

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/10/2014
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 6, 7, 8, and 10, 2014.</p> <p>Facility number: 000993 Provider number: 15G479 AIM number: 100244950</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 October 22, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed to provide privacy in bedrooms and bathrooms for 2 of 7 clients residing at the group home (clients #3 and #6).</p> <p>Findings include:</p>	W000130	<p>Direct Care Staff #1 and #3 received immediate reminders on ensuring Clients #3 and #6 privacy rights during treatment and personal care needs are maintained. In addition, all direct care staff at the home will receive training on client rights by</p>	11/07/2014

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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W000262	<p>Clients #3 and #6 were observed during the group home observation on 10/7/14 from 5:40 A.M. until 7:48 A.M. During the observation period, direct care staff #1 and #3 were observed to repeatedly enter clients #3 and #6's bedroom without knocking prior to entry. Direct care staff #1 and #3 were further observed entering the clients' bathrooms without knocking prior to entrance while clients #3 and #6 were using the bathroom facilities.</p> <p>House Manager #1 was interviewed on 10/8/14 at 10:59 A.M. House Manager #1 stated, "[Direct care staff] should be knocking on [client] bedroom and bathroom doors prior to entering."</p> <p>9-3-2(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview, the facility failed to assure the facility's Human Rights Committee monitored the restrictive techniques in the Behavior Management Plans of 3 of 4 sampled</p>	W000262	<p>11/07/14 to ensure all client rights in the home are protected. The Program Director/QIDP will make three observations a week at the home for four weeks to monitor the staff and observe how client rights are upheld. These observations will be documented on Active Treatment assessment forms. If the Program Director/QIDP observes that a staff member has not maintained the rights of a client, the Program Director will intervene and retrain the staff immediately. The Active Treatment forms will be submitted to the Area Director for review. Once the forms indicate that client rights are being met with 100% of all observations, the Program Director will no longer document on the Active Treatment form but will continue to monitor that the client rights are upheld during weekly observation visits at the home.</p> <p>The Behavior Management Plans for clients #1, #3, and #4 were updated by 10/31/14. The plans are currently being reviewed by various Team members. Once approved, the plans will be sent</p>	11/07/2014			

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	<p>clients with Behavior Management Plans (clients #1, #3, and #4).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/8/14 at 9:08 A.M. A review of the client's 3/16/14 Behavior Management Plan indicated the client was being administered Seroquel (mood stabilizing and anti-psychosis medication) for targeted behaviors. Further review of client #1's Behavior Management Plan indicated the plan was initially implemented on 7/16/13 and was re-approved for implementation by the facility's Inter-Disciplinary Team on 3/16/14. Further review of client #1's 3/16/14 Behavior Management Plan and review of the facility's Human Rights Committee minutes indicated the facility's Human Rights Committee had not monitored the use of the plan since the plan's original implementation date of 7/16/13.</p> <p>Client #3's records were reviewed on 10/8/14 at 10:05 A.M. A review of the client's 5/13/14 Behavior Management Plan indicated the plan addressed targeted behaviors related to psychiatric and behavioral concerns. Further review of client #3's Behavior Management Plan</p>		<p>for review to the Human Rights Committee by 11/07/2014. The Program Director/QIDP will be retrained on ensuring that the Human Rights Committee approves the Behavior Management Plan of a client on an annual basis. In addition, the Program Director will be retrained on ensuring that the Human Rights Committee also approves any modifications to an existing plan prior to implementing the modifications. The Program Director/QIDP conducted an audit on 10/20/14 and identified the due dates for all of the Behavior Management Plans for the clients in the home. The expired plans have been updated and will be sent to the Human Rights Committee for approval by 11/7/14. Going forward, the Program Director/QIDP will conduct quarterly audits of the client files. This audit will include assuring that approvals by the Human Rights Committee are made based on the current identified need for any restrictions. These audits will be reviewed by the Area Director for follow-up assurance.</p>		

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	<p>indicated the plan was initially implemented on 7/16/13 and was re-approved for implementation by the facility's Inter-Disciplinary Team on 5/13/14. Further review of client #3's 5/13/14 Behavior Management Plan and review of the facility's Human Rights Committee minutes indicated the facility's Human Rights Committee had not monitored the use of the plan since 7/16/13.</p> <p>Client #4's records were reviewed on 10/8/14 at 10:29 A.M. A review of the client's 1/14/14 Behavior Management Plan indicated the client was being administered Risperidone and Lithium (mood stabilizing and anti-psychosis medication) for targeted behaviors. Further review of client #4's Behavior Management Plan indicated the plan was initially implemented on 7/16/13 and was re-approved for implementation by the facility's Inter-Disciplinary Team on 1/14/14. Further review of client #4's 1/14/14 Behavior Management Plan and review of the facility's Human Rights Committee minutes indicated the facility's Human Rights Committee had not monitored the use of the plan since the plan's original implementation date of 7/16/13.</p> <p>House Manager #1 was interviewed on</p>						

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W000382	<p>10/8/14 at 10:59 A.M. House Manager #1 indicated the facility's Human Rights Committee had not monitored clients #1, #3, and #4's Behavior Management Plans since 7/16/13.</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Direct care staff #1 was observed passing medications during the 10/7/14 observation period from 5:40 A.M. until 7:48 A.M. At 6:52 A.M., direct care staff #1 retrieved and unlocked a black box which contained controlled medications. Direct care staff #1 left the medication</p>	W000382	<p>Direct Care Staff #1 was retrained on the expectation that all drugs and biologicals are to be kept locked except when being prepared for administration, she is also receiving disciplinary action according to Dungarvin policy. The facility nurse will observe Direct Care Staff #1 during a medication pass to ensure proper procedure is followed. This observation will occur by 11/07/14. In addition, all staff that work in the home will receive training from the Program Director/QIDP on this expectation by 11/7/2014 to ensure the clients are not allowed to access medications or other potentially harmful substances. Going</p>	11/07/2014

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W000388	<p>room for 40 seconds with medications open on the counter. The door to the area was left unlocked which allowed access to the area by clients #1, #2, #3, and #4.</p> <p>Area Director #1 was interviewed on 10/10/14 at 12:07 P.M. Area Director stated, "Medications are to be locked when they aren't being administered or being prepared to be administered."</p> <p>9-3-6(a)</p> <p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review, and interview, the facility failed to assure a Multibite Plus Minerals tablet (dietary supplement), a B-Complex tablet (dietary supplement), and CVS Acne Treatment were labeled with dosage and administration information for 2 of 4 sampled clients who received medications (clients #1 and #4).</p>	W000388	<p>forward, the Program Director and the facility nurse will monitor compliance with this standard during their weekly visits at the home. Minutes from the weekly observations at the home will be sent by the facility nurse to the Area Director on a weekly basis for review and quality assurance.</p> <p>The Program Director/QIDP, facility Nurse, and Lead Direct Support Professional have each been reminded that labeling for drugs and biologicals must be based on currently accepted professional principles and practices. They will each receive formal retraining on this standard by 11/7/2014. Direct Care Staff #1 will be retrained on the expectation on labeling requirements for medications and</p>	11/07/2014

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	<p>Findings include:</p> <p>Client #4 was observed receiving prescribed medications from direct care staff #1 during the 10/7/14 observation period from 5:40 A.M. until 7:48 A.M. At 6:45 A.M., direct care staff #1 assisted client #4 in administering a CVS Acne Treatment.</p> <p>At 6:48 A.M. on 10/7/14, client #4's 10/14 Medication Administration Record was reviewed. The review indicated client #4 receives "CVS Acne Treatment, apply to face every morning." Further review of the CVS Acne Treatment tube and packaging failed to indicate identifying information and it was not labeled with dosage and administration directions/information.</p> <p>Client #1 was observed receiving prescribed medications from direct care staff #1 during the 10/7/14 observation period from 5:40 A.M. until 7:48 A.M. At 6:52 A.M., direct care staff #1 assisted client #4 in administering a Multibite Plus Minerals tablet and a B-Complex tablet.</p> <p>At 6:56 A.M. on 10/7/14, client #1's 10/14 Medication Administration Record was reviewed. The review indicated client #1 receives "Multibite Plus</p>		<p>biologicals by 11/7/2014. In addition, all staff working in the home will receive a retraining on the standard in order to ensure that no medication or biological is administered to a client in the home without the proper label. The Acne Treatment for Client #4 has been correctly labeled by the pharmacy. The Multibite Plus Minerals tablets and the B-Complex tablets for Client #1 have been correctly labeled by the pharmacy. The Program Director/QIDP, facility Nurse, and Lead Direct Support Professional met on 10/20/14 and 10/27/14 to review the medications and biologicals for all clients in the home to ensure that each are labeled according to current accepted professional principles and practices. Any outstanding items have been corrected. Minutes of these meetings were forwarded to the Area Director for review. Going forward, the management team listed above will continue to meet weekly to address the recent appointment and medical consultation history of the clients in the home and will continue to forward the minutes of the meetings to the Area Director for review and quality assurance.</p>				

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W000436	<p>Minerals tablet and B-Complex tablet every morning." Further review of the Multibite Plus Minerals and B-Complex packaging failed to indicate identifying information and they were not labeled with dosage and administration directions/information.</p> <p>Area Director #1 was interviewed on 10/10/14 at 12:07 P.M. Area Director #1 indicated client #4's CVS Acne Treatment and client #1's Multibite Plus Minerals and B-Complex medications were not labeled with identifying information nor were the medications labeled with dosage and administration directions/information.</p> <p>9-3-6(a)</p> <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. Based on observation, record review, and interview, the facility failed to assure 3 of</p>	W000436	The Program Director/QIDP will retrain the staff on the	11/07/2014

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	<p>7 clients with adaptive equipment (clients #1, #3, and #7) had and used eyeglasses and hearing aids.</p> <p>Findings include:</p> <p>Clients #1, #3, and #7 were observed at the group home during the 10/7/14 observation periods from 5:40 A.M. until 7:48 A.M. and from 3:15 P.M. until 5:30 P.M. During the observation periods, clients #1 and #3 did not wear eyeglasses and client #7 did not wear his hearing aids. Direct care staff #1, #2, #3, #4, and #5 did not prompt or assist clients #1, #3, and #7 to use or wear their respective eyeglasses or hearing aids.</p> <p>Client #1's record was reviewed on 10/8/14 at 9:08 A.M. A reviewed of the client's 5/9/13 Vision Exam indicated the client was to wear eyeglasses.</p> <p>Client #3's record was reviewed on 10/8/14 at 10:05 A.M. A reviewed of the client's 8/5/14 Vision Exam indicated the client was to wear eyeglasses.</p> <p>Client #7's record was reviewed on 10/8/14 at 9:47 A.M. A reviewed of the client's 5/19/14 Hearing Exam indicated the client was to wear right and left hearing aids.</p>		<p>expectation that all clients that have adaptive equipment, such as glasses or hearing aids, will be prompted to utilize the adaptive equipment by 11/7/2014. The Program Director/QIDP will complete three observations a week to the home and will ensure the clients are utilizing the adaptive equipment as ordered. This additional monitoring will occur for four weeks or until staff routinely prompt the clients to wear adaptive equipment. The Area Director will conduct visits to the home on a quarterly basis and will observe the clients to ensure adaptive equipment is being used. It is a responsibility of the management team of the home - including the Med Support DSP, the Lead DSP, the Program Director/QIDP, and the facility Nurse to ensure that all adaptive equipment is available at the home, maintained in good repair, and that appropriate learning programs are in place to encourage appropriate use of the adaptive equipment. Each week, this management team visits the home and reviews all appointments and consultation forms to ensure that all new orders and recommendations have been implemented, including adaptive equipment needs. Minutes from the weekly observation are forwarded by the facility nurse to the Area Director for further review and quality assurance.</p>				

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W000460	<p>House Manager #1 was interviewed on 10/8/14 at 10:59 A.M. House Manager #1 stated, "[Client #1 and #3's] are to be prompted to wear their eyeglasses and [client #7's] one hearing aid is broken and in for repair and the other one (hearing aid) is lost."</p> <p>9-3-7(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 interview, the facility failed to assure 2 of 4 sampled clients' (clients #3 and #4) menu and diet recommendations were followed for the morning meal.</p> <p>Findings include:</p> <p>Clients #1 and #4 were observed during the 10/7/14 group home observation period from 5:40 A.M. until 7:48 A.M. At 6:26 A.M., direct care staff #3 assisted</p>	W000460	<p>Staff member #3 has been retrained on the type of diets for Clients #3, and #4, the use of the menu, and involving the clients in menu choices. In addition all staff at the site will be retrained by the Program Director/QIDP on the use of the menu, client choices, and the diets for each client in the home by 11/7/2014. The Program Director/QIDP (or designee) is conducting Active Treatment Observations to ensure that each staff is implementing the menu choices</p>	11/07/2014

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	<p>clients #3 and #4 in preparing a bowl of cereal with milk. Clients #3 and #4 ate their bowl of cereal with milk and then left the dining area. Direct care staff #3 did not prompt or assist the clients in serving themselves juice of choice, hot cereal, cinnamon toast, margarine, jelly, citrus sections 1% milk, or beverage of choice.</p> <p>Client #3's records were reviewed on 10/8/14 at 10:05 A.M. Review of the client's 4/19/14 Nutritional Assessment indicated the client was on a regular diet.</p> <p>Client #4's records were reviewed on 10/8/14 at 10:29 A.M. Review of the client's 4/19/14 Nutritional Assessment indicated the client was on a regular diet.</p> <p>The facility's records were reviewed on 10/8/14 at 9:49 A.M. A review of the facility's menu for the 10/7/14 morning meal indicated clients #3 and #4 were to be offered the following regular diet menu items for breakfast: "juice of choice, hot cereal, cinnamon toast, margarine, jelly, citrus sections, 1% milk, or beverage of choice.</p> <p>House Manager #1 was interviewed on 10/8/14 at 10:59 A.M. House Manager #1 stated, "Staff should have assisted [clients #3 and #4] in serving themselves</p>		<p>for all clients in the home. Three meals a week are being observed for four weeks. Immediate feedback is being given to the staff during the observations. The observations are documented on an Active Treatment Observation form. Copies of the Active Treatment Observation forms will be given to the Area Director for review and follow up. To maintain quality assurance, the Program Director/QIDP will observe client involvement in menu selection during weekly site visits.</p>	

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	foods listed on the menu or substitutions."  9-3-8(a)				