

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G760	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/19/2013
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5138 GREENVIEW CT BATTLE GROUND, IN 47920
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W000000	<p>This survey was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: December 16, 17, 18, and 19, 2013.</p> <p>Facility Number: 0012034 Provider Number: 15G760 AIMS Number: 200970250</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 20, 2013 by Dotty Walton, QIDP.</p>	W000000		
W000104	<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 exercise general operating direction over the facility by failing to ensure walls in living rooms and a client bedroom were in good repair for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (clients #3 and #4), and closet doors were on the closet for 1 additional</p>	W000104	<p>W104 483.410(a)(1) GOVERNING BODY The holes in the walls in the south living room, the east living room, and in Individual #4's bedroom will be repaired. The curtain used for covering for Individual #4's closet will be replaced. All staff at the home will be retrained on the importance of using this closet covering. Monthly Site Risk</p>	01/18/2014

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>client (client #4).</p> <p>Findings include:</p> <p>The group home where clients #1, #2, #3, and #4 resided was inspected during the 12/16/13 observation period from 3:07 P.M. until 5:30 P.M. The wall in the south living room had a 2" (inch) x (by) 3" hole and a crushed section 12" X 18". The east living room had a hole in the wall which was 8" X 8". Client #4's bedroom closet did not have doors attached. Client #4's bedroom also had several 2" x 2" holes along the closet wall.</p> <p>DO (Director of Operations) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 were interviewed on 12/17/13 at 10:04 A.M. DO #1 stated, "We have work orders submitted for the holes to be repaired." QIDP #1 stated, "[Client #4] took his closet doors off. We have a curtain with Velcro stripping for his closet so if he (client #4) rips it (the curtain) down it can be easily put back up. However, I don't know where it (closet curtain) is right now."</p> <p>9-3-1(a)</p>		<p>Management checklists will be completed and reviewing the home for wall and door repair will be completed by the Program Director or designee each month or as needed. All staff will also review the system for reporting any maintenance concerns to the Program Director and Maintenance Director. Going forward, the Program Director/QDDP's are responsible to complete and/or review the site risk management checklist monthly, which includes documentation of any environmental concerns at the house. System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director/ QDDP</p>		

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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, the facility failed to ensure 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4) had unimpeded access to juices and snack chips.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the facility during the 12/17/13 observation period from 5:56 A.M. until 8:00 A.M. At 7:44 A.M., direct care staff #1 told clients #3 and #4 to get snack chips and juice drinks for their lunches. Clients #3 and #4 went to the office area and waited until direct care staff #2 unlocked the closet and allowed the clients to select from assorted snack chips and juice drinks which were in the closet.</p> <p>Direct care staff #2 was interviewed on 12/17/13 at 7:47 A.M. Direct care staff</p>	W000125	<p>(Updates marked with **)W 125 483.420 (a) (3) Protection of Clients Rights Access to a food storage area will be made available to all individuals at the home that do not have an identified need to have that access impeded. All staff will be trained on this requirement. Random site visits will be conducted by the Program Director/QDDP to ensure that the food storage area is unlocked and access to the food stored in this area is unimpeded to the individuals. **These visits will be unannounced and done once per week by the House Manager and once per week by the QDDP for one month, then twice per month thereafter. System wide, all Program Director/QDDP's and Area Directors will review this standard and assure that this concern is being addressed at all Dungarvin ICF's.</p>	01/18/2014

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	<p>#2 stated, "These items are locked because if we don't lock them up they'll be gone in a day." When asked if clients #1, #2, #3, and #4 have unimpeded access to their juice and snack chips, direct care staff #2 stated, "No, we (direct care staff) have the key to this door."</p> <p>Client 1's record was reviewed on 12/17/13 at 8:07 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to juice drinks and snack chips.</p> <p>Client 2's record was reviewed on 12/17/13 at 9:41 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to juice drinks and snack chips.</p> <p>Client 3's record was reviewed on 12/17/13 at 8:01 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to juice drinks and snack chips.</p> <p>Client 4's record was reviewed on 12/17/13 at 8:55 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to juice drinks and snack chips.</p> <p>DO (Director of Operations) #1 was</p>				

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W000126	<p>interviewed on 12/17/13 at 10:04 A.M. DO #1 stated, "The chips and juice which are locked in the closet are over flow (extra supply)." When asked why direct care staff prompted clients #3 and #4 to retrieve juice and snack chips from the closet for their lunches, DO #1 stated, "I don't know."</p> <p>9-3-2(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure he had a money objective to assist the client with his financial needs.</p> <p>Findings include:  Client #1's record was reviewed on</p>	W000126	(Updates marked with **)W126 483.420 Protection of Clients Rights A goal to teach Individual #1 money management skills will be implemented. All individuals at this home will have their goals reviewed to assure that anyone who is not independent in money management also has a goal in place to assist them in learning this skill. All staff will be trained on this goal. **Initially, QDDP will	01/18/2014
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W000263	<p>12/17/13 at 8:07 A.M. Client #1's IPP (Individual Program Plan), dated 9/17/13 did not have a money objective to assist the client with his money needs. The Comprehensive Functional Assessment dated 7/16/13 indicated client #1 needed physical assistance with his financial needs and had no concept of money.</p> <p>DO (Director of Operations) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 were interviewed on 12/17/13 at 10:04 A.M. DO #1 stated, "He (client #1) should have a money goal (objective)." QIDP #1 stated, "He (client #1) receives \$52.00 a month for his personal allowance. I forgot to write one (money objective) for him (client #1)."</p> <p>9-3-2(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview,</p>	W000263	<p>audit the files on a weekly basis, for one month, to ensure all Individuals have a goal in place that are not independent in this area, and that staff are implementing these goals as written. Quarterly thereafter, audits of the client files will be done and this area will be reviewed to make sure that goals are in place to address money management for anyone who is not independent in this area. These audits will be reviewed by the Area Director to assure compliance. System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director/ QDDP, Area Director</p> <p>(Updates marked with **)W263 Program Monitoring and</p>	01/18/2014			

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	<p>the facility failed to obtain written consent from the guardian prior to implementing a restrictive Behavior Plan for 1 of 2 sampled clients (client #1) with a Behavior Plan.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 12/17/13 at 8:07 A.M. The review indicated client #1 had the services of a guardian. Review of the client's 9/12/13 Behavior Plan indicated the client was receiving Tegretol (mood stabilizing medication), Zyprexa (anti-psychosis medication), and Clonidine (anti-anxiety medication) for the management of targeted behaviors of Physical Aggression, Elopement, and Self-Injurious Behaviors. Further review of client #1's Behavior Plan indicated the plan was implemented on 9/17/13 with "verbal approval" from client #1's guardian.</p> <p>DO (Director of Operations) #1 was interviewed on 12/17/13 at 10:04 A.M. DO #1 stated, "It is sometimes difficult to have the guardians sign the plan (Behavior Plan)."</p> <p>9-3-4(a)</p>		<p>Change The Program Director/QDDP will be retrained on assuring that the emancipated person served or their guardian approves the Behavior Intervention Plan that is restrictive in nature, prior to implementing the plan. **Guardian approval was obtained for client #2's restrictive plan. Initially, QDDP will audit the files on a weekly basis, for one month, to ensure all Individuals' current restrictive plans have been approved by their guardian. Quarterly thereafter, Program Director/QDDP's will conduct audits of the client files. This audit will include assuring that approvals by the Person Served or their Guardian is obtained for any restrictive Behavior Plans. These audits will be reviewed by the Area Director for follow up assurance. System wide, all Program Director/QDDP's will review this standard and the need to assure that this concern is being addressed at all Dungarvin ICF-DD's. Persons Responsible: Program Director/ QDDP, Area Director</p>		

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W000436	<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, record review, and interview the facility failed to encourage and teach 1 of 2 sampled clients (client #1) to wear his prescribed eyeglasses.</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 12/16/13 observation periods from 6:37 A.M. until 8:40 A.M. and from 10:21 A.M. until 12:30 P.M., and from 3:07 P.M. until 5:30 P.M. During the observation periods, client #1 did not wear his eyeglasses nor did House Manager #1 or direct care staff #1, #2, #3, #4, and #5 prompt or assist client #1 to wear his eyeglasses.</p> <p>Client #1's record was reviewed on 12/17/13 at 8:07 A.M. A review of the client's 11/19/12 vision exam indicated client #1 had "New glasses for full time</p>	W000436	(Updates marked with **) W 436 483.470(g)(2) SPACE AND EQUIPMENT All staff will be trained on the expectation that they should be prompting all of the men to wear their glasses and other adaptive equipment as needed. This will be documented on a tracking form. **This tracking will be reviewed at least weekly by the Program Director or Facility Nurse. Weekly site observations will be completed by the Program Director or Facility Nurse and the use of adaptive equipment will be checked during those observations. In the event that any of the men are refusing to use their adaptive equipment, a learning program will be implemented to aid in the use of these items. **Within one week of implementation, in the event the tracking data reveals an Individual is regularly refusing to use their adaptive equipment, QDDP will confer with IDT to develop and immediately	01/18/2014	

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	wear."  DO (Director of Operations) #1 was interviewed on 12/17/13 at 10:04 A.M. DO #1 stated, "We'll have to check on that."  9-3-7(a)		implement a goal to aid in their use of these items. System wide, all Program Director/QDDP's and facility nurses will review this standard and the need to assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director/QDDP		