STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G748	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	821 SUNSET DR FLORA, IN 46929

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: 4/22, 4/23, 4/24 and 4/25/14. Facility number: 011602 Provider number: 15G748 AIM number: 200903760 Surveyor: Paula Chika-QIDP-TC . The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed May 7, 2014 by Dotty Walton, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview, the facility's governing body failed to develop and/or exercise general policy and operating direction over the facility to ensure the group home did not keep excessive amounts of funds in the home for clients #2 and #3. Findings include: Client #3's financial records were reviewed on 4/22/14 at 1:45 PM. Client #3's financial records indicated client #3 had $34.69 Cash On Hand (COH) at the	W000104	**W104 483.410(a)(1) GOVERNING BODY** The Agency had acquired this facility on 1/1/14 and was not initially made aware of the large amounts of cash being held for these Individuals, outside of their checking and petty cash accounts. Upon notification of finding during survey, administrator instructed House Manager to immediately remove excessive amounts of cash from the home and deposit into the Individuals' checking accounts. Administrator looked into why this amount of cash	05/25/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	group home and had $901.83 in a checking account. Client #2's financial records were reviewed on 4/22/14 at 1:45 PM. Client #2's financial records indicated client #2 had $109.63 COH. On 4/23/14 at 11:05 AM, staff #2 pulled a small lock box out of a 2 drawer file cabinet. The first drawer had a pad lock on the file cabinet drawer. The 2 drawer file cabinet was located next to an outside door at the group home. The small lock box contained additional envelopes (separate from the above COH) which held cash for clients #2 and #3. Client #3's envelopes (three in all) held a total of $4650.00 in one hundred, fifty and twenty dollar bills. Client #3's 2/24/14 Locked Box ledger sheet indicated client #3 withdrew $100.00 on 2/24/14 leaving a balance of $4350.00. The 2/24/14 sheet indicated $400.00 was deposited on 3/11/14 leaving a cash balance of $4650.00. Client #3's 5/30/13 Locked Box sheet was started on 5/30/13 with a cash deposit of $2020.00. Client #2's 3/11/14 Locked Box sheet indicated $550.50, in cash, was initially deposited on 3/11/14.		was in the home and determined that the individuals had received recent large back payments from Social Security, and therefore the House Manager removed the funds from the Individuals' petty cash and checking accounts in order to keep the Individuals within allowable resources, while at the same time, holding the money in the event it was a clerical error and the money would need to be paid back to Social Security. The House Manager has since been trained on Agency Policy concerning Individuals' Finances. Furthermore, all staff will be retrained on this expectation and retrained on agency Policy Concerning Individual Finances; specifically, that only minimal amounts of Individuals' cash funds be in the home. Going forward, the House Managers, Program Director/QDDP's will complete monthly and random audits of each client' total finances to ensure accurate accounting of all Individuals funds and that cash-on-hand amount is always minimal. System wide, all Program Directors, QDDPs, and House Managers will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/25/14** **Persons Responsible: Area**	

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	The facility's policy and procedures were reviewed on 4/24/14 at 10:34 AM. The facility's 10/10/12 policy entitled Policy And Procedure Concerning Individual Finances indicated "The purpose of this policy is to establish guidelines and procedures that protect the individual's right to manage his or her own money and that protect the individual from loss...." The 10/10/12 policy indicated "...C. Each individual may have a savings account in the community in his/her own name. In addition, the individual may keep minimal cash-on-hand in the home for ready access; this will be kept in the secured location, separated by individual, and closely monitored by the Lead Counselor...." The facility's 10/10/12 policy failed to specifically indicate the amount of COH that could be held by each client at the facility to prevent excessive amount of cash funds being held to ensure the protection of the clients' funds. Interview with staff #2 on 4/23/14 at 11:05 AM, indicated the group home had an additional lock box which contained money in the file cabinet for clients #2 and #3. Staff #2 indicated staff #1 and staff #2 had a key to the lock box. Staff #2 indicated client #3 had $4650.00 in cash funds at the group home from the		**Director, QDDP, and House Manager**	

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	client's social security checks. Staff #2 indicated client #3 had received additional funds from social security. Staff #2 indicated they cashed the checks and placed the cash into the locked box/file cabinet. Staff #2 stated "We are holding to see if they (social security) will ask for the money back." Staff #2 indicated client #2 had $550.00 in the locked box account. Staff #2 indicated Spectrum (previous agency) was bought out by Dungarvin (current agency) as of 1/1/14. When asked if Dungarvin administration was aware of the amount of cash being held at the group home, staff #2 indicated she did not know and I should ask staff #1. Interview with staff #1 and the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated they were aware of the cash at the group home. Staff #1 indicated Dungarvin administration was also aware. Staff #1 indicated they were going to be getting a safe with a code on it to keep the money in. The QIDP indicated the group home should not have that amount of cash in the group home per Dungarvin's policy. Interview with administrative staff #1 on 4/23/14 at 3:54 PM, by phone, indicated he was aware client #3 had some money			

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	in the group home. When told client #3 had $4650.00 in cash at the group home, administrative staff #1 indicated he was not aware client #3 had that amount of cash at the home. Administrative staff #1 also indicated he was aware client #2 had some cash at the group home. Administrative staff #1 indicated per Dungarvin's policy, the group home was not to have over $50 in cash at the home for each client. Administrative staff #1 indicated the money would be removed from the group home until they could determine what was to occur with the money. 9-3-1(a)			
W000125	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. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility failed to ensure toilet paper, paper towels and soap were not restricted without due process and	W000125	**W 125 483.420 (a)(3) Protection of Client Rights** In conjunction with Plan of Correction for W126, W227, W249, W484, and W488 QDDP and Behaviorist will review	06/01/2014

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	present in the bathrooms at the group home. The facility failed to ensure clients did not lock forks and silverware without due process and/or need. Findings include: 1. During the 4/22/14 observation periods between 6:00 AM and 9:20 AM and 2:30 PM and 5:50 PM, at the group home, the bathroom off of the living room, did not have any toilet paper, soap and/or paper towels located in the bathroom. The bathroom at the back of the house also did not have any toilet paper, soap and/or paper towels. Clients #2 and #3 used the back bathroom. Facility staff did not offer the clients any soap, paper towels and/or toilet paper. Interview with client #2 on 4/22/14 at 2:40 PM indicated he was not sure why there was no toilet paper, soap and/or paper towels in the bathroom. Client #2 indicated he was to keep those items in his room. When asked if client #2 had toilet paper in his room, client #2 stated "No." When asked if client #2 had soap in his bedroom, client #2 stated "No." When asked if client #2 had any paper towels in his bedroom, client #2 stated "No." Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 9/18/13		the ISPs and BSPs for all Individuals in the home and ensure all Individuals who do not have HRC approved restrictions on various items are given ready access to these items via key(s) to the locked cabinets where the items are located due to HRC approved restrictions for other Individuals in the home. QDDP and Behaviorist will retrain all staff on the restrictions of each Individual in the home and in allowing those who do not have HRC approved restrictions ready access via use of their personal key(s) to the locked cabinets of those items. The QDDP, Behaviorist, and House Manager for this site will review this standard and be trained on the expectation that any means of restriction on client rights must have approvals from the person's guardian/IDT and the HRC. At least three times per week for the next two months, and then at least weekly ongoing, the House Manager, QDDP, and/or Behaviorist will complete random site visits to ensure all non-restricted items are readily available to those Individuals who are not restricted from them. In addition, they will ensure those items that Individuals are restricted from accessing, are not available to those Individuals. System wide, all Program Directors, QDDPs, and House Managers will review this standard and assure that	

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	Individual Support Plan (ISP) and/or 3/24/14 revised Behavioral Support Plan (BSP) indicated "All cleaning supplies in the home will be locked up for the safety of all individuals in the home. When Cleaning Supplies are used, individuals will be supervised by DSP (Direct Support Professional). Non toxic cleaning supplies are included as well such as toothpaste, body wash, shampoo and hand soap at all times...." Client #1's 3/24/14 revised BSP did not indicate client #1 had a specific need to have restricted access to rights of toilet paper, soap and/or paper towels. Client #1's BSP and/or record did not indicate the facility's Human Rights Committee (HRC) reviewed and/or approved the right restriction to restrict access to the use of toilet paper, hand soap and/or paper towels. Client #2's record was reviewed on 4/23/14 at 12:47 PM. Client #2's 4/1/14 revised BSP indicated "All cleaning supplies in the home will be locked up for the safety of all individuals in the home. When Cleaning Supplies are used, individuals will be supervised by DSP (Direct Support Professional). Non toxic cleaning supplies are included as well such as toothpaste, body wash, shampoo and hand soap at all times...." Client #2's 9/17/13 ISP and/or 4/1/14 revised BSP		this concern is being addressed at all Dungarvin ICF-MR's. **Completion Date: 6/1/14** **Persons Responsible: House Manager, QDDP, and Behaviorist**	

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	did not indicate client #2 had a specific need to have restricted access to the use of toilet paper, soap and/or paper towels. Client #2's BSP and/or record did not indicate the facility's HRC reviewed and/or approved the rights restriction to restrict access to the use of toilet paper, hand soap and/or paper towels. Client #3's record was reviewed on 4/23/14 at 1:30 PM. Client #3's 4/1/14 revised BSP indicated client #3 would go into his bedroom when asked to do something. The BSP indicated client #2 would flush things down the toilet and attempt to harm himself by "drinking harmful solutions." Client #3's BSP indicated all cleaning supplies would be locked up "...For the safety of all individuals in the home, due to needs of individuals in the home and their behaviors, cleaning supplies will be locked up when they are not in use. Client #3's BSP indicated "...Non toxic cleaning supplies are available at all times...." Client #3's BSP did not indicate the client's access to the use of toilet paper and paper towels should be restricted. Client #4's 3/25/14 revised BSP indicated "All cleaning supplies in the home will be locked up for the safety of all individuals in the home. When Cleaning			

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	Supplies are used, individuals will be supervised by DSP (Direct Support Professional). Non toxic cleaning supplies are included as well such as toothpaste, body wash, shampoo and hand soap at all times...." Client #4's 3/25/14 BSP did not indicate client #4 had a specific need to have restricted access to toilet paper, soap and/or paper towels. Client #4's BSP and/or record did not indicate the facility's HRC reviewed and/or approved the rights restriction to restrict access to the use of toilet paper, hand soap and/or paper towels. Interview with the Qualified Intellectual Disabilities Professional (QIDP), staff #1 and #2 on 4/23/14 at 1:45 PM stated client #3 would put paper down the toilet and the client demonstrated "PICA" (eating inedible objects). Staff #1 indicated client #3 had not demonstrated this behavior for sometime. Staff #1 stated "But he no longer a problem." Staff #1 indicated client #3's BSP did not specifically address the client's PICA behavior. Staff #1 and the QIDP indicated clients #1, #2, #3 and #4's BSP did not indicate the clients should not have access to toilet paper, soap and/or paper towels. The QIDP and staff #1 indicated clients #1, #2 and #4 were to have toilet paper, soap and/or paper			

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	towels in their bedrooms to use. 2. During the 4/22/14 observation period between 2:30 PM and 5:50 PM, at the group home, staff #4 retrieved forks, cups and plates from the back office area to assist client #3 to set the table for dinner. Staff #4 retrieved large serving bowls to place at each client's setting to put cantaloupe in. The closet had a combination type lock hanging on one of the doors. Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 9/18/13 ISP and/or 3/24/14 BSP did not indicate the client would use a fork as a weapon when demonstrating aggression toward others and/or himself. Client #1's BSP indicated the forks should be locked as they were considered sharps. Client #1's BSP did not indicate the facility's HRC reviewed the rights restriction. Client #1's BSP did not indicate client #1 required eating utensils and/or plates to be restricted/locked. The BSP did not indicate the facility's HRC reviewed the systemic practice of locking forks and/or dishes. Client #2's record was reviewed on 4/23/14 at 12:47 PM. Client #2's 4/1/14 BSP did not indicate the client would use a fork as a weapon when demonstrating			

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	aggression toward others and/or himself. Client #2's BSP indicated the forks should be locked as they were considered sharps. Client #2's BSP did not indicate the facility's HRC reviewed the rights restriction. Client #2's BSP did not indicate client #2 required eating utensils and/or plates to be restricted/locked. The BSP did not indicate the facility's HRC reviewed the systemic practice of locking forks and/or dishes. Confidential interview A indicated the closet in the office area would be locked at times. Interview with the QIDP, staff #1 and #2 on 4/23/14 at 1:45 PM indicated forks were locked as they were considered a sharp. Staff #1 and #2 indicated the bowls/dishes were placed in the closet in the office area due to client #1 having a behavior and throwing the items at staff. Staff #1 and #2 indicated facility staff would return the items to the kitchen when client #1 did not demonstrate the behavior of throwing items. Staff #2 indicated facility staff must have forgotten to return the dishes to the kitchen after the incident. 9-3-2(a)			

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W000126	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 observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the facility failed to allow clients to carry money on their person and/or to conduct/teach practical transactions when in the community. Findings include: During the 4/22/14 observation period between 2:30 PM and 5:50 PM, at the group home, clients #1 and #4 went into the community to a local store to purchase a soft drink with 2 staff (#3 and #5). Client #1 got a soft drink and carried it to the counter. Staff #3, who was with the client, took money out of an envelope and handed it to the cashier. The cashier returned the change to staff #3. Client #1 did not participate in the transaction and/or receive money management training. After clients #1 and #4 returned to the group home, staff #4 took clients #2 and #3 to the local store to purchase a soft drink. Staff #4 handed clients #2 and #3 their envelopes	W000126	**W 126 483.420 (a)(4) Protection of Client Rights** In conjunction with the Plan of Corrections for W227, W249, W484, and W488, The House Manager and QDDP will review this standard. All staff will be re-trained on the expectation that active treatment is provided at every opportunity, including money management, and that the active treatment be provided to allow the individual to participate at their developmental level. At least three times per week for the next two months, and then at least weekly ongoing, the House Manager and/or QDDP will complete random site visits to ensure active treatment is being provided at every given opportunity, and at the developmental level of the Individual. System wide, all Program Directors, QDDPs, and House Managers will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.	05/25/2014

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	of money in the store. Each client looked for a soft drink or drink to purchase. Both clients carried their money to the register. Client #2 poured the money from his envelope onto the counter and pushed the money toward the cashier as staff #4 stood near the client. The cashier took the money for the purchase and left the rest lying on the counter. Client #2 pushed the rest of the money toward the cashier and the cashier told the client she did not need the rest of the money. The cashier handed the client some change back. Staff #4 took the money, the change and the receipt. Staff #4 did not provide any money training with client #4. Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 9/18/13 Individual Support Plan (ISP) indicated the client had an objective to learn to identify certain coins weekly. Client #2's record was reviewed on 4/23/14 at 12:47 PM. Client #2's 9/17/13 ISP indicated the client had an objective to balance his checkbook. Interview with staff #1, #2 and the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated the clients should have been allowed to carry their own money to		**Completion Date: 5/25/14** **Persons Responsible: House Manager and QDDP**	

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	the store. The QIDP and staff #1 indicated the facility staff should have taught/assisted the clients in making the transactions. 9-3-2(a)			
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for 4 of 7 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct thorough investigations in regard to client to client aggression/abuse for clients #1, #3 and #4. Findings include: The facility's reportable incident reports, internal incident reports and/or investigations were reviewed on 4/22/14 at 12:25 PM. The facility's reportable incident reports and/or internal incident reports indicated the following: -9/9/13 Client #1 hit client #3 in the head with a remote control device. The	W000154	**W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS** The House Manager and QDDP will review this standard. The Area Director will train the House Manager and QDDP in the investigative procedures of any allegations or incidents regarding client to client aggression/abuse/SIB, including the expectations that all violations/allegations are thoroughly investigated. For incidents that require BDDS reporting, all investigative findings will be submitted to BDDS as follow-up reports and copies will be maintained in the office for review. For incidents that do not require BDDS reporting, copies of the investigative findings will be maintained in the office for review.	05/28/2014

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929	

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	internal incident report indicated client #3 had a small red area on his head. The internal incident report did not indicate the client to client incident/abuse was investigated. -3/29/14 "[Client #4] was hit in the chest by one of his peers (client #1) as he (client #4) was walking through the lobby of a movie theatre with staff and peers. [Client #4] was not injured by the hit. [Client #4] did not instigate the (sic) peer to hit him." The facility's internal incident report did not indicate the facility conducted an investigation in regard to the client to client abuse/aggression. -4/10/14 "[Client #1] was in the kitchen preparing his oatmeal for breakfast. [Client #1] began to state 'You can't say that.' Then immediately w/ (with) a slight closed fist hit his roommate (client #3) in the left lower shoulder." The 4/10/14 internal incident report indicated the allegation of client abuse/aggression was to investigated. Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 3/1/14 ABC (behavioral) Checklist indicated client #1 was standing in the doorway of the office area in the way of client #4 trying to enter the area to get his		System wide, all House Managers, Program Directors, and QDDPs will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/28/14** **Persons Responsible: Area Director, House Manager, and QDDP**	

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	medications. The ABC checklist indicated when staff verbally prompted client #1 to move and let client #4 pass by, "...he [client #1] reached behind him and pushed the individual making him spill the water all over himself...." The facility's investigations and/or reportable incident reports indicated the facility did not conduct an investigation in regard to the above mentioned client to client aggression/abuse incidents. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated she was not aware of the 3/1/14, 3/29/14, and/or 4/10/14 client to client incidents. The QIDP indicated she conducted the investigations in regard to client to client incidents. The QIDP indicated the incidents were not reported to her. The QIDP indicated she was not the QIDP at the time the 9/9/13 incident occurred. The QIDP indicated an investigation should have been conducted. 9-3-2(a)			
W000227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the			

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	client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 2 sampled clients (#1), the client's Individual Support Plan (ISP) failed to include specific training objectives which were to occur with the client during the day as the client did not attend a day program. Findings include: During the 4/22/14 observation periods between 6:00 AM and 9:20 AM, and 2:30 PM to 5:50 PM, at the group home, client #1 sat in a lounge chair and did not participate in training and/or an activity except to listen to music with his earphones, go to the store and to get his shower. Client #1 did not participate in any vocational and/or day program training during the day. Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 9/18/13 Individual Support Plan (ISP) did not indicate any specific training objectives and/or vocational/pre-vocational training that was to occur with the client while the client did not participate in an outside day program. Interview with staff #1 and the QIDP	W000227	**W 227 483.440(c)(4) INDIVIDUAL PROGRAM PLAN** In conjunction with the Plan of Corrections for W126, W249, W484, and W488, The House Manager and QDDP will review this standard. The House Manager and QDDP will be retrained on ensuring that the Individual's ISP states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment, including the need for specific training objectives that are to occur with the client during the day if they do not participating in an outside day program. The QDDP will review all Individuals' ISPs and ensure these training objectives are present, and if not, the QDDP will develop and implement specific training objectives for the Individual to participate in during the day if they are not attending an outside day program. At least three times per week for the next two months, and then at least weekly ongoing, the House Manager and/or QDDP will complete random site visits to ensure active treatment, specifically, the specific training objectives that are to occur with Individuals during the day (for Individuals not attending an outside day program), is being provided at every given opportunity, and at the	05/25/2014

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	(Qualified Intellectual Disabilities Professional) on 4/23/14 at 1:45 PM indicated client #1 did not attend a day program. The QIDP and staff #1 indicated client #1's ISP did not include specific objectives which were to occur with the client during the day. Staff #1 and the QIDP stated the facility was in the process of developing a "structured program" for the clients who did not attend a day program. 9-3-4(a)		developmental level of the Individual. System wide, all House Managers, Program Directors, and QDDPs will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/25/14** **Persons Responsible: Area Director, House Manager, and QDDP**	
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the facility failed to implement the clients' Individual Support Plan (ISP) objectives when formal and/or informal training opportunities existed. Findings include:	W000249	**W 249 483.440(c)(4) INDIVIDUAL PROGRAM PLAN** In conjunction with the Plan of Corrections for W126, W227, W484, and W488, The House Manager and QDDP will review this standard. The House Manager and QDDP will review this standard. All staff will be retrained on the expectation that each	05/25/2014

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	1. During the 4/22/14 observation period between 2:30 PM and 5:50 PM, at the group home, client #1 went into the community to a local store to purchase a soft drink with 2 staff (#3 and #5). Client #1 got a soft drink and carried it to the counter. Staff #3, who was with the client, took money out of an envelope and handed it to the cashier. The cashier returned the change to staff #3. Client #1 did not participate in the transaction and/or receive money management training. During the 4/22/14 observation periods between 6:00 AM and 9:20 AM, and 2:30 PM to 5:50 PM, at the group home, client #1 sat in a lounge chair and did not participate in training and/or an activity except to listen to music with his earphones, go to the store and to get his shower. Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 9/18/13 Individual Support Plan (ISP) indicated the client had objectives to identify certain coins weekly, to take trash out of his room, to initiate a 2 minute positive conversation with staff and peers, and to participate in an exercise. Facility staff did not implement objectives when opportunities for training existed.		Individual must receive a continuous active treatment program, and must implement the Individuals' ISP objectives when formal and/or informal training opportunities exist, and that the active treatment be provided in a manner allowing the individual to participate at their developmental level. At least three times per week for the next two months, and then at least weekly ongoing, the House Manager and/or QDDP will complete random site visits to ensure active treatment is being provided at every given opportunity, and at the developmental level of the Individual, including that the Individuals' ISP objectives are implemented when formal and/or informal training opportunities exist. System wide, all House Managers, Program Directors, and QDDPs will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/25/14** **Persons Responsible: House Manager, and QDDP**	

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	2. During the 4/22/14 observation period between 2:30 PM and 5:50 PM, at the group home, staff #4 took client #2 to the local store to purchase a soft drink. Staff #4 handed client #2 his envelope of money in the store. Client #2 got a red soda to purchase. Client #2 carried his money to the register. Client #2 poured the money from the envelope onto the counter and pushed the money toward the cashier as staff #4 stood near the client. The cashier took the money for the purchase and left the rest lying on the counter. Client #2 pushed the rest of the money toward the cashier and the cashier told the client she did not need the rest of the money. The cashier handed the client some change back. Staff #4 took the money, the change and the receipt. Staff #4 did not provide any money training with client #4. During the same observation at the group home, client #2 was verbally prompted to assist with the dinner meal. The client stood and watched staff cut up ham, place the ham in the skillet to cook and turned over the ham without involving client #2. Client #2 independently used a manual can opener to open the green beans and white potatoes. Once the food was ready, staff #3 placed the food into serving dishes and carried the food to the table			

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	without encouraging client #2 to place the food into the serving bowls/dishes. Client #2's record was reviewed on 4/23/14 at 12:47 PM. Client #2's 9/17/13 ISP indicated the client had an objective to balance his checkbook weekly. Client #2's 9/17/13 ISP indicated the client had an objective to fix breakfast and lunch every Sunday independently. Facility staff #3 and #4 did not implement client #2's ISP objective when informal opportunities for training existed. Interview with staff #1, #2 and the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated facility staff should have implemented the clients' money training objectives when they went to the store. The QIDP and staff #1 indicated clients should be involved in meal preparations to the extent clients #1 and #2 were capable. 9-3-4(a)			
W000262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the			

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	committee, involve risks to client protection and rights. Based on record and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to have its Human Rights Committee (HRC) review and/or approve the clients' restrictive programs. Findings include: 1. Client #1's record was reviewed on 4/23/14 at 11:33 AM. Client #1's 3/24/14 revised Behavioral Support Plan (BSP) indicated client #1 demonstrated physical aggression, verbal aggression, hallucinations and refusals for which the client received the restrictive behavioral medications of Lithium Carbonate, Lamictal, Loxapine, Klonopin and Seroquel. Client #1's BSP indicated facility staff could utilize physical intervention techniques of "pull through" (guiding the client), kick blocks, a two person hold and/or a two person transport hold, when the client demonstrated physical aggression toward others. Client #1's 3/24/14 BSP indicated sharps and cleaning supplies were to be locked. A home security system was being utilized on the doors and windows to notify staff when someone exited the group home. Client #1's 9/18/13 ISP and/or 3/24/14 BSP did not indicate the facility's HRC reviewed and/or approved client #1's	W000262	**W 262 483.440(f)(3)(i)** **INDIVIDUAL PROGRAM PLAN** The House Manager, QDDP, and Behaviorist will review this standard. QDDP and Behaviorist will ensure both current BSPs that were found during the survey not to have Human Rights Committee (HRC) review and approval will be immediately presented for review and HRC approval. The QDDP and Behaviorist will review all other BSPs to ensure they have been approved by the Human Rights Committee (HRC), and if there is no evidence of review/approval, will immediately submit those BSPs to the HRC for review/approval. Immediately and ongoing, all changes to any BSPs which require further restrictions will be immediately presented to HRC for review and approval before the restrictions are implemented. System wide, all House Managers, Program Directors, QDDPs, and Behaviorists will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/25/14** **Persons Responsible: House Manager, QDDP, and Behaviorist**	05/25/2014

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	restrictive program. Interview with staff #1, #2 and the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated the client had a restrictive behavior program. Staff #1 and the QIDP indicated the facility's HRC had not had time to review and/or approve the client's restrictive program since Dungarvin took over the Spectrum group home. 2. Client #2's record was reviewed on 4/23/13 at 12:47 PM. Client #2's 4/1/14 revised BSP indicated #2 demonstrated physical aggression, verbal aggression, unskilled social boundaries, property destruction, refusals and self-injurious behavior. The client received the restrictive behavioral medications of Remeron, Lamictal and Zyprexa. Client #2's BSP also indicated facility staff could utilize blocks, "pull through" (guiding the client) and a two person hold. Client #2's BSP indicated the cleaning supplies and sharps were locked. Client #2's BSP and/or 9/17/13 ISP did not indicate the facility's HRC reviewed and/or approved the restrictive program. Interview with staff #1, #2 and the QIDP on 4/23/14 at 1:45 PM indicated the client had a restrictive behavior program.			

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	Staff #1 and the QIDP indicated the facility's HRC had not had time to review and/or approve the client's restrictive program since Dungarvin took over the Spectrum group home. 9-3-4(a)			
W000484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview for 1 of 2 sampled clients (#2) and for 2 additional clients (#3 and #4), the facility failed to ensure clients were given knives to assist with cutting up their ham and/or spoon to eat their cubed fruit (cantaloupe) with. Findings include: During the 4/22/14 observation period between 2:30 PM and 5:50 PM, at the group home, client #3 was asked to set the table. Staff #4 retrieved forks from the closet in the office area. Client #3 set the forks on a napkin at clients #2, #3 and #4's place settings. During the 4/22/14 observation period, staff placed ham onto clients #2, #3 and #4's plates. Staff #5	W000484	**W 484 483.480(d)(3) DINING AREAS AND SERVICE** In conjunction with the Plan of Corrections for W126, W227, W249, and W488, The House Manager, QDDP, and Behaviorist will review this standard. All staff will be retrained on the expectation that each Individual must be supplied with appropriate eating utensils and dishes designed to meet the developmental needs of each client, and that the active treatment during meal time be provided in a manner allowing the individual to participate fully at their developmental level. Table knives, forks, and spoons will be provided to all Individuals at meal times unless the utensil is specifically restricted from that Individual as stated in their HRC approved BSP and/or ISP.	05/25/2014

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	asked client #2 if he wanted his ham cut up and the client said yes. Staff #5 proceeded to take a knife and cut up the client's ham into small pieces. Staff asked clients #3 and #4 if they wanted their ham cut up. The staff did not provide the clients with a table knife to cut up their own ham. Staff #4 served the clients cantaloupe in a large serving bowl for each client. The clients were not offered/given a spoon to eat the cantaloupe. Interview with staff #1, #2 and the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated clients #2, #3 and #4 should have been offered/provided table knives at the table to cut their ham with and offered spoons. 9-3-8(a)		At least three times per week for the next two months, and then at least weekly ongoing, the House Manager and/or QDDP will complete random site visits to ensure each Individual is supplied with appropriate eating utensils and dishes designed to meet the developmental needs of each client, and that the active treatment during meal time be provided in a manner allowing the individual to participate fully at their developmental level. System wide, all House Managers, Program Directors, QDDPs, and Behaviorists will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/25/14** **Persons Responsible: House Manager, QDDP, and Behaviorist**	
W000488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility failed to ensure clients were involved in all aspects of the meal preparation to the extent of their	W000488	**W 488 483.480(d)(4) DINING AREAS AND SERVICE** In conjunction with the Plan of Corrections for W126, W227, W249, and W484, The House Manager, QDDP, and Behaviorist will review	05/25/2014

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	capabilities. Findings include: During the 4/22/14 observation period between 2:30 PM and 5:50 PM, at the group home, client #2 and #4 were asked to assist with the dinner meal. The clients stood and watched staff cut up ham, place the ham in the skillet to cook and turned over the ham without involving client #2 and client #4. Client #2 independently used a manual can opener to open the green beans and potatoes and client #4 set the microwave settings with verbal prompts/assistance. Client #4 also assisted in pouring the vegetables into a pan. Once the ham was cooked and the vegetables and potatoes were ready, staff #3 and #5 placed the food into serving dishes and carried the food to the table without encouraging clients #2 and #4 to place the food into the serving bowls/dishes and/or carry the food to the table. Clients #2 and #4 sat at the dining room table watching staff. Staff #4 served the clients cantaloupe into large serving bowls without involving the clients. Staff #4 ground up client #1's meat without encouraging the client to assist as client #1 sat in the living room without an activity. Staff #3 and #5 staff placed ham onto clients #2, #3 and #4's plates. Staff #5 asked client #2 if he		this standard. All staff will be retrained on the expectation that each Individual eats in a manner consistent with his or her developmental level, and that they are involved in all aspects of the meal preparation to the extent of their capabilities. Staff will be retrained on providing active treatment at every given opportunity, including participating in meal prep, cooking, setting the table, serving the food, cutting up their food, and serving themselves in a manner consistent with their developmental level. At least three times per week for the next two months, and then at least weekly ongoing, the House Manager and/or QDDP will complete random site visits during a meal time, to ensure each Individual is participating in all aspects of food prep, cooking, eating, and clean-up in a manner consistent with his or her developmental level. System wide, all House Managers, Program Directors, QDDPs, and Behaviorists will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. **Will be completed by: 5/25/14** **Persons Responsible: House Manager, QDDP, and Behaviorist**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G748	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/25/2014
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929	

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	wanted his ham cut up and the client said yes. Staff #5 proceeded to take a knife and cut up the client's ham into small pieces. Staff #5 asked clients #3 and #4 if they wanted their ham cut up. The staff did not provide the clients with a table knife to cut up their own ham. Staff #4 and #5 served clients #1, #2, #3 and #4 boiled potatoes and staff #4 served the clients green beans without providing hand over hand training. Client #2's record was reviewed on 4/23/14 at 12:47 PM. Client #2's 9/17/13 ISP (Individual Support Plan) indicated the client had an objective to fix breakfast and lunch every Sunday independently. Interview with staff #1, #2 and the Qualified Intellectual Disabilities Professional (QIDP) on 4/23/14 at 1:45 PM indicated clients #2, #3 and #4 should participate in all aspects of the dinner meal preparations. The QIDP indicated clients #1, #2, #3 and #4 were able to serve themselves. 9-3-8(a)			