

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 04/30/2014
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN 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 22, 23, 24, 28 and 30, 2014.</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 7, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, for 1 of 2 sampled clients (client #1), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in</p>	W000125	<p>W 125 483.420 (a)(3) Protection of Client Rights</p> <p>House Manager, QDDP, and Behaviorist will review this standard. QDDP will contact client #1's Interdisciplinary Team in order</p>	05/25/2014

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>financial decisions and for 3 of 3 clients (clients #1, #2 and #3) residing at the group home, to provide assistance to exercise clients' rights by restricting access to forks and table knives.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M.. Client #1's Individual Support Plan (ISP) dated 11/8/13 indicated she was an emancipated adult...."Will learn to identify coins." The Comprehensive Functional Assessment (CFA) dated 11/8/13 indicated she could not identify coins by name, could not identify coins by value and could not purchase items without exact change up to \$10.00.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed on 4/28/14 at 11:15 A.M. The QIDP indicated client #1 did not have a legally sanctioned decision maker to assist her with financial decisions. The QIDP further indicated client #1 could not independently manage her finances and was unable to independently make financial decisions.</p> <p>2. An observation was conducted at the</p>		<p>to begin the process of obtaining a legally sanctioned decision maker to assist in financial decisions. House Manager, QDDP, and Behaviorist will review assessments of all individuals at the home in order to determine if they are in need any restrictions for items such as table knives and forks. For the Individuals who are in need of any restriction, their ISP and/or BSP will be reviewed for notation on the specific items needing restriction and to ensure these restrictions are reviewed/approved by the Individuals' IDT and the HRC. All items that do not have IDT and HRC approved restrictions will be made readily available to those Individuals who do not have those items restricted.</p> <p>At least three times per week for the next two months, and then at least once per week ongoing, the House Manager and/or QDDP will complete random site visits to ensure all non-restricted items are readily available to those Individuals who are not restricted from them. In addition, they will ensure those items that Individuals are restricted from accessing, are not available to those Individuals.</p> <p>System wide, all Program Directors, QDDPs, House Managers, and Behaviorists will review this standard and assure that this concern is being addressed at all Dunganvin ICF-MR's.</p>		

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	<p>group home on 4/22/14 from 11:00 A.M. until 1:15 P.M. At 12:20 P.M., Direct Support Professional (DSP) #1 went into the staff office and unlocked a container that contained forks and table knives. DSP #1 then entered into the dining area and handed the forks and table knives to client #2 to set on the dining table for the lunch time meal.</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M. The review failed to indicate the need for forks and table knives to be restricted for client #1.</p> <p>A review of client #2's record was conducted on 4/23/14 at 2:45 P.M. The review failed to indicate the need for forks and table knives to be restricted for client #2.</p> <p>A review of client #3's record was conducted on 4/23/14 at 3:40 P.M. The review failed to indicate the need for forks and table knives to be restricted for client #3.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/28/14 at 11:15 A.M. The QIDP indicated there was no documentation to indicate the restriction to access forks and table</p>		<p>Completion Date: 5/25/14 Persons Responsible: House Manager, QDDP, and Behaviorist</p>				

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W000140	knives for clients #1, #2 and #3 was necessary. 9-3-2(a) 483.420(b)(1)(i) CLIENT FINANCES 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 3 clients who reside at the group home (clients #1, #2 and #3), for whom the facility managed their personal funds accounts. Findings include: A review of the facility's records was conducted at the group home office on 4/23/14 at 1:50 P.M. A review of clients #1, #2 and #3's personal financial records was conducted. Review of clients #1, #2 and #3's financial records failed to indicate the facility maintained an	W000140	W140, 483.420(b)(1)(i) CLIENT FINANCES This citation was for failure to maintain, "...an accurate accounting system of the clients' personal finances for the months of 4/13 through 12/13. This is due to the Agency having acquired the facility on 1/1/14, and the clients' accounting documents had been removed by the previous Agency. The accurate accounting system for all clients was implemented according to agency Policy and Procedure on 1/1/14, and appears to be effective. House Manager and QDDP will review this standard. All staff at the home have been trained on the	05/25/2014	

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	<p>accurate accounting system of the clients' personal finances for the months of 4/13, 5/13, 6/13, 7/13, 8/13, 9/13, 10/13, 11/13 and 12/13. There were no records of withdrawals and/or deposits of clients #1, #2 and #3's banking accounts and no receipts of expenditures available for review.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 4/28/14 at 11:15 A.M. The GHM indicated the facility managed clients #1, #2 and #3's finances and further indicated the facility was to keep an accurate account of their finances at all times. The GHM further indicated the facility could not locate documentation to indicate the facility maintained an accurate accounting system of clients #1, #2 and #3's personal finances at all times.</p> <p>9-3-2(a)</p>		<p>procedure and importance of maintaining an always current, accurate count of each client's checking account and petty cash. Monthly and random audits of each client's checking account ledger and petty cash ledger will be completed by the House Manager and QDDP to ensure up-to-date and accurate accounting of all funds.</p> <p>Going forward, the House Managers, Program Director/QDDP's are responsible to complete monthly and random audits of each client's checking account ledger and petty cash ledger. System wide, all House Managers and Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's.</p> <p>Completed: 5/25/14 Persons Responsible: House Manager and QDDP</p>				
W000149	<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 for 3 of 3 clients (clients #1, #2 and #3)</p>	W000149	<p>W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS</p>	05/25/2014			

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	<p>residing at the group home and 1 discharged client (client #4), the facility failed to implement written policy and procedures to prevent abuse and neglect in regards to client to client aggression, Self Injurious Behavior (SIB) and conducting investigations.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 4/22/14 at 2:20 P.M. Review of the records indicated:</p> <p>Incidents of client to client aggression:</p> <p>-BDDS report dated 7/14/13 involving client #3 and #4 indicated: "[Client #4] was getting on the van to return home from an outing. As she was getting on the van another client (client #3) punched [client #4] in the back."</p> <p>-BDDS report dated 7/21/13 involving clients #3 and #4 indicated: "[Client #4] was in the laundry room when another client getting her laundry from the washer. [Client #4] and her roommate started to get in an argument. That's when the roommate open-handed slapped (sic) [client #4] on the right upper arm. [Client #4] then went to her room to calm</p>		<p>The House Manager and QDDP will review this Standard. The Area Director will train the House Manager and QDDP in the investigative procedures of any allegations or incidents regarding client to client aggression/abuse and Self-Injurious Behavior (SIB), including the expectations that all violations/allegations are thoroughly investigated. All investigative findings will be submitted to administrator and BDDS as follow-up reports and copies will be maintained in the office for review.</p> <p>Area Director will monitor all allegations or incidents regarding client to client aggression/abuse and Self-Injurious Behavior (SIB), and ensure a thorough investigation was conducted, and appropriate course of action to reduce any possible future occurrence of the incident, in order to ensure the health and safety of all Individuals served.</p> <p>System wide, all House Managers, Program Directors, and QDDPs will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Will be completed by: 5/25/14 Persons Responsible: Area Director, House Manager, and QDDP</p>				

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	<p>down."</p> <p>-BDDS report dated 1/3/14 involving clients #2 and #3 indicated: "[Client #2] was sitting in the common area watching television when a housemate approached her and hit her on the left arm. There were no indications that [client #2] (sic) upset or even interacted with her housemate. [Client #2] stated that her arm was sore."</p> <p>Incidents of Self Injurious Behavior (SIB) and physical restraint with injury:</p> <p>-BDDS report dated 4/8/13 involving client #4 indicated: " [Client #4] was in her bedroom. Staff went to her room and asked if she wanted to help clean up the supper mess. [Client #4] then came out of her room and walked into the dining room and sat at the dining room table. Then [client #4] stood up walked over to the trash can and kicked up (sic) across the room. Staff attempted to verbally redirect [client #4]. That's when [client #4] picked up the broom and threw it at staff. Staff placed [client #4] in a PRT (Primary Restraint Technique), staff's arms over/under [client #4's] arms standing position for approximately 1 minute then sitting position for approximately 35 minutes. After 35 minutes [client #4] calmed down and was</p>						

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	<p>released from the PRT....Staff examined [client #4] and she had a raised area on her head due to banging her head. Staff contacted the nurse and the behavior specialist." Further review failed to indicate the facility conducted an investigation in regards to this restraint with an injury.</p> <p>-BDDS report dated 10/22/13 indicated an incident of Self Injurious Behavior (SIB) involving client #2 indicated: "[Client #2] walked out of her room and started with verbal aggression. Staff attempted to verbally redirect her. That's when [client #2] started banging her head on the wall then ran to her room. While in her room [client #2] was yelling and cussin (sic) toward staff. Her behavior continued to aggress. Staff contacted the behavior specialist and a PRN (as needed) Ativan 1 mg (milligram) was approved and administered. Staff examined [client #2]; there was a small cut on her forehead."</p> <p>-BDDS report dated 11/3/13 involving client #3 indicated client #3 ran into her room and began hitting her room window and pulling her hair. Staff neglected to protect client #3 from her SIB.</p> <p>-BDDS report dated 1/13/14 involving client #2 indicated: "[Client #2] went to</p>			

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	<p>her room. After 15 minutes [client #2] came out into the common area and asked to talk to staff. Staff talked to her in the common area. She stated that she did not want to exercise because in the past she has been made fun (sic). [Client #2] then got up and stated that she wanted to kill herself. She went in her room and slammed the door. Staff opened the door to ensure her health and safety and she attempted to hit staff twice....She began hitting her head on her wall. [Client #2] tried to stick a keychain in an electrical outlet....As staff was getting situated in the PRT with [client #2] she threw her head back at staff who was behind her....At this time [client #2] threw herself sideways and hit her face on the floor. Staff immediately released [client #2] as she began bleeding from her nose on the floor...." Staff neglected to protect client #2 from her SIB.</p> <p>-BDDS report dated 1/14/14 involving client #2 indicated: "[Client #2] complained of blurred vision, dizziness, and nausea. She also had some blood pooling in her left eye due to her self injurious behavior the previous evening. Because [client #2] injured her face/head the day before and was diagnosed with a facial contusion we took [client #2] back to the ER (emergency room) to rule out any additional trauma that they did not</p>			

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	<p>detect the day before. The ER doctor stated that she has an abrasion to her left eye."</p> <p>-BDDS report dated 1/18/14 involving client #2 indicated: "[Client #2] was in the shower. Staff went to check on her due to being in the shower for a while. When staff walked in [client #2] was laying in the tub with no water covered in a towel. Staff asked what was wrong. [Client #2] did not reply. After approximately 10 minutes, [client #2] got up out of the tub. [Client #2] then started with verbal aggression by yelling and cussing toward staff. Staff attempted to verbally redirect [client #2]. That's when [client #2] banged her head several times on the wall then walked to her room..." Staff neglected to protect client #2 from her SIB.</p> <p>-BDDS report dated 2/5/14 involving client #1 indicated client #1 became verbally and physically aggressive towards staff. Client #1 then began biting her left wrist. Client #1 began banging her head on the wall and again began biting herself. Staff neglected to protect client #1 from her SIB.</p> <p>-BDDS report dated 2/17/14 involving client #1 indicated: "[Client #1] was in the common area socializing with staff.</p>						

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	<p>[Client #1] started crying. Staff asked [client #1] what was wrong and [client #1] replied in American Sign Language that her medication was not working and she was upset. Staff asked if she wanted to talk with the behavior specialist. [Client #1] replied yes. Staff walked in to the office where the phone was to call the behavior specialist. [Client #1] stood up and walked into the office. Once in the office [client #1] pushed staff several times. Staff attempted to redirect [client #1] using American Sign Language. [Client #1] continued to push staff then hit staff several times and continued to aggress....While in a sitting PRT, she continued to have physical aggression, causing her to hit her head on the door jam. When [client #1] hit her head on the door jam, she became unresponsive. Staff notified the nurse. The nurse advised to call 911. Once the ambulance was there, [client #1] was transported via ambulance to the hospital. Once at the hospital [client #1] stated her foot hurt.... [Client #1] was also given a splint for her foot should she have a sprain as a precautionary measure." Further review of the report failed to indicate an investigation was conducted in regards to this incident with injury.</p> <p>-BDDS report dated 2/18/14 involving client #1 indicated: "[Client #1] had just</p>			

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	<p>gotten home from a medical appointment. She began pacing. She then attempted to attack staff. Staff placed [client #1] in a standing Primary Restraint Technique, staff's arm over under her arms, approved in the behavior plan, then escorted [client #1] to a chair to sit down. [Client #1] was released and then started again with physical aggression toward staff. While [client #1] was being aggressive she spit, pinched, kicked and attempted to head butt and bite staff. [Client #1] also hit herself in the head and pulled hair out of her head...."</p> <p>A review of the facility's records was conducted at the facility's administrative office on 4/22/14 at 7:30 P.M.. Review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 2/27/14, indicated, in part, the following: "Dungarvin believes that each individual has the right to be free from mental, emotional and physical abuse in his/her daily life....Abuse, neglect or exploitation of the individuals' served is strictly prohibited in any Dungarvin service delivery setting....Physical abuse is defined as any act which constitutes a violation of the assault, prostitution or criminal sexual conduct statues including intentionally touching another person in a rude, insolent or angry manner, willful</p>						

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	<p>infliction of injury, unauthorized restraint/confinement resulting from physical or chemical intervention....Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in a individual's presence with intent to cause fear of retaliation, fear of confinement or restraint, cause an individual to experience emotional humiliation or distress...Neglect is defined as failure to provide appropriate care, supervision, or training, failure to provide food and medical services as needed, failure to provide a safe, clean and sanitary environment and failure to provide medical supplies/safety equipment as indicated in the individual's Individual Support Plan (ISP)....The Supervisor, or Program Coordinator/Senior Director, or his/her delegate will conduct a thorough investigation of the reported incident. The investigation will include the following:</p> <ol style="list-style-type: none"> 1. Review of witnesses. 2. Any evidence or previous abuse or neglect. 3. All other evidence to determine the 						

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W000249	<p>veracity and seriousness of the charge.</p> <p>...The facility investigation will be completed within five (5) business days, and a summary of results of the investigation will be forwarded to the administrator within five (5) business days of the incident."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/28/14 at 11:15 A.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated the facility's abuse/neglect policy should be followed at all times. When asked about the incidents of client to client aggression and SIB, the QIDP indicated staff should immediately intervene and implement the clients' Behavior Support Plans (BSPs).</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has</p>						

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	<p>formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 2 of 2 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/22/14 from 11:00 A.M. until 1:15 P.M. During the entire observation period, Direct Support Professional (DSP) #1 prepared clients #1 and #2's meal as clients #1 and #2 walked around the group home with no activity. DSP #2 worked in the office as clients #1 and #2 walked in and out of their bedrooms and sat at the dining table with no meaningful activity. Clients #1 and #2 did not assist in preparing the meal, did not exercise and did not identify coins.</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M. Review of client #1's Individual Support Plan (ISP) dated 12/5/13 indicated the following training objectives which could</p>	W000249	<p>W 249 483.440 (d)(1) Program Implementation</p> <p>The House Manager, QDDP, and Lead DSP will review this standard. The QDDP and House Manager will thoroughly retrain all staff on the overall concept/philosophy of "Continuous Active Treatment" and how it is expected to be provided; including goals/objectives, what it means when it is stated, "at every opportunity", and the idea that the Individuals should be supported in utilizing their abilities at all times throughout their activities of daily living.</p> <p>During this meeting, all staff will review this standard and the expectation that active treatment is to be provided continuously, including implementing all written objectives at every opportunity, and that the active treatment be provided in a manner allowing the individual to participate at their developmental level.</p> <p>Following this training, the House Manager, QDDP, and/or Lead DSP will complete site visits 5 days per week for at least one month and until</p>	05/25/2014

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	<p>have been implemented: "Will identify coins from each other...will exercise...will learn and communicate her address...will assist in cooking...will learn of at least one volunteer/day program/workshop opportunity."</p> <p>A review of client #2's record was conducted on 4/23/14 at 2:45 P.M. Review of client #2's ISP dated 12/14/13 indicated the following training objectives which could have been implemented: "Will practice check writing...will assist in developing a grocery list...will look for job/volunteer opportunities...will assist in cooking a meal...will exercise at least 15 minutes."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/28/14 at 11:15 A.M. The QIDP indicated client objectives should be implemented at all times. The QIDP further indicated clients #1 and #2 should have been provided with meaningful active treatment activities during the observation period.</p> <p>9-3-4(a)</p>		<p>staff demonstrate competency, to ensure active treatment is being provided at every given opportunity, and in a manner consistent with the Individual's developmental level.</p> <p>System wide, all Program Directors, QDDPs, and House Managers will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 5/25/14 Persons Responsible: House Manager and QDDP</p>		

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W000323	<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, the facility failed for 1 of 2 sampled clients (client #1), to have a hearing evaluation/assessment as recommended by the audiologist.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M.. Client #1's record indicated a most current hearing assessment/evaluation dated 1/21/14 which indicated "Patient needs full hearing evaluation." Further review of the record did not indicate client #1 had a full hearing evaluation as recommended by the audiologist.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 4/28/14 at 11:15 A.M. The QIDP indicated client #1 should have gone for the hearing evaluation/assessment as recommended by the audiologist. The QIDP indicated there was no evidence client #1 had her hearing evaluated/assessed as recommended.</p>	W000323	<p>W 323 483.460 (a)(3)(i) Physicians Services</p> <p>The Nurse, QDDP, House Manager, and Lead DSP will review this standard. Client #1 will immediately be scheduled for a full hearing evaluation as recommended by her audiologist. Nurse, QDDP, House Manager, and Lead DSP will be retrained to ensure all Dr.'s recommendations are promptly addressed. Ongoing, all Individuals will obtain an annual physical including, at a minimum, a vision and hearing evaluation.</p> <p>The House Manager, Nurse, and/or QDDP will complete file audits to ensure all required examinations/evaluations have been completed, and all recommendations and/or follow-up has been completed in a timely manner.</p> <p>System wide, all Program Directors, QDDPs, House Managers, Lead DSPs, and Nurses will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 5/25/14 Persons Responsible: Nurse, QDDP, House Manager, and Lead</p>	05/25/2014			

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W000331	<p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #1), to ensuring the facility's nursing services developed a risk plan for client #1's diagnosis of Urinary Tract Infections (UTIs).</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 4/22/14 at 2:20 P.M.. Review of the records indicated:</p> <p>-BDDS report date 1/4/14 involving client #1 indicated she was transported to the hospital after displaying physical aggression and was diagnosed with a UTI.</p> <p>-BDDS report dated 2/5/14 involving client #1 which indicated she was transported to the hospital after self</p>	W000331	<p>DSP</p> <p>W 331 483.460 (c) Nursing Services</p> <p>The Nurse, QDDP, and House Manager will review this standard. A risk plan for client #1's diagnosis of Urinary Tract Infections (UTIs) has been developed and implemented. Nurse, QDDP, House Manager, will be retrained on ensuring all health risks/needs are promptly addressed, including the development and implementation of Health Risk Plans as necessary. Ongoing, all Individuals will be provided healthcare plans to address their health risks/needs.</p> <p>The House Manager, Nurse, and/or QDDP will complete file audits to ensure all necessary healthcare needs/risks have been addressed through the development and implementation of Healthcare Plans.</p> <p>System wide, all Program Directors, QDDPs, House Managers , and Nurses will review this standard and</p>	05/25/2014	

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	<p>injurious behavior of biting her wrist and was diagnosed with a UTI."</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M.. Review of client #1's record failed to indicate the facility's nursing services developed a risk plan in regards to client #1's diagnosis of UTI.</p> <p>A review of the facility's employee records was conducted on 4/23/14 at 12:52 P.M.. Review of the employee records failed to indicate the facility's nursing staff trained all staff who worked at the group home on client #1's diagnosis of UTIs.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 4/28/14 at 11:15 A.M.. The GHM indicated the facility's nursing services did not develop risk plans in regards to clients #1's diagnosis of UTIs. The GHM further indicated the facility's nursing services did not ensure all staff who worked with client #1 were trained on UTIs.</p> <p>9-3-6(a)</p>		<p>assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 5/25/14 Persons Responsible: Nurse, QDDP, and House Manager</p>		

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 2 of 2 sampled clients (clients #1 and #2), the facility's nursing services failed to conduct quarterly nursing assessments of clients' health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M. Client #1's record indicated a nursing quarterly was completed on 2/24/14. There was no evidence in her record to indicate nursing quarterlies were completed for 5/13 and 8/13. Client #1's most current annual physical was dated 11/6/13. Client #1's 12/5/13 Individual Support Plan (ISP) indicated client #1's diagnoses included, but were not limited to, seizure disorder, constipation, high cholesterol and hypothyroidism. Client #1's 4/14 physician's orders indicated client #1 received routine medications.</p> <p>A review of client #2's record was conducted on 4/23/14 at 4:40 P.M. Client #2's record indicated a nursing quarterly was completed on 2/4/14.</p>	W000336	<p>W 336 483.460 (c)(iii) Nursing Services</p> <p>The Nurse, QDDP, and House Manager will review this standard. Nursing quarterlies for all Individuals have been completed consistently since 11/2013 and will continue to be completed at least quarterly, or more frequently as necessary depending on the Individual's need.</p> <p>The Nurse and QDDP will complete audits on at least a quarterly basis, to ensure the all nursing quarterlies have been completed.</p> <p>System wide, all Program Directors, QDDPs, House Managers, and Nurses will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 5/25/14 Persons Responsible: Nurse, QDDP, and House Manager</p>	05/25/2014
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W000460	<p>There was no evidence in her record to indicate nursing quarterlies were completed for 5/13, 8/13 and 11/13. Client #2's most current annual physical was dated 4/9/14. Client #2's 9/17/13 Individual Support Plan (ISP) indicated client #3's diagnoses included, but were not limited to, seizure disorder, GERD (Gastroesophageal reflux disease), constipation and elevated triglycerides. Client #2's 4/14 physician's orders indicated client #2 received routine medications.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/28/14 at 11:15 A.M. When asked how often nursing quarterlies are to be completed, the QIDP stated "Nursing quarterlies are to be completed every three months."</p> <p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and</p>	W000460		05/25/2014	

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	<p>interview, for 1 of 2 sampled clients (client #2), the facility failed to assure the staff provided food in accordance with clients' diet orders.</p> <p>Findings include:</p> <p>An observation was conducted at the group on 4/22/14 from 11:00 A.M. until 1:15 P.M.. Upon entering the group home, Direct Support Professional (DSP) #1 was observed preparing clients #1 and #2's meal which consisted of broccoli rice chicken casserole and baked beans. At 12:35 P.M., clients #1 and #2 ate their meal. During the meal time DSP #1 indicated to clients #1 and #2 that she added barbeque sauce to the beans to make them taste better. The chicken and broccoli were not cut into less than 1 inch pieces and client #2 was not prompted to cut her food into less than 1 inch size pieces.</p> <p>A review of client #2's record was conducted on 4/23/14 at 2:45 P.M.. Review of client #2's "Health Care Plan for Choking/Aspiration, GERD" dated 2/14/14 indicated: "Mechanical soft with meats cut into smaller than 1 inch pieces...Health Risks: Dysphagia...GERD (Gastroesophageal reflux disease)...avoid spicy foods and tomato products."</p>		<p>W 460 483.480 (a)(1) Food and Nutrition Services</p> <p>The Nurse, QDDP, House Manager, and Lead DSP will review this standard. The Nurse will retrain all staff on each Individuals' Dining/Choking/GERD Healthcare Plans, by thoroughly going through each plan and then having a question and answer session with staff to ensure a full understanding on how to follow/implement each plan.</p> <p>Following this training, the House Manager, QDDP, Nurse, and/or Lead DSP will complete site visits 5 days per week during meal time for at least one month and until staff demonstrate competency. Ongoing, the QDDP, Nurse, House Manager, and/or Lead DSP will complete weekly random site visits during meal time to ensure all Dining/Choking/GERD Healthcare Plans are consistently followed and implemented by staff.</p> <p>System wide, all Program Directors, QDDPs, House Managers, and Nurses will review this standard and assure that this concern is being addressed at all Dunganvin ICF-MR's.</p> <p>Completion Date: 5/25/14 Persons Responsible: Nurse, QDDP, and House Manager</p>		

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W000488	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/28/14 at 11:15 A.M. The QIDP indicated staff should have followed client #2's prescribed diet. The QIDP further indicated staff should prompt client #2 to cut her food into less than 1 inch pieces due to her choking/aspiration risk.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed to assure 2 of 2 sampled clients (clients #1 and #2) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>An observation was conducted at the group on 4/22/14 from 11:00 A.M. until 1:15 P.M. Upon entering the group home,</p>	W000488	<p>W 488 483.480 (d)(4) Dining Areas and Service</p> <p>The House Manager, QDDP, Behaviorist, and Nurse will review this standard. In conjunction with the POC for W249, the QDDP and House Manager will thoroughly retrain all staff on the overall concept/philosophy of "Continuous Active Treatment" and how it is expected to be provided; including goals/objectives, what it means when</p>	05/25/2014

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	<p>Direct Support Professional (DSP) #1 was observed preparing clients #1 and #2's meal which consisted of broccoli rice chicken casserole and baked beans. Clients #1 and #2 walked around the group home with no activity. At 12:32 P.M., DSPs #1 and #2 served clients #1 and #2 food onto their plates as clients #1 and #2 sat at the table with no activity. At 12:35 P.M., clients #1 and #2 ate their meal independently. Clients #1 and #2 did not assist in meal preparation and did not serve themselves.</p> <p>A review of client #1's record was conducted on 4/23/14 at 2:07 P.M. Review of client #1's Individual Support Plan (ISP) dated 12/5/13 indicated the following training objectives which could have been implemented: "Will assist in cooking."</p> <p>A review of client #2's record was conducted on 4/23/14 at 2:45 P.M. Review of client #2's ISP dated 12/14/13 indicated the following training objectives which could have been implemented: "Will assist in cooking a meal."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/28/14 at 11:15 A.M. The QIDP indicated clients</p>		<p>it is stated, "at every opportunity", and the idea that the Individuals should be supported in utilizing their abilities at all times throughout their activities of daily living.</p> <p>Included, all staff will be retrained on the expectation that each Individual eats in a manner consistent with his or her developmental level, and that they are involved in all aspects of the meal preparation to the extent of their capabilities. Staff will be retrained on providing active treatment at every given opportunity, including participating in meal prep, cooking, setting the table, serving the food, cutting up their food, and serving themselves in a manner consistent with their developmental level.</p> <p>Following this training, the House Manager, QDDP, Nurse, and/or Lead DSP will complete site visits 5 days per week during meal time for at least one month and until staff demonstrate competency. Ongoing, the QDDP, Nurse, House Manager, and/or Lead DSP will complete weekly random site visits during meal time to ensure each Individual is participating in all aspects of food prep, cooking, eating, and clean-up in a manner consistent with his or her developmental level.</p> <p>System wide, all House Managers, Program Directors, QDDPs, and Behaviorists will review this</p>		

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W009999	<p>were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in preparation and serving themselves at all meal times.</p> <p>9-3-8(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were 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</p>	W009999	<p>standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 5/25/14 Persons Responsible: Nurse, QDDP, and House Manager</p> <p>W 9999 460 IAC 9-3-4 Active Treatment Services</p> <p>The House Manager and QDDP will review this standard.</p> <p>1. The House Manager and QDDP will be retrained on ensuring that the Individual's ISP states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment, including the need for specific training objectives that are to occur with the client during the day if they do not participating in an outside day program. The QDDP will review all Individuals' ISPs and ensure these training objectives are present, and if not, the QDDP will develop and</p>	05/25/2014	

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	<p>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 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 4/22/14 from 11:00 A.M. until 1:15 P.M. During the observation, clients #1 and #2 sat in their bedrooms, watched television, walked around the group home and talked with group home staff. No alternative day service was observed to be provided.</p> <p>An observation was conducted at the group home on 4/23/14 from 12:30 P.M. until 4:30 P.M. During the observation, clients #1 and #2 sat in their bedrooms, watched television, walked around the group home and talked with group home staff. No alternative day service was</p>		<p>implement specific training objectives for the Individual to participate in during the day if they are not attending an outside day program. All staff will be retrained on ensuring all Individuals' active treatment programs are implemented continuously, even during the day if an individual does not attend an outside day program.</p> <p>2. Area Director has reviewed this Standard. Agency Human resources Department has obtained at least three references for all employees hired after 1/1/14. Ongoing, Agency HR Department will consistently adhere to this rule per Policy/Procedure concerning hiring, and ensure at least three references are obtained prior to employment with Agency.</p> <p>At least once per week for the next two months, the House Manager and/or QDDP will complete random site visits during the day, especially during the week when the Individuals that do not attend an outside day program are home, to ensure each Individual's active treatment program, goals, and objectives are being implemented continuously,</p> <p>System wide, all House Managers, Program Directors, QDDPs, and Behaviorists will review this standard and assure that this concern is being addressed at all Dunganvin ICF-MR's.</p>		

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 04/30/2014	
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	<p>observed to be provided.</p> <p>A review of client #1's records was conducted on 4/23/14 at 2:07 P.M. The review of the client's record failed to indicate she attended day service.</p> <p>A review of client #2's records was conducted on 4/23/14 at 2:45 P.M. The review of the client's record failed to indicate she attended day service.</p> <p>A review of client #3's records was conducted on 4/23/14 at 3:40 P.M. The 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 4/23/14 at 4:20 P.M. The GHM indicated clients #1, #2 and #3 do not attend day services. The GHM further indicated the facility was in the process of having the clients attend day services.</p> <p>9-3-4(b)(1)(2)</p> <p>2. 460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially</p>		<p>Completion Date: 5/25/14 Persons Responsible: Human Resources, Area Director, QDDP, and House Manager</p>				

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	<p>related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 2 of 3 staff (staff #13 and #14) personnel files reviewed, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 4/23/14 at 12:52 P.M. Review of the personnel files for staff #4 indicated three references were not obtained. The personnel files for staff #4 did not include any references.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 4/23/14 at 1:20 P.M. The GHM indicated</p>			

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	<p>the facility's policy is that each employee should have five references, completed prior to employment with the facility. The GHM further indicated staff #13 and #14 did not have 3 references in their record prior to employment.</p> <p>9-3-2(c)(3)</p>				