

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G484	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/08/2013
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 50605 WYANDOTTE GRANGER, IN 46530		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 2, 3, 4, and 8, 2013.</p> <p>Facility number: 000998 Provider number: 15G484 AIM number: 100239800</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/11/13 by Ruth Shackelford, QIDP.</p>	W000000			

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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed to implement active treatment programs during times of opportunity for 1 of 3 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2 was observed during the group home observation period on 10/2/13 from 3:02 P.M. until 5:30 P.M.. During the observation period, client #2 arrived home from school and did not wear his eyeglasses or his left eye patch. Direct care staff #1 and #2 were not observed to assist or prompt client #2 to wear his eyeglasses or left eye patch.</p> <p>Client #2 was observed during the group home observation period on 10/3/13 from 6:17 A.M. until 8:07 A.M.. During the observation period, client #2 did not wear his eyeglasses. Direct care staff #3 and #4 were not observed to assist or prompt client #2 to wear his eyeglasses.</p>	W000249	W249 483.440 Program Implementation All staff working at the site will be retrained on Individual #2's need to wear his eye patch and his eye glasses. Staff will also be trained on all goals and objectives for all of the individuals at this home as identified in their Individual Program Plans. Staff will document compliance with these expectations daily in the narrative entries. The Program Director will review this documentation daily to assure that the goal is being implemented and follow up with staff if it is not being completed. 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 is implementing those goals and objectives. Immediate feedback will be given to the staff during those observations. This observation 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	11/07/2013			

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	<p>Client #2's record was reviewed on 10/4/13 at 9:17 A.M.. Review of client #2's 7/26/13 Physician Orders indicated the following: "Left eye to be patched after school until bedtime." Review of client #2's 3/20/13 Individual Support Plan indicated the client had the following active treatment objective which could have been implemented during the 10/2/13 and 10/3/13 observation periods: "1. Wear his eyeglasses."</p> <p>Program Director #1 was interviewed on 10/4/13 at 10:41 A.M.. Program Director #1 stated, "Direct care staff should encourage [Client #2] to wear his eyeglasses and prompted to wear his eye patch."</p> <p>9-3-4(a)</p>		<p>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 or designee, Area Director</p>		

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W000262	<p>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 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 2 of 3 sampled clients with Behavior Management Plans (clients #1 and #2).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/4/13 at 8:38 A.M.. A review of the client's 4/17/13 Behavior Management Plan indicated the client was being administered Divalproex, Seroquel, and Clonidine (mood stabilizing and anti-psychosis medications) for targeted behaviors of screaming, physical aggression, biting, non-compliance, and throwing objects. Further review of client #1's Behavior Management Plan indicated the plan was initially implemented on 8/8/11 and was re-approved for implementation by the facility's Inter-Disciplinary Team on 4/17/13. Further review of client #1's 4/17/13 Behavior Management Plan and review of</p>	W000262	<p>W262 Program Monitoring and Change The Program Director/QDDP will be retrained on assuring that the Dungarvin Human Rights Committee approves any Behavior Management plans that are restrictive in nature for any of the individuals at this home on an annual basis. Quarterly, Program Director/QDDP's will conduct audits of the client files. This audit will include assuring that approvals by the Human Rights Committee are made based on identified need for any restrictions including annual approval of Behavior Management Plans. These audits will be reviewed by the Area Director for follow up assurance. System wide, all Program Director/QDDP's will review this standard and the need to assure that this concern is being addressed at all Dungarvin ICF-DD's. Persons Responsible: Program Director/ QDDP, Area Director</p>	11/07/2013			

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	<p>the facility's Human Rights Committee minutes indicated the facility's Human Rights Committee had not monitored the use of the plan since its original implementation date of 8/8/11.</p> <p>Client #2's records were reviewed on 10/4/13 at 9:17 A.M.. A review of the client's 3/20/13 Behavior Management Plan indicated the client was being administered Risperdone and Focalin (mood stabilizing and anti-psychosis medications) for targeted behaviors related to psychiatric and behavioral concerns. Further review of client #2's Behavior Management Plan indicated the plan was initially implemented on 4/5/10 and was re-approved for implementation by the facility's Inter-Disciplinary Team on 3/20/13. Further review of client #2's 3/20/13 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 8/9/11.</p> <p>Program Director #1 was interviewed on 10/4/13 at 10:41 A.M.. Program Director #1 indicated the facility's Human Rights Committee had not monitored client #1's Behavior Management Plan since 8/8/11 and client #2's Behavior Management Plan since 8/9/11.</p>				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to obtain written client consent before implementing the Behavior Management Plan for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/4/13 at 8:38 A.M.. The review indicated client #1 was an emancipated adult. Review of the client's 4/17/13 Behavior Management Program indicated the client was receiving Seroquel, Divalproex, and Clonidine (mood stabilizing and anti-psychosis medications) for targeted behaviors of screaming, physical aggression, biting, non-compliance, and throwing objects. Further review of client #1's Behavior Management Program failed to indicate the client had provided written consent for the use of the plan.</p> <p>Area Director #1 was interviewed on 10/4/13 at 10:50 A.M.. Program Director #1 indicated client #1 should have signed the 4/17/13 Behavior Management Plan to</p>	W000263	<p>W263 Program Monitoring and Change The Program Director/QDDP will be retrained on assuring that the emancipated person served or their guardian approves any changes related to a Behavior Intervention Plan that is restrictive in nature, prior to reviewing and requesting approval for these plans from the Human Rights Committee members. Quarterly, Program Director/QDDP's will conduct audits of the client files. This audit will include assuring that approvals by the Person Served, Guardian, and Human Rights Committee are obtained based on identified need for any restrictive Behavior Plans. These audits will be reviewed by the Area Director for follow up assurance. System wide, all Program Director/QDDP's will review this standard and the need to assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director/ QDDP, Area Director</p>	11/07/2013	

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	approve its use. 9-3-4(a)			

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to annually screen the hearing and vision of 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 10/4/13 at 9:55 A.M.. The review failed to indicate client #3 had received a vision and hearing screening during the last year.</p> <p>Nurse #1 was interviewed on 10/4/13 at 10:16 A.M.. Nurse #1 indicated the client #3 had not received a vision screening or a hearing screening during the past year.</p> <p>9-3-6(a)</p>	W000323	<p>W323 Physician Services A vision exam has been completed for individual #3. A hearing exam has been scheduled for individual #3 and will be completed by 11-12-13. The Program Director and Facility Nurse will be retrained on the expectation that an annual physical examination of each person includes evaluation of vision and hearing. Weekly, meetings with the facility nurse and the med support staff will include reviewing the master medical schedule for compliance. Any needed appointments will be noted on the agenda for this meeting and a copy will be given to the Program Director for follow up. Quarterly, Program Director/QDDP's will conduct audits of the client files. This audit will include reviewing the master medical schedules for compliance. These audits will be reviewed by the Area Director for follow up assurance. System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director/QDDP, Facility Nurse</p>	11/07/2013	

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to encourage and teach 1 of 3 sampled clients with adaptive equipment (client #1) to wear her hearing aids.</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 10/2/13 observation period from 3:02 P.M. until 5:30 P.M. and the 10/3/13 observation period from 6:17 A.M. until 8:07 A.M. During the observation periods, client #1 did not wear a hearing aids or take them to school. Direct care staff #1, #2, #3, and #4 were not observed to prompt or assist client #1 to wear her hearing aids or take her hearing aids to school.</p> <p>Client #1's record was reviewed on 10/4/13 at 8:38 A.M. The review of the clients 10/13 Medication Administration Record indicated client #1 had hearing aids to wear and was to also take them to school daily.</p>	W000436	<p>W 436 483.470(g)(2) SPACE AND EQUIPMENT A learning program will be implemented for individual #1 to wear her hearing aids. All staff will be trained on this program including the need to send them to school with her daily. All other individuals at the home will have all recommendations reviewed for the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the IDT as needed by the client. The Program Director/QDDP will assure that anyone using these devices has them available and maintained in good repair, and that a learning program is in place to assist the individual to use and to make informed choices about using them, in the event that that person is not independently using the devices.</p> <p>System wide, all Program Director/QDDP's and facility nurses will review this standard and the need to assure that this concern is being addressed at all Dungarvin</p>	11/07/2013
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	Nurse #1 was interviewed on 10/4/13 at 10:16 A.M. Nurse #1 stated client #1 was to wear her hearing aids and also take her hearing aids to school with her but was not "always compliant in doing so." 9-3-7(a)		ICF's. Persons Responsible: Program Director/QDDP		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills on the overnight shift for staff (11:00 P.M. to 7:00 A.M.) during the second quarter (April 1st through June 30th) of 2013 which affected 3 of 3 sampled clients (clients #1, #2, and #3) and 2 additional clients living in the facility (clients #4 and #5.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 10/2/13 at 3:10 P.M. The review failed to indicate the facility's overnight staff held an evacuation drill for clients #1, #2, #3, #4, and #5 on the overnight shift for staff during the second quarter of 2013.</p> <p>Program Director #1 was interviewed on 10/4/13 at 10:41 A.M. Program Director #1 indicated the facility failed to hold an evacuation drill on the overnight shift for the second quarter of 2013.</p> <p>9-3-7(a)</p>	W000440	<p>W440 483.470(i)(1) Evacuation Drills The staff responsible for assuring that the fire drills were completed according to the regulation had received disciplinary action and retraining earlier in the year when this concern was identified. The Program Director/QDDP will be responsible for tracking this expectation and assuring that those fire drills are done as required. Monthly, copies of all fire drills will be sent to the office and will be tracked by the office staff, and a report of those drills will be forwarded to the Program Director and Area Director for oversight.</p> <p>System wide, all Program Director/QDDP's will review this standard and the need to assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director/QDDP</p>	11/07/2013
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