

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G761		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/11/2013	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD SOUTH BEND, IN 46614			
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: December 9, 10, and 11, 2013.</p> <p>Facility number: 011959 Provider number: 15G761 AIM number: 200970870</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 13, 2013 by Dotty Walton, 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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure a couch and chair were in good repair for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (clients #3 and #4).</p> <p>Findings include:</p> <p>The group home where clients #1, #2, #3, and #4 resided was inspected during the 12/9/13 observation period from 6:37 A.M. until 8:40 A.M. A couch and stuffed chair in the north living room were broken and the cushions sank through the bottom areas of the seats.</p> <p>House manager #1 was interviewed on 12/9/13 at 8:47 A.M. House manager #1 stated, "I have put in an order for new ones (couch and chair) and I believe they (facility's governing body) is waiting until the first of the new year to purchase new ones."</p> <p>Program Director #1 was interviewed on 12/10/13 at 10:55 A.M. Program Director #1 stated, "They (couch and chair) are to be ordered after the first of the year."</p>	W000104	<p>W104 483.410(a)(1) GOVERNING BODY The couch and chair in the north living room have been ordered and the replacements will be delivered sometime after January 1, 2014. Monthly Site Risk Management checklists will be completed and reviewing the need for new furniture will be done by the Program Director or designee each month. Going forward, the Program Director/QDDP's are responsible to complete and/or review the site risk management checklist, which includes documentation of any environmental concerns at the house. 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</p>	01/10/2014			

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	9-3-1(a)			

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W000382	<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 a medication was locked except when it was being prepared for administration for 1 of 2 sampled clients (client #1). Findings include: House manager #1 was observed passing medications during the 12/9/13 observation period from 6:37 A.M. until 8:40 A.M. At 6:59 A.M., House manager #1 prepared medications for client #1. House manager #1 then exited the medication room to get a pitcher of water. House manager #1 was out of the medication area for 45 seconds and had left client #1's medication on the desk, unsecured, and the medication cabinet, with client #2, #3, and #4's medications open and unsecured, as client #1 sat in the medication office waiting for his morning medications. Program Director #1 was interviewed on 12/10/13 at 10:55 A.M. Program Director #1 stated, "Medications are to be locked when they aren't being administered or being prepared to be administered."</p>	W000382	<p>W382 483.460 Drug Storage and Recordkeeping All direct care staff at the site have been retrained in medication passing guidelines, which include ensuring that all drugs and biologicals are locked except during times of preparation for administration. Disciplinary action and retraining has been completed with the staff observed to not follow this practice on 12-9-13, according to Dungarvin policy and procedure. Observations during med-passing times will be completed by the Program Director/ QDDP, facility nurse, or other designee. Immediate feedback is given during these observations for any concerns noted. Medication errors including concerns of violations to the standard of ensuring all drugs and biologicals are to be locked except during times of preparation for administration will be handled through retraining and disciplinary action according the Dungarvin policy and procedure on Medication Administration. System wide, all Program Director/QDDP's and nurses will review this standard and assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible:</p>	01/10/2014	

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	9-3-6(a)		Program Director/ QDDP, Facility Nurse		

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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 2 of 2 sampled clients (clients #1 and #2) to wear their prescribed eyeglasses.</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 12/9/13 observation periods from 6:37 A.M. until 8:40 A.M. and from 2:53 P.M. until 5:00 P.M. During the observation periods, client #1 did not wear his eyeglasses nor did House manager #1 or direct care staff #2, #3, #4, #5, #6, or #7 prompt or assist client #1 to wear his eyeglasses.</p> <p>Client #2 was observed at the group home during the 12/9/13 observation periods from 6:37 A.M. until 8:40 A.M. and from 2:53 P.M. until 5:00 P.M. During the observation periods, client #2 did not wear his eyeglasses nor did House manager #1 or direct care staff #2, #3, #4, #5, #6, or #7 prompt or assist client #2 to wear his eyeglasses.</p>	W000436	<p>W 436 483.470(g)(2) SPACE AND EQUIPMENT All staff will be trained on the expectation that they should be prompting all of the men to wear their glasses and other adaptive equipment as needed. This will be documented on a tracking form. This tracking will be reviewed by the house manager every time they work and any issues with compliance will be reported to the Program Director. The tracking will also be reviewed at least weekly by the Program Director or Facility Nurse. Weekly site observations will be completed by the Program Director or Facility Nurse and the use of adaptive equipment will be checked during those observations. In the event that any of the men are refusing to use their adaptive equipment, a learning program will be implemented to aid in the use of these items. 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 ICF's. Persons Responsible: Program Director/QDDP</p>	01/10/2014	

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	<p>Client #1's record was reviewed on 12/10/13 at 9:04 A.M. A review of the client's 12/3/13 vision exam indicated client #1 had a "new RX (prescription) for glasses" and had been prescribed eyeglasses for "full time wear."</p> <p>Client #2's record was reviewed on 12/10/13 at 10:07 A.M. A review of the client's 11/8/13 vision exam indicated client #2 had "glasses prescribed for full time wear."</p> <p>Program Director #1 was interviewed on 12/10/13 at 10:55 A.M. Program Director #1 stated, "Yes, [client #1 and client #2] have glasses that they are supposed to wear. Staff (House manager #1 and direct care staff #2, #3, #4, #5, #6, and #7) should have prompted them (clients #1 and #2) to wear them (eye glasses)."</p> <p>9-3-7(a)</p>			
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