

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2012
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: April 9, 10, and 11, 2012.</p> <p>Facility number: 001087 Provider number: 15G573 AIM number: 100239960</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 4/17/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility's governing body failed to assure a clean and sanitary cook top vent for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) residing in the facility.</p> <p>Findings include:</p> <p>The group home where clients #1, #2, #3, #4, #5, #6, and #7 resided was observed on 4/9/12 from 3:11 P.M. until 5:30 P.M.. As direct care staff #3 cooked onions and tomatoes on the cook top, the vent above the cook top was corroded with grease and dust. Multiple strands of greasy dust were hanging from the vent above the cooking area where direct care staff #3 was preparing vegetables for client #1, #2, #3, #4, #5, #6, and #7's evening meal.</p> <p>House manager #1 was interviewed on 4/10/12 at 8:25 A.M.. House manager #1 stated the facility was in the process of purchasing a new cook top vent as the present vent was "so dirty the grease won't even come off when it's washed."</p> <p>9-3-1(a)</p>	W0104	<p>To address the concern of the corroded cooktop vent, staff were immediately instructed to clean the underside of the current vent and ensure that no rust or dust could fall into the food they were cooking. Program Staff worked with Maintenance staff to order and install a new cooktop and a new hood vent over the stovetop. The new stovetop hood was installed on 4/26/12.</p> <p>Going forward, whenever the need for a repair or home modification is noted by a Program Director/QMRP or Program Coordinator during a site visit, a request will be generated to the Maintenance Department in writing, indicating the need for maintenance support. While the need for this replacement had been identified by the management team, the item had not been replaced at the time of the annual survey.</p> <p>System wide, all Program Director/QMRPs, Program Coordinators and the Maintenance Department will review this standard and ensure that this concern is being addressed at all Dunganvin ICF-MR's.</p>	05/11/2012			

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			Completion Date: 5-11-12 Persons Responsible: Program Coordinator, Program Director (QMRP), Maintenance Director		