

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G452	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 52812 HIGHLAND DR SOUTH BEND, IN 46635
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 21, 22, 23, 24, and 27, 2015.</p> <p>Facility number: 000966 Provider number: 15G452 AIM number: 100244770</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 130 Bldg. 00	<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 for 1 of 4 sampled clients receiving prescribed medications (client #2).</p> <p>Findings include:</p> <p>Client #2 was observed during the 4/22/15 observation period from 6:36</p>	W 130	<p>Direct Care Staff #4 received immediate disciplinary action and retraining on ensuring Clients #2's 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 05/27/15 to ensure all client rights in the home are protected. Going forward, the Program Director/QIDP or</p>	05/27/2015

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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W 336 Bldg. 00	<p>A.M. until 8:00 A.M. At 6:55 A.M., direct care staff #4 sat at the computer and punched client #2's medications out of bubble packs. As the direct care staff #4 punched out the medications, she stated the names of the medications and dosage aloud. As direct care staff #4 stated the names and dosages, clients #1 and #3 stood directly behind the staff. Client #1 asked direct care staff #4 a question and direct care staff #4 stated, "Not now, I'm getting [client #2's] morning meds (medications) together."</p> <p>Nurse #1 was interviewed on 4/23/15 at 11:41 A.M. Nurse #1 stated, "Staff (direct care staff) should not talk about a specific client's meds in front of other clients."</p> <p>9-3-2(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES 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,</p>	W 336	<p>designee will observe the facility during medication administration five times per week for four weeks to ensure that the client's rights to privacy are maintained. 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. Documentation of these observations will be made on Active Treatment Observation forms. The five observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard. System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs.</p> <p>We have reviewed this concern for all 8 individuals residing at the</p>	05/27/2015	

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	<p>the facility failed to assure nursing assessments were conducted at least quarterly (every three months) for 4 of 4 sampled clients (clients #1, #2, #3, and #4.)</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 4/22/15 at 8:37 A.M. A review of the client's quarterly nursing assessments from 4/1/14 to 4/22/15 indicated quarterly nursing assessments were completed on 4/9/15 and 1/13/15. No additional nursing assessments for the 4/1/14 to 4/22/15 time frame were available for review.</p> <p>Client #2's records were reviewed on 4/22/15 at 9:12 A.M. A review of the client's quarterly nursing assessments from 4/1/14 to 4/22/15 indicated quarterly nursing assessments were completed on 4/9/15 and 1/13/15. No additional nursing assessments for the 4/1/14 to 4/22/15 time frame were available for review.</p> <p>Client #3's records were reviewed on 4/22/15 at 9:55 A.M. A review of the client's quarterly nursing assessments from 4/1/14 to 4/22/15 indicated quarterly nursing assessments were completed on 4/9/15 and 1/13/15. No</p>		<p>facility. The previous facility nurse left employment in November and other nurses employed by Dungarvin were filling in until January when the current, permanent facility nurse took over. Since then the nursing quarterlies for all individuals in the home have been updated and are current. The Program Director / QIDP, and the facility nurse will be retrained on the expectation that a full year of nursing quarterlies are expected to be filed in the medical file at any given time and will be completed at least quarterly for every client in the home. System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs..</p>		

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W 367 Bldg. 00	<p>additional nursing assessments for the 4/1/14 to 4/22/15 time frame were available for review.</p> <p>Client #4's records were reviewed on 4/22/15 at 10:37 A.M. A review of the client's quarterly nursing assessments from 4/1/14 to 4/22/15 indicated quarterly nursing assessments were completed on 4/9/15 and 1/13/15. No additional nursing assessments for the 4/1/14 to 4/22/15 time frame were available for review.</p> <p>Program Director #1 was interviewed on 4/23/15 at 10:59 A.M. Program Director #1 stated, "Our nurse left employment last August (8/14) and we had missed completing some of our quarterly nursing assessments."</p> <p>9-3-6(a)</p> <p>483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation and interview, the facility failed to assure medications for 2</p>	W 367	Staff #4 received immediate disciplinary action and retraining on the standard that medications	05/27/2015

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	<p>of 4 sampled clients (clients #2 and #4) were not prepared into medication cups prior to administration and the medications were identifiable up to the point of administration.</p> <p>Findings include:</p> <p>Clients #2 and #4 were observed receiving medications during the 4/22/15 observation period from 6:36 A.M. until 8:00 A.M. At 6:47 A.M., direct care staff #4 prompted client #4 to come to the med (medication) area to receive her meds. Direct care staff #4 unlocked a cabinet and retrieved a med cup containing medications. Direct care staff #4 proceeded to prompt client #4 to self-administer the medications inside the med cup. At 6:55 A.M., direct care staff #4 prompted client #3 to come and get her morning medications. Direct care staff handed client #3 a med cup containing medications and prompted client #3 to self administer the medications which the client did.</p> <p>Nurse #1 was interviewed on 4/23/15 at 11:41 A.M. When asked if staff were to prepare medications into medication cups prior to administration, nurse #1 stated, "No." When asked if the medications in med cups were identifiable up to the point of administration, nurse #1 stated,</p>		<p>will be identifiable up to the point of administration. All staff in the home will receive training on this expectation by 5/27/15. Going forward, the Program Director/QIDP or designee will observe the facility during medication administration five times per week for four weeks to ensure that medications are identifiable up the point of administration. If the Program Director/QIDP observes that a staff member has pre-punched medications, the Program Director will intervene and retrain the staff immediately. Documentation of these observations will be made on Active Treatment Observation forms. The five observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard. System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs.</p>	

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W 382 Bldg. 00	<p>"No, that's not the way staff (direct care staff) are to pass medications."</p> <p>9-3-6(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 2 of 4 sampled clients (clients #2 and #4), and 1 additional client (client #7).</p> <p>Findings include:</p> <p>Direct care staff #4 was observed passing medications during the 4/22/15 observation period from 6:36 A.M. until 8:00 A.M. At 6:55 A.M., direct care staff #4 retrieved client #1's medications and placed them on the desk in the medication area. Direct care staff #4 then left the area to get client #1 for his medications. While direct care staff #4 was away from the medication area,</p>	W 382	Staff #4 received immediate disciplinary action and retraining on the standard that medications will be locked at all times except when being prepared for administration. All staff in the home will receive training on this expectation by 5/27/15. Going forward, the Program Director/QIDP or designee will observe the facility during medication administration five times per week for four weeks to ensure that medications are kept locked at all times except when being prepared for administration. If the Program Director/QIDP observes that a staff member has failed to keep medications secure, the Program Director will intervene and retrain the staff immediately. Documentation of these observations will be made on Active Treatment Observation	05/27/2015

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W 460 Bldg. 00	<p>clients #2 and #4 walked through the area past the unsecured medications. At 7:36 A.M., direct care staff #4 retrieved client #7's medications and placed them on the desk in the open hallway area of the facility. Direct care staff #4 then left the area with the medications unsecured as client #7 sat next to the desk.</p> <p>Nurse #1 was interviewed on 4/23/15 at 11:41 A.M. Nurse #1 stated, "Medications are to be locked when they aren't being administered."</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 interview, the facility failed to assure 2 of 4 sampled clients' (clients #3 and #4) diet recommendations were followed for the morning meal.</p> <p>Findings include:</p>			W 460	<p>forms. The five observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard. System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs.</p> <p>All staff in the home will be 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</p>		05/26/2015

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	<p>Client #3 was observed during the 4/22/15 group home observation period from 6:36 A.M. until 8:00 A.M. At 6:45 A.M., direct care staff #5 prepared one piece of toast with jelly and a glass of milk and gave it to client #3. Direct care staff #5 then prepared a bowl of cereal with milk and gave it to client #4. These were the only foods and beverages clients #3 and #4 were given for their morning meal.</p> <p>Client #3's records were reviewed on 4/23/15 at 9:55 A.M. Review of the client's 4/9/15 Quarterly Nursing Assessment indicated the client was on a regular diet.</p> <p>Client #4's records were reviewed on 4/23/15 at 10:37 A.M. Review of the client's 4/9/15 Quarterly Nursing Assessment indicated the client was on a regular diet.</p> <p>Nurse #1 was interviewed on 4/23/15 at 11:41 A.M. Nurse #1 stated, "Staff (direct care staff) are to assure clients get the foods that are recommended by their (clients') diet."</p> <p>9-3-8(a)</p>		<p>client in the home by 5/26/15. Going forward, the Program Director/QIDP or designee will observe the facility during mealtime five times per week for four weeks, to ensure that each staff is implementing the menu choices for all clients in the home, providing immediate feedback to staff. Documentation of these observations will be made on Active Treatment Observation forms. The six observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard.</p> <p>System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs.</p>	

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W 477 Bldg. 00	<p>483.480(c)(1)(i) MENUS</p> <p>Menus must be prepared in advance. Based on observation, record review, and interview, the facility failed to assure menus for the morning meal were available to direct care staff for 2 of 4 sampled clients (clients #3 and #4).</p> <p>Findings include:</p> <p>Client #3 was observed during the 4/22/15 group home observation period from 6:36 A.M. until 8:00 A.M. At 6:45 A.M., direct care staff #5 prepared one piece of toast with jelly and a glass of milk and gave it to client #3. Direct care staff #5 then prepared a bowl of cereal with milk and gave it to client #4. These were the only foods and beverages clients #3 and #4 were given for their morning meal.</p> <p>Facility records were reviewed on 4/23/15 at 7:00 A.M. The review failed to indicate the group home had a menu for the breakfast meal on 4/23/15.</p> <p>Direct care staff #5 was interviewed on 4/23/15 at 7:07 A.M. When asked if the facility had menus available for the meals that are served to the clients, direct care</p>			W 477	<p>Dungarvin contracts with a dietician and menu is in place in the home. The menu book was available at the home but staff had not implemented or posted the menu for that particular week. All staff in the home will be retrained by 5/27/15 that the menu must be in place and implemented on a daily basis. Going forward, the Program Director/QIDP or designee will observe the facility during mealtime five times per week for four weeks to ensure that the menu is in place and implemented. Documentation of these observations will be made on Active Treatment Observation forms. The five observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard. System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs.</p>		05/27/2015

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W 488 Bldg. 00	<p>staff #5 stated, "No menus are available."</p> <p>Program Director #1 was interviewed on 4/23/15 at 10:59 A.M. Program Director #1 stated, "Menus should be available to staff (direct care staff) and consumers (clients)."</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3, and #4) participated in family style dining to the full extent of their assessed skills.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 4/22/15 observation period from 6:36 A.M. until 8:00 A.M. At 6:55 A.M., as clients #1, #2, #3, and #4 sat at the dining room table, direct care staff #5 set place</p>			W 488	<p>Staff members at the facility will be retrained by 05/27/15 on the expectation that each client will be involved in meal preparation in a manner consistent with their own developmental level. All staff in the home will also be retrained on the formal meal prep goals for each person served in the facility by this date. Going forward, the Program Director/QIDP or designee will observe the facility during mealtime five times per week for four weeks, providing immediate feedback to staff. Documentation of these observations will be made on Active Treatment Observation</p>		05/27/2015

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	<p>settings on the dining room table and poured cereal into individual bowls for clients #1, #2 and #4, and prepared toast with jelly and a glass of milk for clients #1 and #3. Clients #1, #2, #3, and #4 were not prompted or assisted by direct care staff #5 in preparing their morning meal.</p> <p>Client #1's records were reviewed on 4/23/15 at 8:37 A.M. A review of the client's Life Skills Profile (Comprehensive Functional Assessment), dated 4/7/15, indicated client #1 was capable of participating in the preparation of his meals independently and verbal prompts from direct care staff.</p> <p>Client #2's records were reviewed on 4/23/15 at 9:12 A.M. A review of the client's Life Skills Profile (Comprehensive Functional Assessment), dated 10/14, indicated client #2 was capable of participating in the preparation of his meals independently with staff (direct care staff) assistance.</p> <p>Client #3's records were reviewed on 4/23/15 at 9:55 A.M. A review of the client's Life Skills Profile (Comprehensive Functional Assessment), dated 7/16/14, indicated client #3 was capable of participating in the preparation of his meals with verbal and physical</p>				<p>forms. The five observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard. System wide, all Program Director/QIDPs and Facility Nurses will review this standard and ensure that this concern is being addressed at all Dungarvin ICF/IDs.</p>		

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	<p>assistance from staff.</p> <p>Client #4's records were reviewed on 4/23/15 at 10:37 A.M. A review of the client's Life Skills Profile (Comprehensive Functional Assessment), dated 2/13/15, indicated client #4 was capable of participating in the preparation of her meals with verbal and physical staff assistance.</p> <p>Program Director #1 was interviewed on 4/23/15 at 10:59 A.M. Program Director #1 indicated clients #1, #2, #3, and #4 were developmentally capable of participating in the preparation of their meals either independently, with verbal and physical prompts or hand over hand assistance from direct care staff.</p> <p>9-3-8(a)</p>			