STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	51778 TROWBRIDGE LN SOUTH BEND, IN 46637

(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 an extended recertification and state licensure survey. Dates of Survey: April 24, 25, 26, 29, 30, and May 1, 2013. Facility number: 001087 Provider number: 15G573 AIM number: 100239960 Surveyor: Tim Shebel, LSW The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed May 7, 2013 by Dotty Walton, QIDP.	W000000		

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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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure clean cold air vents, windows and window sills, and to maintain a cupboard door for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) residing in the facility. Findings include: The group home where clients #1, #2, #3, #4, #5, #6, #7, and #8 resided was inspected during the 4/24/13 observation period from 3:12 P.M. until 6:15 P.M. Cold air vents in the north living room were covered with greasy dust. Window sills throughout the facility were soiled and windows were hazy and in need of cleaning. A cupboard door in the kitchen was broken and coming off its hinges. Program Director #1 was interviewed on 4/29/13 at 11:37 A.M. Program Director #1 stated, "Group home staff are in charge of cleaning these areas." Program Director #1 further indicated the facility's maintenance department would look into repairing the broken cupboard door.	W000104	**W104 483.410(a)(1)** **GOVERNING BODY** The cold air vents in the north living room area have been cleaned. The windows and window sills throughout the home have also been cleaned. The cupboard door in the kitchen that was noted in the survey has also been repaired. A cleaning checklist has been put in place which includes these areas, and it will address regular cleaning of all parts of the home. The Program Director/QDDP will conduct weekly site checks to ensure that the home remains clean. System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. All Program Director/QDDPs are responsible to review the site risk management checklist monthly, which includes documentation of any environmental concerns at the house. **Persons Responsible: Program Director /QDDP**	05/31/2013

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	9-3-1(a)			

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W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review, observation, and interview, the facility neglected to implement its abuse/neglect policy to protect 1 of 4 sampled clients (client #4) from continued self-injurious behaviors. Findings include: The facility's records were reviewed on 4/24/13 at 1:12 P.M. Review of incident reports from 5/1/12 to 4/24/13 indicated client #4 had incidents of hitting himself in the head with his open hands and enclosed fists on 10/27/12, 12/27/12, 2/13/13, 3/2/13, 4/3/13, 4/18/13, and 4/23/13. The review of the aforementioned incident reports indicated client #4 self-injurious behaviors would result in bruising and swelling to his forehead and temple areas of his head. Client #4 was observed at the group home during the 4/24/13 observation period from 3:12 P.M. until 6:15 P.M. Client #4 was seated in a wheelchair and had slight swelling on his forehead and left temple area. During the observation period, client #4 was not observed to hit himself. Facility manager #1 was interviewed on	W000149	**W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS** Dungarvin has a written policy and procedures in place that prohibits mistreatment, neglect or abuse of the clients (Policy B-2). All staff at the home will be retrained on policy B-2. The Program Director will also be retrained on Policy B-2, including the expectation that immediate and continual interventions need to be implemented to protect individuals from self injurious behavior. The Area Director will review all incident reports and ensure that immediate and continual interventions are being implemented to protect the individuals from self injurious behavior. System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-DD's. **Persons Responsible: Area Director, Program Director /QDDP**	05/31/2013

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	4/24/13 at 6:09 P.M. Facility manager #1 stated client #4 was "autistic and would get upset with loud noises." Facility manager #1 further indicated direct care staff would put padded mittens on the client when the client would begin to hit himself. Facility manager #1 indicated the mittens were helpful in limiting any injuries client #4 might inflict upon himself. Facility manager #1 stated, "He (client #4) hits himself fairly forceful sometimes, but his behaviors (self-injurious behaviors) have decreased in intensity lately and his behavior hours have just been increased." When asked about client 4's increased behavior hours, facility manager #1 indicated the number of hours for client #4 to receive services from a contracted behavioral clinician had just been increased from one to four hours a month. Facility manager stated, "This increase of hours will help [client #4] to deal with his frustrations and his intolerance to loud noises." Day services coordinator #1 was interviewed on 4/25/13 at 8:58 A.M.. Day services coordinator #1 stated, "Review of [client #4's] data indicates his self-injurious behaviors have decreased in severity recently. He is doing better and the increase in his contracted behavioral clinician hours has a benefit."			

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	Client #4's record was reviewed on 4/25/13 at 9:48 A.M. Client #4 record indicated behavioral clinician hours had been requested to increase on or around 4/1/13. Program Director #1 was interviewed on 4/26/13 at 10:10 A.M. Program Director #1 stated, "We had tried many changes in programming to lessen [client #4's] SIB (self-injurious behaviors). We just got his hours (behavioral clinician hours) increased and it will be beneficial in lessening his SIB. The intensity of [client #4's] behaviors has already decreased. When asked why it took so long to increase client #4's behavioral clinician hours, Program Director #1 stated, "We made other program changes to try to address [client #4's] behaviors with limited success. By trial and error we are finally making headway in managing and lessening his (client #4's) behaviors." The facility's records were further reviewed on 4/29/13 at 12:40 P.M. Review of the facility's "Policy and Procedure Concerning Individual Abuse, Neglect, and Exploitation", dated 10/9/12, indicated, in part, the following: "Neglect or abuse of an consumer (client) is strictly prohibited in any Dungarvin service delivery location. Each individual shall be free from mental, verbal and physical			

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	abuse, neglect, and exploitation." 9-3-2(a)			

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W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review, observation, and interview, the facility failed to implement effective corrective action to protect 1 of 4 sampled clients (client #4) from continued self-injurious behaviors. Findings include: The facility's records were reviewed on 4/24/13 at 1:12 P.M. Review of incident reports from 5/1/12 to 4/24/13 indicated client #4 had incidents of hitting himself in the head with his open hands and enclosed fists on 10/27/12, 12/27/12, 2/13/13, 3/2/13, 4/3/13, 4/18/13, and 4/23/13. The review of the aforementioned incident reports indicated client #4 self-injurious behaviors would result in bruising and swelling to his forehead and temple areas of his head. Client #4 was observed at the group home during the 4/24/13 observation period from 3:12 P.M. until 6:15 P.M. Client #4 was seated in a wheelchair and had slight swelling on his forehead and left temple area. During the observation period, client #4 was not observed to hit himself. Facility manager #1 was interviewed on 4/24/13 at 6:09 P.M. Facility manager #1	W000157	**W 157 483.420(d)(4) STAFF TREATMENT OF CLIENTS** The Program Director/QDDP will review this standard. Going forward, all incidents of self injurious behavior resulting in injury will be reviewed by the Area Director to ensure that aggressive corrective action is implemented. Client #4 was evaluated by his doctor and was admitted to the hospital for observation and possible medication adjustment. Prior to this, his behavior clinician time had been increased substantially. His doctor is also researching protective face shields that will keep him from hitting his face and may make a recommendation to us for this prior to his release from the hospital. System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-DD's. **Persons Responsible:** **Program Director /QDDP, Area Director**	05/31/2013

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	stated client #4 was "autistic and would get upset with loud noises." Facility manager #1 further indicated direct care staff would put padded mittens on the client when the client would begin to hit himself. Facility manager #1 indicated the mittens were helpful in limiting any injuries client #4 might inflict upon himself. Facility manager #1 stated, "He (client #4) hits himself fairly forceful sometimes, but his behaviors (self-injurious behaviors) have decreased in intensity lately and his behavior hours have just been increased." When asked about client 4's increased behavior hours, facility manager #1 indicated the number of hours for client #4 to receive services from a contracted behavioral clinician had just been increased from one to four hours a month. Facility manager stated, "This increase of hours will help [client #4] to deal with his frustrations and his intolerance to loud noises." Day services coordinator #1 was interviewed on 4/25/13 at 8:58 A.M. Day services coordinator #1 stated, "Review of [client #4's] data indicates his self-injurious behaviors have decreased in severity recently. He is doing better and the increase in his contracted behavioral clinician hours has a benefit." Client #4's record was reviewed on			

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	4/25/13 at 9:48 A.M. Client #4's record indicated behavioral clinician hours had been requested to increase on or around 4/1/13. Further review of client #4's record failed to indicate client #4 had a Comprehensive Functional Assessment completed or updated within the past year as no such assessment could be located. Program Director #1 was interviewed on 4/26/13 at 10:10 A.M. Program Director #1 stated, "We had tried many changes in programming to lessen [client #4's] SIB (self-injurious behaviors). We just got his hours (behavioral clinician hours) increased and it will be beneficial in lessening his SIB. The intensity of (client #4's) behaviors has already decreased. When asked why it took so long to increase client #4's behavioral clinician hours, Program Director #1 stated, "We made other program changes to try to address [client #4's] behaviors with limited success. By trial and error we are finally making headway in managing and lessening his (client #4's) behaviors." 9-3-2(a)			

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W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review, observation, and interview, the facility failed to ensure the Qualified Intellectual Disabilities Professional (QIDP/Program Director) effectively addressed and implemented effective corrective action to protect 1 of 4 sampled clients (client #4) from continued self-injurious behaviors. Findings include: The facility's records were reviewed on 4/24/13 at 1:12 P.M. Review of incident reports from 5/1/12 to 4/24/13 indicated client #4 had incidents of hitting himself in the head with his open hands and enclosed fists on 10/27/12, 12/27/12, 2/13/13, 3/2/13, 4/3/13, 4/18/13, and 4/23/13. The review of the aforementioned incident reports indicated client #4 self-injurious behaviors would result in bruising and swelling to his forehead and temple areas of his head. Client #4 was observed at the group home during the 4/24/13 observation period from 3:12 P.M. until 6:15 P.M. Client #4 was seated in a wheelchair and had slight swelling on his forehead and left temple	W000159	**W159 QUALIFIED MENTAL RETARDATION PROFESSIONAL** The Program Director/QDDP at this home will be retrained by the Area Director on assuring that effective corrective action is being implemented for incidents of self injurious behavior. Training will also include the need to revise the Comprehensive Functional Assessment at least annually, or as the needs change, for all individuals at the home. System wide, all ICF-DD Program Director/QDDP's will review this standard and ensure that this is not a concern at any Dungarvin ICF-DD home. **Persons Responsible: Program Director / QDDP, Area Director**	05/31/2013

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	area. During the observation period, client #4 was not observed to hit himself. Facility manager #1 was interviewed on 4/24/13 at 6:09 P.M. Facility manager #1 stated client #4 was "autistic and would get upset with loud noises." Facility manager #1 further indicated direct care staff would put padded mittens on the client when the client would begin to hit himself. Facility manager #1 indicated the mittens were helpful in limiting any injuries client #4 might inflict upon himself. Facility manager #1 stated, "He (client #4) hits himself fairly forceful sometimes, but his behaviors (self-injurious behaviors) have decreased in intensity lately and his behavior hours have just been increased." When asked about client 4's increased behavior hours, facility manager #1 indicated the number of hours for client #4 to receive services from a contracted behavioral clinician had just been increased from one to four hours a month. Facility manager stated, "This increase of hours will help [client #4] to deal with his frustrations and his intolerance to loud noises." Day services coordinator #1 was interviewed on 4/25/13 at 8:58 A.M. Day services coordinator #1 stated, "Review of [client #4's] data indicates his self-injurious behaviors have decreased in			

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	severity recently. He is doing better and the increase in his contracted behavioral clinician hours has a benefit." Client #4's record was reviewed on 4/25/13 at 9:48 A.M. Client #4's record indicated behavioral clinician hours had been requested to increase on or around 4/1/13. Further review of client #4's record failed to indicate client #4 had a Comprehensive Functional Assessment completed or updated within the past year as no such assessment could be located. Program Director #1 was interviewed on 4/26/13 at 10:10 A.M. Program Director #1 stated, "We had tried many changes in programming to lessen [client #4's] SIB (self-injurious behaviors). We just got his hours (behavioral clinician hours) increased and it will be beneficial in lessening his SIB. The intensity of (client #4's) behaviors has already decreased. When asked why it took so long to increase client #4's behavioral clinician hours, Program Director #1 stated, "We made other program changes to try to address [client #4's] behaviors with limited success. By trial and error we are finally making headway in managing and lessening his (client #4's) behaviors." Program Director #1 indicated a Comprehensive Functional Assessment for client #4 could not be located and had			

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	not been reviewed or updated within the past year. 9-3-3(a)			

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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, record review, and interview, the facility failed to implement active treatment programs during times of opportunity for 1 of 4 sampled clients (client #1), and 1 of 4 additional clients (client #7). Findings include: 1. Client #1 was observed during the group home observation period on 4/24/13 from 3:12 P.M. until 6:15 P.M. At 6:00 P.M., client #1 sat at the dining room table for the evening meal. Direct care staff #3 placed a pre-portioned plate of food for client #1. Direct care staff #3 did not prompt or assist client #1 to put food on her plate. Client #1's record was reviewed on 4/29/13 at 10:43 A.M. Review of client #1's 3/19/13 Individual Program Plan indicated she had an active treatment objective to "put her food on her plate." 2. Client #7 was observed during the	W000249	**W249 483.440 Program Implementation** All staff working at the site will be retrained on each person's Behavior Intervention Plan, Individual Program Plan (IPP) and the goals and objectives as identified in each persons IPP. At least weekly for the first month, and then random observations will be conducted by the Program Director or designee to assure that each staff are implementing those plans, goals and objectives. Immediate feedback will be given to the staff during those observations. This will be documented on an Active Treatment Observation form. A copy of those forms will be given to the Area Director for review and follow up. System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-DD's. **Persons Responsible:** **Program Director /QDDP, Area**	05/31/2013

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(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
	group home observation period on 4/24/13 from 3:12 P.M. until 6:15 P.M. At 4:30 P.M., client #7 slapped himself three times. Direct care staff #4 looked at client #7 but did not prompt client #7 to not slap himself or tell the client to stop slapping himself. At 5:03 P.M., client #7 slapped himself three times. Direct care staff #4 told client #7, "Just hold on a minute." Direct care staff #4 did not prompt client #7 to not slap himself or tell the client to stop slapping himself. Client #7's record was reviewed on 4/25/13 at 6:25 A.M. Review of client #7's 3/12 Behavior Intervention Plan indicated if client #7 slapped himself, direct care staff were to client #7, "[Client #7], please don't hit yourself." If client #7 continued to slap himself, direct care staff were to say, "Stop." Program Director #1 was interviewed on 4/26/13 at 10:10 A.M. Program Director #1 stated, "[Client #1's and Client #7's] active treatment programs should be implemeted whenever there is an opportunity." 9-3-4(a)		**Director**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/01/2013

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W000259	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview, the facility failed to ensure Comprehensive Functional Assessments were reviewed at least annually for 4 of 4 sampled clients living in the group home (clients #1, #2, #3, and #4). Findings include: Client #1's record was reviewed on 4/29/13 at 10:43 A.M. The review indicated the client's most current Comprehensive Functional Assessment was dated 1/22/10. Client #2's record was reviewed on 4/29/13 at 9:48 A.M. The review indicated the client's most current Comprehensive Functional Assessment was dated 1/19/12. Client #3's record was reviewed on 4/29/13 at 10:20 A.M. The review indicated the client's most current Comprehensive Functional Assessment was dated 10/6/11. Client #4's record was reviewed on 4/25/13 at 9:51 A.M. The review failed to	W000259	**W259 Program Monitoring and Change** The Program Director/QDDP at the Trowbridge home will be retrained by the Area Director on the need to assure that the Comprehensive Functional Assessment is reviewed annually by each individual's IDT and updated as necessary. An audit of the client files for all individuals at the Trowbridge home will be completed by 5-31-13, and any assessments that are missing or in need of revision will be identified and corrected by that time. System wide, all ICF-DD Program Director/QDDP's will review this standard and ensure that this is not a concern at any Dungarvin ICF-DD. **Persons Responsible: Program Director/ QDDP, Area Director**	05/31/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/01/2013

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	indicate client #4 had a Comprehensive Functional Assessment completed or updated within the past year. Program Director #1 was interviewed on 4/29/13 at 11:37 A.M. Program Director #1 indicated Comprehensive Functional Assessments for clients #1, #2, #3, and #4 had not been reviewed or updated within the past year. 9-3-4(a)			