

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/27/2012
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6386 ELLSWORTH PL MERRILLVILLE, IN 46410
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: July 25, 26, and 27, 2012</p> <p>Facility number: 001034 Provider number: 15G520 AIM number: 100245230</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 2, 2012 by Dotty Walton, 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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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview, the facility failed to assure Individual Program Plans (IPPs) were revised annually for 2 of 4 sampled clients (clients #2 and #4).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/26/12 at 8:12 A.M. The review indicated client #2's most recent Individual Program Plan (IPP) was dated 6/1/11. Further review of the client's record failed to indicate a more current IPP.</p> <p>Client #4's record was reviewed on 7/26/12 at 9:33 A.M. The review indicated client #4's most recent Individual Program Plan (IPP) was dated 4/26/11. Further review of the client's record failed to indicate a more current IPP.</p> <p>Program Director #1 was interviewed via telephone on 7/26/12 at 10:03 A.M. Program Director #1 stated, "We are in the process of moving paper files to electronic documents and those two</p>	W0260	<p>Corrective Action: The Area Director will re-train the Program Director on the expectation that each individual ISP is revised within 365 days of the previous ISP. The Program Director will create a tracking sheet outlining when the ISPs need to be revised for individuals for the remainder of the year and into the following year. The Program Director will submit the ISP tracking sheet to the Area Director. The Area Director will set a reminder in the calendar for the dates of the ISP expiration dates. The Area Director will review each individual's file to ensure the ISP has been completed and entered into the system prior to the 365 day of the expiration.</p> <p>Responsible Person: Program Director, Area Director Timeframe for Completion: 8/17/12 Systematic Correction: The Area Director will re-train all Program Directors on the expectation that an ISP is completed and entered prior to 365 days of the previous ISP. The Area Director will train the other Area Directors on the monitoring system plan to ensure that Program Directors are completing ISPs within the established time frames.</p>	08/24/2012	

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	<p>(client #2's and #4's) IPPs are probably on the computer.</p> <p>House manager #1 was interviewed on 7/26/12 at 10:33 A.M. House manager #1 indicated she had looked on the computer but did not find more current IPPs for clients #2 and #4.</p> <p>9-3-4(a)</p>		<p>Responsible Person: Area Director Timeframe for Completion: 8/24/12</p>		

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W0436	<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.</p> <p>Based on observation and interview, the facility failed to provide eyeglasses in good repair to 1 of 2 sampled clients prescribed to wear eyeglasses (client #3).</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 7/25/12 observation period from 4:20 P.M. until 7:00 P.M., and during the 7/26/12 observation period from 5:35 A.M. until 7:30 A.M.. During these observation periods, client #3 was wearing eyeglasses with the left section of the eye frame wrapped in tape.</p> <p>House manager #1 was interviewed on 7/26/12 at 10:33 A.M.. House manager #1 indicated client #3 broke her glasses a couple of weeks ago. House manager #1 stated, "They've been broke (sic) at least a couple of weeks and they're supposed to be getting fixed."</p> <p>9-3-7(a)</p>	W0436	<p>W436 Space and Equipment</p> <p>Corrective Action: All the staff will be re-trained on the expectation that they ensure they teach the individuals about devices identified in the ISP that are needed to assistant those individuals. The Program Director will re-train the staff on the specific devices for each individual, and will re-train the staff on the best approach to teach each individual. The Program Director will re-train the staff on the expectation that they are immediately reporting when one of the devices breaks to ensure that the device is fixed as quickly as possible. The Program Director will conduct weekly site visits in the home and observe to ensure the appropriate instruction is being given for each device. The Program Director will document the observations on a Weekly Site Visit Checklist and submit the checklist to the Area Director for review.</p> <p>Responsible Person: Program Director</p>	08/24/2012			

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			<p>Timeframe for Completion: 8/24/12</p> <p>Systematic Correction: The Area Director will re-train all Program Directors on the expectation that each individual receive appropriate training on assistive devices for each individual. The Area Director will re-train the Program Directors that staff are to immediately report when an assistive device is broken and work towards getting the device repaired as quickly as possible. The Area Director will emphasize to Program Directors the expectation that weekly site visits occur and during the site visit they observe the staff teaching individuals on the use of assistive devices. Any issues noted by the Program Director will be outlined on the Weekly Site Visit Checklist. The Weekly Site Visit Checklist will be submitted to the Area Director for review.</p> <p>Responsible Person: Area Director</p> <p>Timeframe for Completion: 8/24/12</p>		

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W0473	<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 assure oatmeal and toast for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) was served within 15 minutes after placing the foods on the dining room table.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, #5, #6, and #7 were observed eating breakfast at the group home during the morning observation period on 7/26/12 from 5:35 A.M. until 7:30 A.M. At 6:05 A.M., direct care staff #4 placed a plate of prepared toast and a serving bowl of cooked oatmeal on the dining room table. The toast and oatmeal remained on the table until clients #1, #2, #3, #4, #5, #6, and #7 began eating at 6:56 A.M.</p> <p>House manager #1 was interviewed on 7/26/12 at 10:33 A.M. House manager #1 stated the toast and oatmeal "should have been served to the ladies (clients #1, #2, #3, #4, #5, #6, and #7) as soon as they (toast and oatmeal) were place (sic) on the dining room table."</p> <p>9-3-8(a)</p>	W0473	<p>W473 Meal Services</p> <p>Corrective Action: The Program Director will re-train all the staff on the expectation that each person is able to eat immediately after food is prepared. The Program Director will emphasize that at no time is it acceptable for a food to sit any longer than fifteen minutes before the individuals are able to eat. The Program Director will do periodic site visits during meal times to ensure the individuals are able to eat food that is prepared immediately after the food has been cooked. The Program Director will document the observation on a weekly site visit report and submit the site visit report to the Area Director for review.</p> <p>Responsible Person: Program Director</p> <p>Timeframe for Completion: 8/26/12</p> <p>Systematic Correction: The Area Director will re-train all the Program Directors on the expectation that individuals are able to eat prepared food immediately after the food is prepared. The Area Director will re-train all the Program Directors on the expectation that periodic</p>	08/24/2012			

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			<p>site visits are completed at meal times to ensure that food is being prepared properly and individuals are able to eat prepared food once it is ready for consumption. The Area Director will re-train all Program Directors on the expectation that observations of meal time activities are documented on a Weekly Site Visit Report and submitted to the Area Director once the report is completed.</p> <p>Responsible Person: Area Director Timeframe for Completion: 8/26/12</p>		