who worked at the day program.</p> <p>Findings include:</p> <p>An outside day program observation was conducted on 4/2/13 from 8:30 A.M. until 9:30 A.M. During the observation period client #3 sat at a table talking to a peer. A review of client #3's record was conducted at 9:15 A.M. A review of client #3's record indicated a most current ISP dated 8/5/11 and a most current Behavior Support Plan dated 7/29/11.</p> <p>A review of client #3's record was reviewed on 4/2/13 at 12:30 P.M. Client #3's record indicated a most current ISP dated 12/14/12.</p> <p>Interview with the Day Program Supervisor (DPS) was conducted on 4/2/13 at 9:20 A.M. The DPS indicated the mentioned ISP was the most current available for the day program staff.</p>	W000120	An ISP was emailed to the day program provider, they failed to print the new ISP. Program Coordinator has re-emailed the ISP and has also provided a hard copy to the QMRP at the day program. Program Coordinator will visit day program atleast monthly and will ensure that all client documenation is present.	05/13/2013			

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	An interview with the Group Home Manager (GHM) was conducted on 4/2/13 at 2:30 P.M. The GHM indicated the day program staff should have an updated ISP for client #3.  9-3-1(a)				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain an accurate accounting system for 3 of 4 clients living at the group home (clients #1, #2 and #4), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home on 4/2/13 at 10:10 A.M. A review of clients #1, #2 and #4's financial records indicated the following:</p> <p>Client #1's personal financial accounting ledger dated 4/1/13 indicated he should have a balance of \$32.77. The Group Home Manager (GHM) reviewed the currency in client #1's petty cash pouch and counted a balance of \$31.77.</p> <p>Client #2's personal financial accounting ledger dated 4/1/13 indicated she should have a balance of \$31.67. The GHM reviewed the currency in client #2's petty cash pouch and counted a balance of \$30.67.</p>	W000140	Staff have been instructed to debit and credit the petty cash book immediately upon assisting clients with their petty cash. Program Coordinator and Group Home Supervisor will ensure during monthly and random financial checks that petty cash is being debited or credited.	05/16/2013			

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	<p>Client #4's personal financial accounting ledger dated 4/1/13 indicated she should have a balance of \$29.52. The GHM reviewed the currency in client #4's petty cash pouch and counted a balance of \$28.52.</p> <p>An interview with the GHM was conducted on 4/2/13 at 10:30 A.M. The GHM indicated each client's ledger entry balance and the currency amount should always match.</p> <p>9-3-2(a)</p>				

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W000367	<p>483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to keep medications for 1 of 1 clients observed during the morning medication administration (client #3), identified until the point of administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/2/13 from 6:30 A.M. until 8:15 A.M. At 7:25 A.M., Direct Support Professional (DSP) #1 prompted client #3 to the medication area for her morning medication administration. Client #3 walked to the medication cabinet. DSP #1 took out a small white envelope with client #3's first and last name, opened the envelope and poured the medications into a plastic cup and handed client #3 the clear plastic cup with medications and prompted her to take her medications. DSP #1 did not punch any of the medications administered to client #3 from their original packaging at the time of administration. When asked if she (DSP #1) prepared the medications in the unlabeled white envelope, she stated "No." When asked what medications were administered to client #1, DSP #1</p>	W000367	<p>Staff and Group Home Supervisor have been instructed to only administer medications out of the original packaging when the client is in the home. The white envelope was due to the client coming back from a home visit a day early. When a client returns from a home visit early, any vacation packs will be discarded and the medication administered from the original packaging. Health Care Coordinator will be responsible to follow up when a client returns to ensure medication is being dispensed from the original packaging.</p>	05/16/2013			

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	<p>retrieved 12 medication packages. Review of the medication labels and Medication Administration Record (MAR) dated 4/1/13 to 4/30/13 was conducted on 4/2/13 at 7:35 A.M. and indicated: "Metformin (diabetes)...Therapeutic Multivitamin (supplement)...Trilipix (high cholesterol)...Calcium (supplement)...Carbamazepine (agitation)...Escitalopram (depression)...Thyroxine (thyroid)...Buspirone (anxiety)...Famotidine (acid reflux)...Trihexyphenidyl (antiparkinsons disease)...Lithium Carbonate (for mania)...Clonazepam (bipolar)."</p> <p>An interview with the Group Home Manager (GHM) was conducted on 4/2/13 at 2:30 P.M. The GHM indicated the medications should be administered directly from the original packaging and checked three times with the Medication Administration Record (MAR) prior to administering. The GHM further indicated medications should never be pre-prepped prior to administration. The GHM further indicated she pre-prepped client #3's medications the day before because she wasn't sure if client #3 would still be at her mother's house visiting.</p> <p>9-3-6(a)</p>			

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed for 1 of 2 sampled clients (client #1), to assure client #1 washed her hands.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/1/13 from 12:45 P.M. until 6:25 P.M. At 5:55 P.M., client #1 blew her nose while sitting at the table where clients #2, #3 and #4 sat. Client #1 then wiped her nose with her hand, walked into the kitchen and grabbed cups from out of the cabinet and set them on the table. Client #1 was not prompted and did not wash her hands.</p> <p>A morning observation was conducted at the group home on 4/2/13 from 6:30 A.M. until 8:20 A.M. At 6:45 A.M., client #1 picked her nose and then went into the kitchen cabinet and got bowls out to set the dining table. Client #1 did not and was not prompted to wash her hands</p> <p>An interview with the Group Home Manager (GHM) was conducted at the group home on 4/2/13 at 2:55 P.M. The GHM indicated client #1 should have</p>	W000455	<p>Staff will continue to prompt clients to wash their hands when they are soiled.*****Staff that was responsible at the time of survey acknowledged that they did not prompt the client to wash hands. The staff called Director of Operations, Director of Operations reminded the staff to follow clients to the sink to ensure they wash their hands properly. Program coordinator and Group Home supervisor will observe this practice initially during the 30 day plan of correction time and will remind staff and retrain as needed the importance of hand washing.</p>	05/16/2013	

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	washed her hands prior to obtaining items from the cabinet.  9-3-7(a)				

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W009999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>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 preference 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 1 of 2 sampled clients (client #1).</p> <p>Findings include:</p>	W009999	<p>Three clients in the home are not able to attend a day program. Two of the clients have outside tutoring to assist with their meaningful day. Program Coordinator will note in quarterly meetings where the team feels the client is at in regards to the ability to apply for day programs. ***** Assessments have been updated to reflect the day service needs. The three clients at thist time are not suitable for day placement because of their behavior issues. The tutoring and meaningful day schedules have been developed to assist with preparing the clients for outside day placement at a later date.</p>	05/16/2013			

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	<p>Client #1 was observed at the group home on 4/1/13 from 12:45 P.M. until 6:25 P.M. During the observation client #1 sat in her bed room and watched television, walked around the group home and talked with group home staff. No alternative day service was observed to be provided.</p> <p>Client #1 was observed at the group home on 4/2/13 from 6:30 A.M. until 8:10 A.M. and 12:30 P.M. until 2:45 P.M. During the observation client #1 sat in her bedroom and watched television, walked around the house and talked with staff and ate lunch. No alternative day service was observed to be provided.</p> <p>Client #3's records were reviewed on 4/2/13 at 1:55 P.M. A review of the client's record failed to indicate she attended day service.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 4/2/13 at 2:20 P.M. The GHM indicated client #1 had not attended day services since her admission on 9/25/12. The GHM further indicated the facility was in the process of having her attend day services.</p> <p>9-3-4(b)(1)(2)</p>						

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