

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 11/14/2022
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP COD 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.</p> <p>Date of Survey: November 7, 9, 10 and 14, 2022.</p> <p>Facility Number: 000962 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 #27547 on 11/22/22.</p>	W 0000		
W 0104 Bldg. 00	<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 for 3 of 3 sampled clients (#1, #2 and #3), plus 4 additional clients (#4, #5, #6 and #7), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 11/7/22 from 3:30pm to 6:00 pm and 11/9/22 from 6:53 am to 8:30 am. Clients #1, #2, #3, #4, #5, #6 and #7 were present in the group home for the duration of the observation period.</p> <p>1. The door handle on client #1's bedroom door</p>	W 0104	<p>In order for this citation to be met now and in the future there were work orders placed with maintenance to repair #1's door handle and repair door off of hinge in the kitchen. Both were repaired. The shower will be cleaned to remove stains. The broken chair is removed.</p> <p>The House Lead will take weekly walk throughs throughout the home to see if there are any concerns that need immediate repair. If there are any concerns they will be addressed</p>	12/21/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cheryl Groves

Director of Group Living

12/05/2022

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 disclosed 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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W 0129 Bldg. 00	<p>was loose and was not able to be used to go in and out of the door.</p> <p>2. In the kitchen, the cabinet door on the bottom was hanging off the hinge.</p> <p>3. In the room off of the living room there was a broken chair, an iron and a towel lying on the floor.</p> <p>4. In the dining room there were two tables. The finish on the tables was worn off and was sticky.</p> <p>5. The shower in the main floor bathroom had an orange color around the bottom.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 11/10/22 at 1:44pm. The QIDP stated, "The house should be clean, items not broken, and things put away off of the floor. The tables should not have the finish peeling off of them."</p> <p>9-3-1(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. Based on observation and interview for 2 additional client (#4 and #6), the facility failed to ensure clients #4 and #6 had window coverings in their bedroom to provide personal privacy.</p>	W 0129	<p>immediately to correct the issue the House Lead will put in a work order for maintenance to repair/fix anything that may hinder clients from having privacy (cover windows, repair blinds, repair doors, remove furniture), etc.</p> <p>The Program Manager will observe for the home to be in good repair when at the home at a minimum of a monthly basis. She will complete inspection reports and report any concerns to Maintenance and complete work orders to Maintenance.</p> <p>The Director of Group Living will observe for maintenance concerns to assure the home is in good repair when at the home at a minimum of a quarterly basis. She will report any concerns for Maintenance for any repairs needed by placing a work order.</p> <p>(House Lead, Program Manager, Director of Group Living and Maintenance Tech responsible)</p> <p>In order for this citation to be met now and in the future, the House Lead will take weekly walk</p>	12/21/2022

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	<p>Findings include:</p> <p>Observations were conducted on 11/7/22 from 3:30 pm to 6:00 pm and 11/9/22 from 6:53 am to 8:30 am. Throughout the observation periods, the window covering on clients #4 and #6's window was broken and missing slats from the blinds. The blinds did not allow for privacy. Client #6 stated, "The blinds broke when I was trying to get them up."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/10/22 at 1:44 pm. The QIDP stated, "Everyone should have privacy with having blinds not broken and working properly."</p> <p>9-3-2(a)</p>		<p>throughs throughout the home to see if there are any concerns pertaining to privacy not being met. If there are any concerns they will be addressed immediately to correct the issues; example: train staff on affording clients privacy when walking through their home and/or put in a work order for maintenance to repair/fix anything that may hinder clients from having privacy (cover windows, repair blinds, etc.</p> <p>The Program Manager will observe for privacy issues when at the home at a minimum of a monthly basis. She will complete inspection reports and report any concerns to the House Lead for correction.</p> <p>The Director of Group Living will observe for privacy issues when at the home at a minimum of a quarterly basis. She will report any concerns of privacy to the House Lead for correction or place any work orders for Maintenance for any repairs needed.</p> <p>(House Lead, Program Manager, Director of Group Living and Maintenance Tech responsible)</p>	

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W 0131 Bldg. 00	<p>483.420(a)(8) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not compelled to perform services for the facility.</p> <p>Based on observation and interview for 1 additional client [client #6], the facility failed to ensure client #6 was not performing duties for the staff.</p> <p>Findings include:</p> <p>An observation was conducted 11/9/22 from 6:53 am to 8:30 am. On 11/9/22 at 7:35am, staff #3 told client #6, "Take [client #4] to bathroom and make sure he brushes his teeth and does not get in the shower. Don't let him (client #4) take a shower. Client #6 walked with client #4 to the bathroom and stood outside the bathroom watching client #4 brush his teeth.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 11/10/22 at 1:44pm. The QIDP stated, "Clients should not be asked to supervise any other</p>	W 0131	<p>In order for this citation to be met now and in the future staff will be trained on ensuring clients will not be compelled to perform services for this group home. For this particular incident staff will not ask Client #6 or any other client to perform duties such as watching other clients perform their activities of daily living. All staff will be trained on their responsibilities to train/teach/assist clients on their activities of daily living.</p> <p>All staff will be trained on this at the monthly house meeting on December 16, 2022.</p> <p>(DSP, House Lead and Program</p>	12/21/2022

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W 0323 Bldg. 00	<p>clients."</p> <p>9-3-2 (a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure client #1 had a hearing screening conducted annually.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 11/9/22 at 10:35am. Client #1's record did not include evidence of a hearing evaluation. Client #1 was admitted to the group home on 12/17/2021.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 11/9/22 at 11:40am. The LPN stated, "[Client #1] did not have a hearing exam. It should have been completed within 6 months of placement."</p> <p>An interview with the Qualified Intellectual Disability Professional was conducted on 11/10/22 at 1:44pm. The QIDP stated, "Hearing exams are completed within the first 30 days of placement and then every three years."</p> <p>9-3-6 (a)</p>	W 0323	<p>Manager responsible)</p> <p>In order for this citation to be in compliance the following appointment the House Lead has to get a referral from Client #1's primary care physician to get an appointment set for:</p> <p>#1- hearing evaluation</p> <p>This referral will be completed by 12/21/22. It may take 2-3 months to get an audiology appointment.</p> <p>In order to prevent recurrence in the future, the House Lead will keep an appointment log for each client. The Nurse will do a quarterly check to see that all appointments are either completed or scheduled and in compliance with required time frames.</p> <p>(House Lead and Nurse responsible)</p>	12/21/2022
W 0382 Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being</p>			

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	<p>prepared for administration.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6 and #7) the facility failed to ensure the clients' medications were stored in a secure manner.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 11/7/22 from 3:30 pm to 6:00 pm and 11/9/22 from 6:53 am to 8:30 am. Clients #1, #2, #3, #4, #5, #6 and #7 were present in the group home for the duration of the observation period. On 11/7/22 at 4:36 pm staff #1 was in the medication room and there was a paper bag containing the restock of all of the clients' medications. Staff #1 finished giving client #2 his medications. Staff #1 walked out of the medication room leaving the bag of medications sitting on the floor and the medication cart unlocked. At 4:37 pm, staff #1 walked back into the medication room and continued to pass medications. On 11/9/22 at 6:53 am the medication room door was open and the keys to the medication cart were hanging from the lock on the cart. Staff #3 was in the kitchen assisting with making breakfast.</p> <p>An interview with staff #3 was conducted on 11/9/22 at 8:14 am and stated, "Medications are always locked in medicine cabinet."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 11/10/22 at 2:38 pm. The LPN stated, "Medications should be stored in the locked medication cart. The medication fill should be put in the bottom of the cart in the overflow. Medication should not be sitting out. The medication cart should be locked unless the staff are standing in front of it."</p>	W 0382	<p>In order to meet this citation now and in the future for all clients at this home the staff will lock the medication cart each time they leave the office where the medication cart is located. All medications will be placed inside the medication cart when staff are not in the room where the medication cart is located.</p> <p>The medication cart key will not be left in the medication cart at any time unattended by staff. When the medication cart is unattended the key will be in the office desk drawer.</p> <p>All staff have been verbally been told as of 12/2/22</p> <p>Staff will receive training on this at the scheduled all staff house meeting on 12/16/22.</p> <p>(Nurse, Program Manager Program Lead and DSPs responsible)</p>	12/21/2022

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W 0383 Bldg. 00	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/10/22 at 1:44pm. The QIDP indicated medications should be locked in the medication cart at all times.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6 and #7), the facility failed to ensure clients did not have access to the medication room keys.</p> <p>Findings include:</p> <p>On 11/9/22 at 6:53am the medication room door was open and the keys to the medication cart were hanging from the lock on the cart. Staff #3 was in the kitchen assisting with making breakfast. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 11/10/22 at 2:38pm. LPN stated, "Keys to the medication cart should not be visible to the clients. Usually the keys are in the desk drawer in the office. They should not be hanging from the lock."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/10/22 at 1:44pm. The QIDP stated, "Keys should be hanging on the wall by the desk when not in use. The keys should not be left in the</p>	W 0383	<p>In order for this citation to be met now and in the future only authorized persons will only have access to the drug storage area. The keys to the medication cart will be kept in an area not visible to clients. The keys will be kept in the desk at all times in the office when the medication cart is unattended.</p> <p>All staff will be trained on this citation at the house meeting on December 16, 2022.</p> <p>(House Lead and DSPs responsible)</p>	12/21/2022

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W 0440 Bldg. 00	<p>medication cart hanging from the lock."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), plus 4 additional clients (#4, #5, #6 and #7), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 11/7/22 at 1:20pm for clients #1, #2, #3, #4, #5, #6 and #7 and indicated the following:</p> <p>During the day shift (6:00 am to 2:00 pm) the facility did not conduct evacuation drills from 3/1/22 to 10/31/2022.</p> <p>During the overnight shift (10:00 pm- 6:00 am) the facility did not conduct evacuation drills from 6/1/22 to 11/7/22.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/10/22 at 1:44 pm. The QIDP stated, "Fire drills should be completed once per shift per quarter at a minimum."</p> <p>9-3-7(a)</p>	W 0440	<p>In order to correct this citation and ensure the citation does not occur in the future, the facility will conduct evacuation drills on a quarterly basis for each shift of personnel. There is a schedule of drills for this home, and all other homes in place and the House Lead will assign drills to be run on specific days, specific shifts and specific times to meet LSC guidelines. The drill completion is tracked by the Case Coordinator and reviewed by the Director of Group Living each month.</p> <p>In the future, the Case Coordinator will review monthly reports and send reminders to the House Lead of drill times for completion. If the drill date is missed, the staff will make up the drill as soon as possible to stay in appropriate guidelines. The Director of Group Living will address this issue at the monthly Program Manager/House Lead meeting and complete a staff development record on this requirement.</p> <p>This will be ongoing each month.</p> <p>(DSP, House Lead, Program</p>	12/21/2022	

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-039

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			Manager, Administrative Assistant, Case Coordinator and Director of Group Living responsible)		