

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G448	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2021
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 907 COTTAGE GROVE SOUTH BEND, IN 46628
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the COVID-19 focused infection control survey.</p> <p>Survey Dates: July 6, 7, and 8, 2021.</p> <p>Facility Number: 000692 Provider Number: 15G448 AIMS Number: 100249360</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #39778 on 7/16/21.</p>	W 0000		
W 0327 Bldg. 00	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 1 of 3 sample clients (#1), the facility failed to ensure client #1 had tuberculosis screenings completed at least annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/6/21 at 2:58 pm and did not include a tuberculosis screening.</p>	W 0327	<p>In order to ensure this citation was met now and in the future, the Program Coordinator scheduled Client 1's TB test on 7/12/21. The test was completed on 7/14/21.</p> <p>The Program Coordinator will complete a list of required tb tests and due dates by 8/7/21.</p>	07/14/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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W 0352 Bldg. 00	<p>Licensed Practical Nurse (LPN) #1 was interviewed on 7/7/21 at 12:50 pm and stated, "Tuberculosis screenings should be done every year."</p> <p>Director of Group Living #1 was interviewed on 7/7/21 at 3:42 pm and stated, "Tuberculosis screenings should be completed annually."</p> <p>9-3-6(a) 483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 2 of 3 sample clients (#2 and #3), the facility failed to ensure client #2 had a dental exam completed at least annually and to ensure client #3 had a dental exam completed as recommended by his dentist.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #2's record was reviewed on 7/6/21 at 3:12 pm and indicated his most recent dental visit was 5/11/20. Client #3's record was reviewed on 7/6/21 at 3:09 pm. A dental note dated 8/6/20 indicated the following: "Recommend a 6 month cancer screen." <p>Licensed Practical Nurse (LPN) #1 was interviewed on 7/7/21 at 12:50 pm and stated, "Dental visits should be done yearly unless the dentist wants to see them more often."</p>	W 0352	<p>The nurse for this home will complete quarterly checks to verify all TB tests are current for all clients in this home.</p> <p>In order to ensure this citation is met now and in the future, the Program Coordinator has made an appointment for Clients #2 and 3 to get their dental visits completed. The dentist for Client #1 could not get him an appointment until 10/20/21 a 3:45pm. Client #3's appointment is scheduled for 8/30/21 at 1:40pm.</p> <p>The Program Coordinator will complete a list of required dental appointments by 8/7/21 to ensure all appointments are up to date.</p> <p>The nurse will review the Cottage Grove dental appointment list on a quarterly basis to ensure all appointments have been made and are up to date.</p>	08/07/2021			

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W 0371 Bldg. 00	<p>Director of Group Living #1 was interviewed on 7/7/21 at 3:42 pm and stated, "Dental visits should be done annually. If the doctor recommends 6 months, they should go in 6 months."</p> <p>9-3-6(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, record review, and interview for 2 of 3 sample clients (#1 and #3), the facility failed to ensure clients #1 and #3's Individual Support Plans (ISPs) included a specific medication goal.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 7/6/21 from 3:30 pm through 5:00 pm and on 7/7/21 from 6:45 am through 8:00 am. Clients #1 and #3 were present in the home for the duration of the observation period.</p> <p>1. On 7/6/21 at 4:00 pm, Direct Support Professional (DSP) #1 prepared client #3's medications. DSP #1 prompted client #3 to wash his hands and get a glass of water. Client #3 came to the door of the medication room and took his medications. - Client #3 was not prompted to participate in preparing his medications.</p> <p>On 7/7/21 at 7:02 am, DSP #3 prepared client #3's medications. DSP #3 prompted client #3 to wash</p>	W 0371	<p>(Nurse and Program Coordinator responsible)</p> <p>In order for this citation to be met now and in the future for Clients #1 and #3 and all other clients that live at Cottage Grove, all will have a medication goal. The following goals will be put in place:</p> <p>Client #1- naming the side effect of a medication Client #2- naming the side effect of a medication Client #3- naming the side effect of a medication Client #4- punching out a medication Client #5- punching out a medication Client #6- naming the side effect of a medication</p> <p>These goals will be reviewed a minimum of every 6 months at the client's semi annual and annual review. If staff feel a client is not having success or has succeeded,</p>	08/07/2021

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	<p>his hands and get a glass of water. Client #3 came to the door of the medication room and took his medications.</p> <p>- Client #3 was not prompted to participate in preparing his medications.</p> <p>Client #3's record was reviewed on 7/6/21 at 3:09 pm.</p> <p>Client #3's medication administration record (MAR) dated July 2021 indicated the following medications: "Calcium 600, Vit (vitamin/supplement) D3 400 (supplement) 1 tablet, 1 tab (tablet) 2x day. Oxybutynin (overactive bladder) 10 mg (milligrams), 1 tab daily. Escitalopram (anxiety) 10 mg, 1 tab daily. Risperidone (antipsychotic), 1 tab morning. Cetirizine (allergy) 10 mg, 1 tab every day. Furosemide (diuretic) 20 mg, 1 tab one a day. Potassium (supplement) 10 mg, 1 tab every day. Dilantin (seizures) 100 mg, 2 capfuls every morning. Oxcarbazepine (seizures) 300 mg, 1 tab 2 times a day. Polyethylene glycol (constipation), 1 capful daily."</p> <p>Client #3's Comprehensive Functional Assessment (CFA) dated December 2020 indicated the following: "Self medicates - Verbal cues; part of the time."</p> <p>Client #3's ISP dated 12/8/20 did not include a medication goal or training program.</p> <p>2. On 7/6/21 at 4:10 pm, DSP #1 prepared client #1's medication. DSP #1 prompted client #1 to wash his hands and get a cup of water. Client #1 came to the door of the medication room and took</p>		<p>the goal can be revised earlier.</p> <p>Staff will be trained on these goal sheets on how to implement each goal at the house meeting on 7/30/21.</p> <p>(Program Manager, Program Coordinator and DSPs responsible)</p>	

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	<p>his medications.</p> <p>- Client #1 was not prompted to participate in preparing his medications.</p> <p>Client #1's record was reviewed on 7/6/21 at 2:58 pm.</p> <p>Client #1's MAR for July 2021 indicated the following medications were to be administered at 4:00 pm: "Glipizide (diabetes) 5 mg, 1 tab before dinner. Divalproex (seizures and bipolar) 500 mg, 2 tabs with dinner. Metformin (diabetes) 500 mg, 2 tab 2 times a day with a meal. Famotidine (gastroesophogeal reflux disease) 20 mg tab, 2 times a day."</p> <p>Client #1's CFA dated October 2020 indicated the following: "Self medicates - Step by step cues; physical assist; rarely does."</p> <p>Client #1's ISP dated 10/26/20 did not include a medication goal or training program.</p> <p>DSP #1 was interviewed on 7/6/21 at 4:10 pm and stated, "There are a few who have medication goals, but they are only run in the morning, so I don't know what they are. [Clients #1 and #3] do not have medication goals." DSP #1 indicated medications were prepared before the client comes to the medication room.</p> <p>DSP #3 was interviewed on 7/7/21 at 7:10 am and stated, "[Client #3] does not have a medication goal. I prepare the medication before the clients come into the medication room."</p> <p>Director of Group Living #1 was interviewed on</p>			

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W 0455 Bldg. 00	<p>7/7/21 at 3:42 pm and stated, "[Clients #1 and #3] should be able to help prepare their mediations. They should have a medication goal. Staff should prepare medications with clients in the room with them. They should run medication goals at every opportunity."</p> <p>9-3-6(a)</p> <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 for 1 of 3 sample clients (#1), plus 1 additional client (#6), the facility failed to follow universal precautions in regards to hand washing and sanitizing surfaces during meal preparation and dining.</p> <p>Findings include:</p> <p>Observations were conducted at the Logan owned and operated day service on 7/7/21 from 11:00 am through 12:00 pm.</p> <p>At 11:30 am, clients #1 and #6 were prompted to get their prepared lunches. Client #1 took his lunch box to an activity table and opened a peanut butter sandwich and yogurt cup. Client #1 ate his sandwich with his hands. Client #6 warmed fried chicken in a microwave. Client #6 took his lunch to an activity table and ate his chicken with his hands.</p> <p>- Clients #1 and #6 were not prompted to wash their hands. The table surfaces were not sanitized before clients #1 and #6 ate their lunches.</p> <p>Day Service Staff #1 was interviewed at 11:45 am and stated, "They should wash their hands before</p>	W 0455	<p>In order to ensure this citation is met now and in the future for all 7 clients in this home the staff will encourage each client to wash their hands before each medication pass, before setting the table, after using the restroom, and before meals. If soap is not available clients will be encouraged to use hand sanitizer.</p> <p>All DSPs from the group home will be trained at the all staff meeting on July 30, 2021. All DSPs from the Day Program will receive training by 8/7/21.</p> <p>(Program Manager, Program Coordinator and DSPs responsible)</p>	08/07/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>they eat. We sanitize the tables at the beginning and end of the day but not before lunch."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 7/7/21 at 12:50 pm and stated, "Clients and staff should wash their hands before eating or cooking. The tables should be sanitized before eating."</p> <p>Director of Group Living #1 was interviewed on 7/7/21 at 3:42 pm and stated, "Clients and staff should wash their hands before eating or helping to prepare a meal. They should wash their hands again if they touch their faces or masks."</p> <p>9-3-7(a)</p>				