

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G222	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2016
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 ORKNEY DR SOUTH BEND, IN 46614
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 8, 9, 10, 11, and 12, 2016.</p> <p>Facility number: 000746 Provider number: 15G222 AIM number: 100234830</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/22/16.</p>	W 0000		
W 0149 Bldg. 00	<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. Based on record review and interview, the facility failed to implement their abuse/neglect policy to assure 1 of 1 reviewed abuse/neglect allegation involving 1 of 4 sampled clients (client #3) was immediately reported to the facility's administrator.</p>	W 0149	<p>The facility has policies and procedures that prohibit abuse, neglect, and exploitation. The facility makes every effort to implement these policies and procedures that include reporting any type of abuse, neglect or exploitation in a timely manner. The facility continues to provide training to all incoming staff,</p>	09/11/2016

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>Findings include:</p> <p>The facility's records were reviewed on 8/8/16 at 2:34 P.M.. The following allegation of abuse/neglect was reviewed:</p> <p>- "Name: [Client #3], Incident Date: 12/28/2015, Date of Knowledge: 03/21/2016 Narrative: During the morning shift of December 28, 2015, [client #3] reported to [direct care staff #1] that the program coordinator (direct care staff #7) cursed him (client #3) and he was scared. Reportedly [direct care staff #7] stated, ""mother----- if you ever lie on me again I'll beat your mother----- - ass."" It was also reported by [direct care staff #1] that is (sic) past two weeks she (direct care staff #1) has witnessed [direct care staff #7] using profanity with [client #3]. Plan to Resolve: [Direct care staff #7] has been suspended until further notice pending an investigation. [Client #3] does not appear to be experiencing any emotional distress. QIDP (Qualified Intellectual Disabilities Professional) (QIDP #1) will follow up in 7 days with the outcome of the investigation."</p> <p>The facility's records were further reviewed on 8/8/16 at 2:57 P.M. A review of the 3/25/16 investigation of the aforementioned 12/28/15 abuse/neglect allegation involving client #3 indicated</p>		<p>annually to all staff, and more often as needed, to all staff. This training includes definitions of abuse, neglect and mistreatment, examples, how to prevent such incidents and reporting procedures. The facility also works diligently to assure that all allegations of abuse, neglect and mistreatment are reported immediately to an administrator or other trained professionals in accordance with state law as outlined in these procedures. The group home staff received training from the Program Manager/QIDP on incident reporting at a house meeting on August 15, 2016. Training specifically addressed immediate reporting of any allegation of actual or suspected abuse, neglect or exploitation.</p> <p>In the future, staff not following the protocols and regulations will be subject to disciplinary action up to and including termination based on the policies set forth by the agency. Additionally, review of the expectation of immediate reporting of incidents as well as any allegation made by a client or staff will be addressed at monthly staff training house meetings to keep the information at the forefront for all staff.</p>		

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	<p>there was insufficient evidence the allegation of verbal abuse occurred. Further review indicated the alleged incident occurred on 12/28/15 and the facility's administrator was not notified of the incident until 3/21/16.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/16 at 9:33 A.M. QIDP #1 stated, "Yes, the incident (12/28/15 abuse/neglect allegation) wasn't reported to the administrator until sometime in March of this year (3/21/16)."</p> <p>The facility's records were further reviewed on 8/11/16 at 2:58 P.M. Review of the facility's "Policy: Abuse, Neglect, or Exploitation", dated 9/24/13, indicated in part, "1. Any employee who has reason to believe or suspect abuse, neglect, or exploitation of any individual receiving [name of facility] services by anyone shall report all pertinent information to an administrator in accordance with the Internal Incident Reports Policy." Review of the facility's "Policy: Internal Incident Reports", dated 9/24/13, indicated in part, "3. Should an incident involve serious injury, suspected abuse or neglect, elopement from the program or something of similar urgency, the designated program staff must immediately inform the Program</p>		<p>Persons Responsible:</p> <p>Program Coordinator</p> <p>Program Manager/QIDP</p> <p>Director of Quality Assurance</p>		

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W 0153 Bldg. 00	<p>Director, who will inform the Director of Quality Assurance and the appropriate Vice President, who will notify the Chief Executive Officer."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. Based on record review and interview, the facility failed to assure 1 of 1 reviewed abuse/neglect allegation involving 1 of 4 sampled clients (client #3) was immediately reported to the facility's administrator.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 8/8/16 at 2:34 P.M.. The following allegation of abuse/neglect was reviewed:</p> <p>- "Name: [Client #3], Incident Date: 12/28/2015, Date of Knowledge: 03/21/2016 Narrative: During the</p>	W 0153	The facility has policies and procedures that prohibit abuse, neglect, and exploitation. The facility makes every effort to implement these policies and procedures that include reporting any type of abuse, neglect or exploitation immediately to the identified and designated staff so that an investigation can be initiated immediately. The facility continues to provide training to all incoming staff, annually to all staff, and more often as needed, to all staff. This training includes definitions of abuse, neglect and mistreatment, examples, how to prevent such incidents and reporting procedures which includes immediate reporting of	09/11/2016

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	<p>morning shift of December 28, 2015, [client #3] reported to [direct care staff #1] that the program coordinator (direct care staff #7) cursed him (client #3) and he was scared. Reportedly [direct care staff #7] stated, ""mother----- if you ever lie on me again I'll beat your mother----- - ass."" It was also reported by [direct care staff #1] that is (sic) past two weeks she (direct care staff #1) has witnessed [direct care staff #7] using profanity with [client #3]. Plan to Resolve: [Direct care staff #7] has been suspended until further notice pending an investigation. [Client #3] does not appear to be experiencing any emotional distress. QIDP (Qualified Intellectual Disabilities Professional) (QIDP #1) will follow up in 7 days with the outcome of the investigation."</p> <p>The facility's records were further reviewed on 8/8/16 at 2:57 P.M. A review of the 3/25/16 investigation of the aforementioned 12/28/15 abuse/neglect allegation involving client #3 indicated there was insufficient evidence the allegation of verbal abuse occurred. Further review indicated the alleged incident occurred on 12/28/15 and the facility's administrator was not notified of the incident until 3/21/16.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>		<p>any or suspected abuse, neglect or exploitation. The facility works diligently to assure that all allegations of abuse, neglect and mistreatment are reported immediately to an administrator or other trained professionals in accordance with state law as outlined in these procedures. The group home staff received training from the Program Manager/QIDP on incident reporting at a house meeting on August 15, 2016. Training specifically addressed immediate reporting any or suspected abuse, neglect or exploitation and identified who should receive the report so that an investigation can commence immediately.</p> <p>In the future, staff not following the protocols and regulations will be subject to disciplinary action up to and including termination based on the policies set forth by the agency. Additionally, review of the expectation of immediate reporting of incidents as well as any allegation made by a client or staff will be addressed at monthly staff training house meetings to keep the information at the forefront for all staff.</p> <p>Persons Responsible:</p>		

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W 0331 Bldg. 00	<p>8/11/16 at 9:33 A.M. QIDP #1 stated, "Yes, the incident (12/28/15 abuse/neglect allegation) wasn't reported to the administrator until sometime in March of this year (3/21/16)."</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed to assure 1 of 4 sampled clients (client #1) received an eye examination as was recommended.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/11/16 at 9:07 A.M. Review of the client's 4/4/16 Health Services Annual Survey indicated "[Client #1] will see local doctors within 60 days for the following evals (evaluations): visual exam." Further review of client #1's record failed to indicate client #1 received a vision exam as recommended.</p> <p>Nurse #1 was interviewed on 8/11/16 at</p>			W 0331	<p>Program Coordinator</p> <p>Program Manager/QIDP</p> <p>Director of Quality Assurance</p> <p>The facility will provide clients with nursing service in accordance to their needs including but not limited to vision exams. Client #1 has received a vision examination on 8/30/2016 noting that "current RX is still good".</p> <p>In the future, medical examination will be obtained in a timely manner. The Medical/Health Services Annual Survey recommendations will be reviewed on a monthly basis to ensure the recommendations are being implemented or in the process of being implemented and then appropriate notation</p>		09/11/2016

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W 0436 Bldg. 00	<p>10:03 A.M. Nurse #1 stated, "If it's (vision exam documentation) not in the book (client #1's record), it wasn't done."</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review, and interview, the facility failed to assure 1 of 1 sampled clients with eyeglasses (client #1) wore his eyeglasses.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation periods on 8/10/16 from 4:05 P.M. until 6:00 P.M., and on 8/11/16 from 6:18 A.M. until 7:45 A.M., and during the day program observation period on 8/10/16 from 9:11 A.M. until 10:00 A.M. During all observations, client #1 did not wear eyeglasses.</p>	W 0436	<p>made in the client record reflecting the progress with additional recommendations and progress noted, as appropriate.</p> <p>Persons Responsible: Nurse, Program Coordinator, Program Manager/QIDP</p> <p>The facility will furnish, maintain in good repair and teach clients to use and make informed choices about the use of their prescribed adaptive equipment and as recommended by the interdisciplinary team.</p> <p>A checklist for Client #1 to be reminded to wear his glasses has been written and implemented. The group home staff have been trained in the implementation of this checklist. The checklist will be monitored monthly by the QIDP and revised as necessary.</p>	09/11/2016	

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W 0440 Bldg. 00	<p>Client #1's record was reviewed on 8/11/16 at 9:07 A.M. Review of the client's record indicated he was admitted to the facility in March of 2016. Further review of a 6/4/15 vision exam, from a previous placement, indicated client #1 had eyeglasses he was prescribed to wear.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/16 at 9:33 A.M. QIDP #1 stated. "[Client #1] should be wearing eyeglasses."</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to hold evacuation drills for group home staff during the third quarter of 2015 on the overnight shift (11:00 P.M. to 7:00 A.M.) which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 of 3 additional clients (clients #5, #6, and #7).</p> <p>Findings include:</p>	W 0440	<p>In the future, the QIDP will evaluate and review the needs of the clients on at least an annual basis, more often as needed to determine and then develop and/or revise training objectives to teach individuals to successfully utilize their adaptive equipment.</p> <p>Person Responsible: Program Manager/QIDP</p> <p>The home has a fire drill schedule that designates the different shifts staff are to run drills each month. The drill schedule was not specific enough for staff to ensure drills were run during the overnight hours. As a result, the drill schedule has now been revised to include the specific date and the actual hour staff are to run an overnight drill. A drill schedule has been created for</p>	09/11/2016

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	<p>The facility's records were reviewed on 8/8/16 at 2:50 P.M. The review failed to indicate the facility held an evacuation drill for staff on the overnight shift during the third quarter of 2015 (July 1st through September 30th). This affected clients #1, #2, #3, #4, #5, #6, and #7 who lived in the facility.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/16 at 9:33 A.M. QIDP #1 stated, "They (evacuation drills) should have been done on every shift during every quarter. Apparently that wasn't done."</p> <p>9-3-7(a)</p>		<p>each month. Each month designates a different hour that the overnight drill is to be run by staff which will allow for drills to be run on the overnight shift under varied conditions each month and quarter. The designated day to run the drill is not the last day of the month so that if the drill is not run, there is still time within the month to complete the assigned drill.</p> <p>The Administrative Assistant has revised the form and sent the form to the Program Coordinator so that overnight drills are run every quarter. In the future, the Administrative Assistant will receive the drill forms once completed and will review to ensure that the overnight drills were run at the designated time and on the designated date per the drill schedule. Additionally, the Administrative Assistant will keep track of the date that drills are due and if not completed, will make direct contact with the Program Coordinator providing the needed instruction and reminder that the overnight drill must be run at the assigned time in the designated month. Finally, the Administrative Assistant will provide a monthly report to the Director of Quality Assurance that summarizes the drills completed including dates and times for review in effort to ensure drills are run as assigned each month and are run under varied conditions.</p>	

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W 0455 Bldg. 00	<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. Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #3) washed his hands after emptying the trash and before eating breakfast.</p> <p>Findings include:</p> <p>Client #3 was observed during the group home observation period on 8/11/16 from 6:18 A.M. until 7:45 A.M. At 7:22 A.M., client #3 grabbed the kitchen trash container and took it outside and emptied it with his hands into a larger trash receptacle. Client #3 came into the house and was prompted by direct care staff #2 to sit at the dining room table for breakfast. Client #3 then sat at the table and ate his breakfast. Client #3 did not wash his hands after emptying the trash</p>	W 0455	<p>Persons Responsible:</p> <p>Administrative Assistant</p> <p>Program Coordinator</p> <p>Director of Quality Assurance</p> <p>The facility has a program and expectation that staff practice and teach clients to practice proper hygiene and cleanliness to prevent and control and prevent infection and communicable diseases. To serve as a reminder to both clients and staff, hand washing pictures with explanations have been posted in the kitchen as well as all of the bathrooms. Client #3 currently has a formal handwashing goal in place. The QIDP will continue to review this goal monthly and revise as necessary. The topic of hand washing and overall infection control was addressed at the house meeting on August 15, 2016. In the next four weeks, the Program Coordinator who is in the home at least 5 of 7 days a week will continue to observe different times at the group home</p>	09/11/2016

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	<p>and before eating his breakfast. Direct care staff #2 did not prompt or assist client #3 in washing his hands after taking the trash out.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/16 at 9:33 A.M. QIDP #1 stated, "Staff (direct care staff #2) should have had [client #3] wash his hands after taking the trash out and before he ate breakfast."</p> <p>9-3-7(a)</p>		<p>paying particular attention that good infection control practices are implemented on a consistent basis. During unannounced visits in the next 4 weeks, between the Director of Quality Assurance and Director of Residential Services, they will be observing and addressing, as appropriate, any instances to support good hygiene practices.</p> <p>In the future, the facility will continue to ensure that all staff are trained on the appropriate procedures for maintaining infection control. This occurs during new staff orientation and will also be completed during house meetings on an annual basis, more often as needed. The Program Coordinator who is in the home at least 5 of 7 days a week will continue to observe different times at the group home paying particular attention that good infection control practices are implemented on a consistent basis. The QIDP who is in the home at least monthly, more often as needed will observe during times when clients are present paying particular attention that good infection control practice is implemented on a consistent basis.</p>	

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W 0473 Bldg. 00	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature.</p> <p>Based on observation and interview, the facility failed to serve milk at an appropriate temperature, within 15 minutes upon removal from the temperature control device, which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 of 3 additional clients (clients #5, #6, and #7).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home during the 8/11/16 observation period from 6:18 A.M. until 7:45 A.M. At 6:45 A.M., direct care staff #2 prompted client #4 to put the milk and other beverages on the dining room table. Client #4 put the milk on the table at 6:47 A.M. The milk remained on the dining room table, without additional cooling, until it was</p>	W 0473	<p>Persons Responsible:</p> <p>Program Coordinator</p> <p>Program Manager/QIDP</p> <p>Director of Quality Assurance</p> <p>Director of Residential Services</p> <p>The facility works diligently to ensure that individuals served are participating in all aspects of their daily lives, which includes meal preparation and the steps involved in family style dining. The staff appropriately involved client #4 to prep for the breakfast meal which included putting the milk on the table at the time when the meal should have been started. The topic of meal preparation as well as the length of time the milk was on the table was discussed at the house meeting on August 15, 2016. It was discussed with all staff that individuals will continue to be involved in the meal preparation process. Staff were trained and reminded that their role is to train clients on good sanitation practices that include but are not limited to food temperatures for food and/or beverages that can</p>	09/11/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G222	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2016
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 ORKNEY DR SOUTH BEND, IN 46614
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	<p>served to clients #1, #2, #3, #4, #5, #6, and #7 at 7:31 A.M.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/16 at 9:33 A.M. QIDP #1 stated, "The milk should have been kept in the refrigerator until they (clients #1, #2, #3, #4, #5, #6, and #7) ate their breakfast."</p> <p>9-3-8(a)</p>		<p>spoil, such as milk. In the next four weeks, the Program Coordinator will be present and observing at one meal a day, alternating meals for at least 5 of 7 days a week to ensure food is served at the proper temperature and stored in the proper temperature in a timely manner. During unannounced visits in the next 4 weeks, between the Director of Quality Assurance and Director of Residential Services, they will be observing a meal and addressing any instances, as appropriate, to support food at mealtimes served at the appropriate temperature and then stored in a timely manner at the appropriate temperatures.</p> <p>In the future, the staff will pay careful attention to the timing of when food and beverages are placed on the table at meal times to ensure that milk and other similar items that require refrigeration will not be placed in the dining area until everyone is at the table and ready for the meal to begin. Similar attention will be given to hot food items so that they are the appropriate temperature when served at the meal. This will involve prompting individuals at the time they come</p>	

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			<p>to the table to complete the process of setting the table or preparing items at the last minute to ensure there is no risk of ill side effects from something that has set out to long. The Program Coordinator, who is regularly in the home during various meals throughout the week, will observe and provide need training and direction as appropriate to ensure food served is served at the appropriate temperature and then returned to the proper storage location in a timely manner.</p> <p>The QIDP who is in the home at least monthly, more often as needed will observe during meal times paying particular attention that food is served at the appropriate temperature and then stored at the appropriate temperature in a timely manner.</p> <p>Persons Responsible: Program Coordinator Program Manager/QIDP Director of Quality Assurance Director of Residential Services</p>		