

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2015
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385
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W 0000  Bldg. 00	<p>This visit was for the post certification revisit to the full recertification and state licensure survey and to the investigation of complaint #IN00172902 which resulted in an Immediate Jeopardy completed on May 22, 2015.</p> <p>Complaint #IN00172902: Not Corrected.</p> <p>This visit was done in conjunction with the investigation of Complaint #IN00176528.</p> <p>Dates of Survey: July 8, 9 and 10, 2015.</p> <p>Facility number: 012584 Provider number: 15G793 AIM number: 201018520</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 0104  Bldg. 00	<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 record review and interview for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), the facility's Governing Body neglected to exercise general operating direction in a manner to provide oversight to ensure their abuse and neglect policy was implemented. The facility's Governing Body neglected to conduct investigations. The facility's Governing Body neglected to provide oversight to ensure clients A, B, C and D were provided behavior services as contracted with the Behaviorist. The facility's Governing Body neglected to exercise general operating direction in a manner to provide oversight to ensure staff showed competency in their job duties in regard to documentation of 15 minute checks and implementing client A's Behavior Support Plan (BSP) as written to prevent abuse/neglect. The facility's Governing Body neglected to exercise general operating direction in a manner to ensure the facility implemented its "Policy and Procedure Regarding Staff Development and Training."</p> <p>Findings include:</p>	W 0104	<p><b>W 104 483.410(a)(1) GOVERNING BODY</b></p> <p>In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure:</p> <p>A. Oversight is provided to ensure Agency's abuse/neglect Policy is implemented at all times.</p> <p>B. Investigations are consistently conducted according to this Standard and Agency Policy.</p> <p>C. Oversight to ensure behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs.</p> <p>D. Oversight to ensure all staff show competency in each Individuals' behavior plan and documentation of required 15 min checks to ensure abuse and neglect.</p> <p>E. Oversight to ensure the facility implements Agency Policy and Procedure regarding staff development and training at all</p>	08/09/2015			

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	<p>Please refer to W120: The Governing Body neglected to exercise general operating direction over the facility to ensure the contracted behaviorist provided sufficient staff training and oversight to meet the behavioral support needs of 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D).</p> <p>Please refer to W149: The Governing Body neglected to exercise general operating direction over the facility for 1 of 2 sampled clients and 2 additional clients (clients A, C and D), to implement its written policy and procedure to prevent abuse and neglect of clients and neglected to conduct investigations in regard to allegations of abuse.</p> <p>Please refer to W154: The Governing Body neglected to exercise general operating direction over the facility for 1 of 2 sampled clients and 2 additional clients (clients A, C and D), to provide written evidence thorough investigations were conducted in regard to allegations of abuse.</p> <p>Please refer to W189: The Governing Body neglected to exercise general operating direction over the facility for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), to ensure all staff who worked with clients A, B, C</p>		<p>times.</p> <p>All current and new staff will be retrained on the following:</p> <ul style="list-style-type: none"> <li>i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served.</li> <li>ii. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques.</li> </ul> <p>F. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, and that all staff training is documented and available for review.</p> <p>G. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect.</p>	

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	<p>and D were sufficiently trained to assure competence in regard to the clients' behavioral needs/plans and documentation of 15 minute checks.</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00172902.</p> <p>9-3-1(a)</p>		<p>A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed including use of HRC approved physical restraints as necessary and documentation of required 15 minute checks, and to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect.</p> <p>This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies. When this has been determined, the Area Director will revise the</p>		

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W 0120  Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview, the facility failed to ensure the contracted behaviorist provided sufficient staff training and oversight to meet the behavioral support needs of 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D).</p> <p>Findings include:</p> <p>A request for the facility's records was made on 7/8/15 at 2:40 P.M.. No General Event Reports/Internal Reports (GER/IR), Daily Progress Notes or investigation records were submitted for review.</p> <p>On 7/10/15 at 3:20 P.M., the Area</p>	W 0120	<p>monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan.</p> <p><b>Will be completed by: 8/9/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist</b></p> <p><b>W 120 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</b></p> <p>In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, and that the behaviorist provides sufficient staff training and oversight to meet each Individuals' behavioral support needs.</p>	08/09/2015	

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	<p>Director (AD) submitted GER/IR reports for review. Review of the records indicated:</p> <p>-GER dated 6/17/15 involving client C indicated: "Upon staff arrival [client C] informed staff that a coworker hit him in the face while at work for no reason. Staff checked for visible marks, asked if there was any pain and if he wanted a prn (as needed), he said no. Area Director was notified about situation. There were no visible marks."</p> <p>-GER dated 6/23/15 involving client A indicated: "[Client A] was having severe behaviors with staff and his housemates per [Area Director (AD)] states to give [client A] his prn medication Olanzapine 5 mg (milligram) (schizophrenia). When trying to give it to [client A] he knocked it out of my hand and pills went flying all over the floor with glass that was on the floor from [client A] knocking the window out. [Client A] was in his room. He began to hit and kick his door. He was yelling and being verbally aggressive. Once he came out of his room, he began to hit the wall. Staff tried redirecting him. He then moved into the laundry room throwing things around. He came into thew (sic) dining room and flipped over the tables and chairs. Staff tried to redirect once again. He then</p>		<p>The Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, and that all staff training is documented and available for review.</p> <p>The behaviorist will retrain all current and new staff on each Individual's BSP, including HRC approved/authorized physical intervention techniques.</p> <p>A trained Area Director and/or Program Director/QDDP will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, and that the behaviorist provides sufficient staff training and oversight to meet each Individuals' behavioral support needs.</p> <p>This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director,</p>	

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	<p>started to attack staff. Staff blocked and moved. He continued to come after staff, this resulted in staff getting hit in the mouth. Once he could no longer get to staff, he came after house mate. He hit house mate (client D) in the face and head a few times. [AD] was notified before things started to get out of hand. He informed staff it was ok to call the police. At that time [client A] took off walking and staff followed keeping him in the line of sight. The police finally came and was able to get [client A] in the car. He is now in [County jail]. He was bleeding on his hand from hitting the window. No other injuries were found." There were no visible marks."</p> <p>-GER dated 7/3/15 involving client C indicated: "When [client C] was asked to step out of the office while housemate was checking his blood sugar, he became aggravated. He walked out the office and called staff member stupid and a n-----r. He then went to his room and slammed the door. At about 4:30 P.M. [client C] came to the office again and stated that he wanted to speak with the area director. Staff explained that he would have to speak to on call PD (Program Director) because area director was on PTO (Personal Time Off) for the day. He then called the on call PD and stated that staff was treating him wrong and calling</p>		<p>and State Director that all staff have demonstrated competency in all Individuals' Plans/Protocol, including the use of HRC approved/authorized physical intervention techniques and documentation of 15 minute checks.</p> <p><b>Will be completed by: 8/9/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QDDP, and Behaviorist</b></p>				

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	<p>him out of his name. He then stated that he no longer wanted staff to work there and that he wanted to just get staff in trouble. On call PD talked with staff and [client C] calmed down and later apologized to staff members."</p> <p>A review of client A's record was conducted on 7/9/15 at 12:50 P.M.. Review of the record did not indicate the contracted Behaviorist provided weekly behavior services to client A at the group home.</p> <p>A review of client B's record was conducted on 7/9/15 at 1:10 P.M.. Review of the record did not indicate the contracted Behaviorist provided weekly behavior services to client B at the group home.</p> <p>A review of client C's record was conducted on 7/9/15 at 1:20 P.M.. Review of the record did not indicate the contracted Behaviorist provided weekly behavior services to client C at the group home.</p> <p>A review of client D's record was conducted on 7/9/15 at 1:45 P.M.. Review of the record did not indicate the contracted Behaviorist provided weekly behavior services to client D at the group home.</p>			

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	<p>An interview with the Area Director (AD) was conducted on 7/10/15 at 3:50 P.M.. The AD indicated the contract Behaviorist should be at the group home at least 10 hours per week. When asked for documentation to indicate when the behaviorist went to the group home weekly, the AD indicated there was no documentation at the facility to indicate the facility kept track of when the contract behaviorist provided services at the group home on a weekly basis from 5/22/15 to 7/1/15.</p> <p>A review of the contract Behaviorist contract dated 12/16/13 was conducted on 7/9/15 at 6:00 P.M.. Review of the contract indicated in part but not limited to: "...Time Devoted by Behavioral Consultant. It is anticipated the behavioral consultant will spend approximately 40-45 hours per month in each ESN (Extensive Support Needs) home for a total of 80-90 hours per month in fulfilling its obligation under this contract. The particular amount of time may vary from day to day or week to week with the exception being the behavior consultant will spend 10 hours of direct observation in each home weekly. However, the behavior consultant shall devote a minimum of of 40 hours per month per home to its duties</p>			

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	<p>in accordance with this agreement....Review services: The Behavioral Consultant will perform reviews of Behavioral Support Plans...The review will be completed as each document is written/rewritten for each consumer, generally upon admission, annually, and as new behavioral needs emerge...."</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>						
W 0149 Bldg. 00	<p>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.</p> <p>Based on record review and interview, the facility neglected for 1 of 2 sampled clients and 2 additional clients (clients A, C and D), to implement its written policy and procedure to prevent abuse and neglect of clients and neglected to</p>	W 0149	<p><b>W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS</b></p> <p>In conjunction with the Plan of Corrections for all other citations in</p>	08/09/2015			

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	<p>conduct investigations in regard to allegations of abuse.</p> <p>Findings include:</p> <p>A request for the facility's records was made on 7/8/15 at 2:40 P.M.. No General Event Reports/Internal Reports (GER/IR), Daily Progress Notes or investigation records were submitted for review.</p> <p>On 7/10/15 at 3:20 P.M., the Area Director (AD) submitted GER/IR reports for review. Review of the records indicated:</p> <p>-GER dated 6/17/15 involving client C indicated: "Upon staff arrival [client C] informed staff that a coworker hit him in the face while at work for no reason. Staff checked for visible marks, asked if there was any pain and if he wanted a prn (as needed), he said no. Area Director was notified about situation. There were no visible marks." Further review of the record failed to indicate an investigation was conducted in regard to this allegation of abuse.</p> <p>-GER dated 6/23/15 involving client A indicated: "[Client A] was having severe behaviors with staff and his housemates per [Area Director (AD)] states to give</p>		<p>this survey, Area Director (AD), Program Director/QIDP, nurse, and Behaviorist will review this Standard.</p> <p>All current and new staff will be retrained on the following:</p> <p>i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served.</p> <p>ii. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques.</p> <p>A. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect.</p> <p>B. Nurse has been trained to promptly assess any Individual for injury after any allegation of abuse, to notify Program Director/QIDP and/or Area Director of results, and to document this assessment in the Individual's chart. Any injury will</p>	

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	[client A] his prn medication Olanzapine 5 mg (milligram) (schizophrenia). When trying to give it to [client A] he knocked it out of my hand and pills went flying all over the floor with glass that was on the floor from [client A] knocking the window out. [Client A] was in his room. He began to hit and kick his door. He was yelling and being verbally aggressive. Once he came out of his room, he began to hit the wall. Staff tried redirecting him. He then moved into the laundry room throwing things around. He came into thew (sic) dining room and flipped over the tables and chairs. Staff tried to redirect once again. He then started to attack staff. Staff blocked and moved. He continued to come after staff, this resulted in staff getting hit in the mouth. Once he could no longer get to staff, he came after house mate. He hit house mate (client D) in the face and head a few times. [AD] was notified before things started to get out of hand. He informed staff it was ok to call the police. At that time [client A] took off walking and staff followed keeping him in the line of sight. The police finally came and was able to get [client A] in the car. He is now in [County jail]. He was bleeding on his hand from hitting the window. No other injuries were found. There were no visible marks." Further review of the record failed to indicate an		be promptly treated to ensure the individual's health and safety.  Area Director will follow-up promptly with nurse after any allegation of abuse/neglect to ensure nurse has promptly evaluated the Individual for Injury and documented results.  <b>Will be completed by: 8/9/15</b>  <b>Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist</b>				

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	<p>investigation was conducted in regard to this incident.</p> <p>-GER dated 7/3/15 involving client C indicated: "When [client C] was asked to step out of the office while housemate was checking his blood sugar, he became aggravated. He walked out the office and called staff member stupid and a n----r. He then went to his room and slammed the door. At about 4:30 P.M. [client C] came to the office again and stated that he wanted to speak with the area director. Staff explained that he would have to speak to on call PD (Program Director) because area director was on PTO (Personal Time Off) for the day. He then called the on call PD and stated that staff was treating him wrong and calling him out of his name. He then stated that he no longer wanted staff to work there and that he wanted to just get staff in trouble. On call PD talked with staff and [client A] calmed down and later apologized to staff members." Further review of the record failed to indicate an investigation was conducted in regard to this allegation of abuse.</p> <p>A review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 2/27/14 was conducted at the facility's administrative office on 7/10/15 at 12:30 P.M. and</p>			

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	<p>indicated, in part, the following:                      "Dungarvin believes that each individual has the right to be free from mental, emotional and physical abuse in his/her daily life....Abuse, neglect or exploitation of the individuals' served is strictly prohibited in any Dungarvin service delivery setting....Physical abuse is defined as any act which constitutes a violation of the assault, prostitution or criminal sexual conduct statutes including intentionally touching another person in a rude, insolent or angry manner, willful infliction of injury, unauthorized restraint/confinement resulting from physical or chemical intervention....Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in a individual's presence with intent to cause fear of retaliation, fear of confinement or restraint, cause an individual to experience emotional humiliation or distress...Neglect is defined as failure to provide appropriate care, supervision, or training, failure to provide food and medical services as needed, failure to provide a safe, clean and sanitary environment and failure to</p>			

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	<p>provide medical supplies/safety equipment as indicated in the individual's Individual Support Plan (ISP)....The Supervisor, or Program Coordinator/Senior Director, or his/her delegate will conduct a thorough investigation of the reported incident. The investigation will include the following:</p> <ol style="list-style-type: none"> <li>1. Review of witnesses.</li> <li>2. Any evidence or previous abuse or neglect.</li> <li>3. All other evidence to determine the veracity and seriousness of the charge."</li> </ol> <p>An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 7/10/15 at 3:50 P.M.. The AD indicated there were no investigations available for review. The AD indicated all allegations of abuse and neglect should be investigated. No written documentation was submitted for review to indicate a thorough investigation was conducted in regard to this allegation of abuse.</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint</p>			

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	#IN00172902.  9-3-2(a)				
W 0154  Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 2 sampled clients and 2 additional clients (clients A, C and D), the facility failed to provide written evidence thorough investigations were conducted in regard to allegations of abuse.  Findings include:  A request for the facility's records was made on 7/8/15 at 2:40 P.M.. No General Event Reports/Internal Reports (GER/IR), Daily Progress Notes or	W 0154	W 154 483.420(d)(3) STAFF TREATMENT of CLIENTS  In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD), Program Director/QIDP and Behaviorist will review this Standard.	08/09/2015	

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	<p>investigation records were submitted for review.</p> <p>On 7/10/15 at 3:20 P.M., the Area Director (AD) submitted GER/IR reports for review. Review of the records indicated:</p> <p>-GER dated 6/17/15 involving client C indicated: "Upon staff arrival [client C] informed staff that a coworker hit him in the face while at work for no reason. Staff checked for visible marks, asked if there was any pain and if he wanted a prn (as needed), he said no. Area Director was notified about situation. There were no visible marks." Further review of the record failed to indicate an investigation was conducted in regard to this allegation of abuse.</p> <p>-GER dated 6/23/15 involving client A indicated: "[Client A] was having severe behaviors with staff and his housemates per [Area Director (AD)] states to give [client A] his prn medication Olanzapine 5 mg (milligram) (schizophrenia). When trying to give it to [client A] he knocked it out of my hand and pills went flying all over the floor with glass that was on the floor from [client A] knocking the window out. [Client A] was in his room. He began to hit and kick his door. He was yelling and being verbally</p>		<p>The Area Director and Program Director/QIDP have been retrained on ensuring the facility implements its written policies and procedures to prevent abuse/neglect through ensuring thorough investigations are conducted into any allegation of abuse/neglect.</p> <p>The Program Director/QIDP will promptly report to the Area Director, per Policy, and the Area Director will monitor and ensure compliance with this Standard and Agency Policy/Procedure in regards to completing thorough investigations.</p> <p><b>Will be completed by: 8/9/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist</b></p>		

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	<p>aggressive. Once he came out of his room, he began to hit the wall. Staff tried redirecting him. He then moved into the laundry room throwing things around. He came into thew (sic) dining room and flipped over the tables and chairs. Staff tried to redirect once again. He then started to attack staff. Staff blocked and moved. He continued to come after staff, this resulted in staff getting hit in the mouth. Once he could no longer get to staff, he came after house mate. He hit house mate (client D) in the face and head a few times. [AD] was notified before things started to get out of hand. He informed staff it was ok to call the police. At that time [client A] took off walking and staff followed keeping him in the line of sight. The police finally came and was able to get [client A] in the car. He is now in [County jail]. He was bleeding on his hand from hitting the window. No other injuries were found." There were no visible marks." Further review of the record failed to indicate an investigation was conducted in regard to this incident.</p> <p>-GER dated 7/3/15 involving client C indicated: "When [client C] was asked to step out of the office while housemate was checking his blood sugar, he became aggravated. He walked out the office and called staff member stupid and a n-----r.</p>			

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	<p>He then went to his room and slammed the door. At about 4:30 P.M. [client C] came to the office again and stated that he wanted to speak with the area director. Staff explained that he would have to speak to on call PD (Program Director) because area director was on PTO (Personal Time Off) for the day. He then called the on call PD and stated that staff was treating him wrong and calling him out of his name. He then stated that he no longer wanted staff to work there and that he wanted to just get staff in trouble. On call PD talked with staff and [client A] calmed down and later apologized to staff members." Further review of the record failed to indicate an investigation was conducted in regard to this incident.</p> <p>An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 7/10/15 at 3:50 P.M.. The AD indicated there were no investigations available for review. The AD indicated all allegations of abuse and neglect should be investigated. No written documentation was submitted for review to indicate a thorough investigation was conducted in regard to this allegation of abuse.</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a</p>			

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W 0189 Bldg. 00	<p>systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00172902.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), the facility failed to ensure all staff who worked with clients A, B, C and D were sufficiently trained to assure competence in regard to the clients' behavioral needs/plans and documentation of 15 minute checks.</p> <p>Findings include:</p>	W 0189	<p>W 189 483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD), Program Director/QIDP, nurse, and Behaviorist will review this Standard.</p>	08/09/2015

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	<p>A request of the facility's investigation records was made on 7/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>1. -BDDS report dated 6/23/15 involving client A indicated: "Incident Type: Elopement-Evasion of required supervision as described in ISP (Individual Support Plan) as necessary for health and safety....[Client A] was having severe behaviors with staff and his housemates per [Area Director (AD)] states to give [client A] his prn medication Olanzapine 5 mg (milligram) (schizophrenia). When trying to give it to [client A] he knocked it out of my hand and pills went flying all over the floor with glass that was on the floor from [client A] knocking the window out. [Client A] was in his room. He began to hit and kick his door. He was yelling and being verbally aggressive. Once he came out of his room, he began to hit the wall. Staff tried redirecting him. He then moved onto the laundry room throwing things around. He came into thew (sic) dining room and flipped over the tables and chairs. Staff tried to redirect once again. He then started to attack staff. Staff blocked and moved. He continued to come after staff, this resulted in staff</p>		<p>The behaviorist will retrain all current and new staff on each Individual's BSP, including HRC approved/authorized physical intervention techniques.</p> <p>A trained Area Director and/or Program Director/QDDP will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure that all staff are demonstrating competency in each Individuals' BSP, including use of approved physical restraints and documentation of required 15 minute checks.</p> <p>This monitoring and supervision will continue until it is evident to each Individual's IDT and the Area Director that all staff have demonstrated competency in all Individuals' Plans/Protocol, including the use of HRC approved/authorized physical intervention techniques and documentation of 15 minute checks.</p> <p><b>Will be completed by: 8/9/15</b></p>	

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	<p>getting hit in the mouth. Once he could no longer get to staff, he came after house mate. He hit house mate (client D) in the face and head a few times. [AD] was notified before things started to get out of hand. He informed staff it was ok to call the police. At that time [client A] took off walking and staff followed keeping him in the line of sight. The police finally came and was able to get [client A] in the car. He is now in [County jail]. He was bleeding on his hand from hitting the window. No other injuries were found."</p> <p>A review of client A's record was conducted on 7/9/15 at 12:50 P.M.. Review of client A's Behavioral Support Plan (BSP) dated 5/15/14 indicated: "BEHAVIORS TO BE DECREASED (CHALLENGING BEHAVIORS/PROBLEM BEHAVIORS": Physical Aggression...Verbal Aggression...Property Destruction...Hierarchy of Physical Interaction of DCI (crisis intervention) Techniques:</p> <p>Physical Redirection/Response Blocking= to change course or direction of momentum. Redirection techniques are used to take advantage of a person's momentum to redirect without holding on</p>		<p><b>Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist</b></p>	

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	<p>to the person. Response blocking is the physical intervention to stop a person's momentum during events of physical aggression without holding on to the person.</p> <p>Releasing=Gaining release from a physical hold; this may involve briefly holding to the hand or the wrist of the person.</p> <p>Walking with or accompanying/Escorting: Walking with a person to give direction, guidance, and protection from harm. Staff may use light, occasional touch or may have to use a support walk with their hand on the upper shoulder and lower arm.</p> <p>Restrictive physical interaction should only be used for the protection from harm and should be terminated as soon as the need for protection is over.</p> <p>Side Body Hug=Standing beside/slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist. This may be combined with another staff repeating this same hold on the other side of the person should a one-person hold prove to be ineffective.</p> <p>More restrictive:</p>			

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	<p>One arm Standing=Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person.</p> <p>Two Person Hold= Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability. Staff on other side with the same stance, bend the person over slightly for three count then raise back up. If client drops to the floor staff is to go with them while maintaining client safety. During this procedure staff should be giving short commands to calm down, take a breath, you are safe; to the individual."</p> <p>2. A review of client A's records was conducted on 7/9/15 at 12:50 P.M.. A review of the client's "Monitor Forms" dated 7/2/15 and 7/3/15 indicated "Visual monitoring is to be completed every 15 minutes! You must see the individual before you can document." Further review indicated no staff documentation every 15 minutes on 7/1/15 from 12:00 A.M. until 11:45 A.M., on 7/2/15 from 7:15 A.M until 2:45 P.M..</p>			

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	<p>A review of client D's records were conducted on 7/9/15 at 1:40 P.M.. A review of the client's Monitor Forms" dated 7/3/15 indicated "Visual monitoring is to be completed every 15 minutes! You must see the individual before you can document." Further review indicated no staff documentation every 15 minutes on 7/3/15 from 12:00 P.M. until 2:45 P.M., on 7/2/15 from 7:15 A.M..</p> <p>A review of staff training records was conducted on 7/10/15 at 1:50 P.M.. Review of the staff training and retraining, client specific training for clients A, B, C and D failed to indicate the Group Home Lead or Qualified Intellectual Disabilities Professional (QIDP) conducted trainings for staff. The training reports indicated DSPs trained each other on client specific training.</p> <p>A review of the facility's "Policy and Procedure Regarding Staff Development and Training dated 1/27/12 was conducted on 7/10/15 at 2:00 P.M. and indicated: "Purpose: The purpose of this policy is to outline Dungarvin's expectations of employees regarding the conditions of employment and the ongoing education provided by Dungarvin and/or outside agencies....The</p>			

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	<p>employee's supervisor, in conjunction with human resources, will ensure that an employee is informed of the orientation requirements and will provide the employee with any information needed to arrange the orientation....Some employee transfers to specific departments and/or service areas may requires additional training, as determined by the garnering supervisor."</p> <p>An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 7/10/15 at 3:50 P.M.. The AD indicated staff were not able to handle client A's physical aggression. The AD indicated all staff who work at the group home with clients A, B, C and D have been trained on their BSPs. The AD indicated all staff should be trained by their supervisor. When asked who the supervisor is, the AD indicated the Group Home Lead (GHL), when asked who is the GHL, the AD indicated there is no GHL at this group home. The AD indicated staff should document on the monitor forms every 15 minutes for clients A and D.</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W 0252  Bldg. 00	<p>9-3-3(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 of 2 sampled clients and 1 additional client (clients A and D), the facility failed to document 15 minute checks as per the clients' "Monitor Forms."</p> <p>Findings include:</p> <p>A review of client A's records were conducted on 7/9/15 at 1:30 P.M.. A review of the client's "Monitor Forms" dated 7/2/15 and 7/3/15 indicated "Visual monitoring is to be completed every 15 minutes! You must see the individual before you can document." Further review indicated no staff documentation</p>			W 0252	<p><b>W 252 483.440(e)(1) PROGRAM DOCUMENTATION</b></p> <p>In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure that staff are completing data collection as required by each individuals' plans.</p> <p>A trained Area Director and/or</p>		08/09/2015

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W 0331  Bldg. 00	<p>every 15 minutes on 7/1/15 from 12:00 A.M. until 11:45 A.M., on 7/2/15 from 7:15 A.M until 2:45 P.M..</p> <p>A review of client D's records were conducted on 7/9/15 at 1:40 P.M.. A review of the client's "Monitor Forms" dated 7/3/15 indicated "Visual monitoring is to be completed every 15 minutes! You must see the individual before you can document." Further review indicated no staff documentation every 15 minutes on 7/3/15 from 12:00 P.M. until 2:45 P.M., on 7/2/15 from 7:15 A.M..</p> <p>An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 7/10/15 at 3:50 P.M.. The AD indicated staff should document on the monitor forms every 15 minutes for clients A and D.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 2 sampled clients and 1 additional client (clients A and D), the facility failed</p>	W 0331	<p>Program Director/QDDP will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure that all required data is being documented promptly, and as required by each Individuals' plan.</p> <p>This monitoring and supervision will continue until it is evident to the Area Director, that all staff have demonstrated competency in all Individuals' Plans/Protocol , including documentation of 15 minute checks.</p> <p><b>Will be completed by: 8/9/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QDDP, and Behaviorist</b></p> <p><b>W 331 483.460(c) NURSING SERVICES</b></p>	08/09/2015	

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	<p>to ensure assessments by a nurse were completed for clients A and D's injuries.</p> <p>Findings include:</p> <p>A request for the facility's records was made on 7/8/15 at 2:40 P.M.. No General Event Reports/Internal Reports (GER/IR), Daily Progress Notes or investigation records were submitted for review.</p> <p>On 7/10/15 at 3:20 P.M., the Area Director (AD) submitted GER/IR reports for review. Review of the records indicated:</p> <p>-GER dated 6/13/15 involving client D indicated: "[Client D] was sitting in the dining room area with staff and individual eating family style dinner. [Client D] had seconds and wanted thirds. Staff applied (sic) to [client D] it would be a great idea if he save (sic) some room for his dessert/snack. [Client D] got upset and jumped up and pushed the bowl on the table and squeezed his fork and screamed and yelled at staff. Staff continue to redirect him and reassure him, that staff was not trying to</p>		<p>In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD), Program Director/QIDP, nurse, and Behaviorist will review this Standard.</p> <p>All current and new staff will be retrained on the following:</p> <p>i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served.</p> <p>A. A Director will thoroughly train all new Program Director/QIDPs upon employment on the requirement for staff to promptly notify the PD/Q AND nurse of any injury, and that the nurse must evaluate that injury promptly and document the evaluation in the individuals' chart.</p> <p>B. Nurse has been trained to promptly assess any Individual for injury after any allegation of abuse, to notify Program Director/QIDP and/or Area Director of results, and to document this assessment in the Individual's chart. Any injury will be promptly treated to ensure the</p>		

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	<p>take anything from him and just making sure he would be able to eat his snacks. [Client D] calmed down and placed his fork down and went to bathroom, staff went to check on him and ask was he okay. [Client D] stated he scratched his hand (left inside palm) small scratch. Staff wiped it and placed a bandage on it." Further review of the record failed to indicate the facility's nurse assessed client D's injury.</p> <p>-GER dated 6/17/15 involving client A indicated: "[Client A] approached staff and explained that he's hurt his leg while walking in his room at approximately 2 P.M.. Staff asked [client A] how he injured his leg and stated that he stumbled. Staff asked [client A] did he inform staff on first shift when it happened and he replied that he didn't want to talk about it. Staff contacted area director and was instructed to check [client A] for any bruises or marks. Staff and other staff checked [client A] for bruises and marks and found nothing. Staff asked [client A] if he was in pain he replied no. Staff asked [client A] if he needed a prn (as needed) and he replied</p>		<p>individual's health and safety.</p> <p>Area Director will follow-up promptly with nurse after any report of an injury to an Individual to ensure nurse has promptly evaluated the Individual for Injury and documented results.</p> <p><b>Will be completed by: 8/9/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist</b></p>	

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	<p>no." Further review of the record failed to indicate the facility's nurse assessed client A for injury after the fall.</p> <p>-GER dated 7/3/15 involving client A indicated: "[Client A] was sitting in the back common area on the couch near the window when staff arrived. When staff went to take [client A] his afternoon meds staff noticed red markings that were slightly swollen on the bridge of his nose. [Client A] was asked what happened and he stated that he did it himself with a cup." Further review of the record failed to indicate the facility's nurse assessed client A's injury.</p> <p>An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 7/10/15 at 3:50 P.M.. The AD indicated the GHN should assess clients' injuries. The AD indicated there was no documentation to indicate the nurse assessed client A and D's injuries.</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W 9999  Bldg. 00	<p>9-3-6(a)</p> <p>State Findings:</p> <p>1. The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by</p>	W 9999	<p><b>W 9999 FINAL OBSERVATIONS</b></p> <p><b>460 IAC 9-3-4 Active Treatment Services</b></p> <p>The QDDP will review all individuals' ISPs to ensure a continuous and aggressive active treatment program which addresses their needs including Vocational and Day services. In the event an Individual's ISP is lacking in a continuous and aggressive active treatment program which addresses their vocational needs, the QDDP will coordinate with the Individual's IDT to complete their program per this Standard. The QDDP will coordinate and develop with input from each Individuals' IDT, an individualized Active treatment</p>	08/09/2015

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	<p>the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 2 of 2 sampled clients residing at the group home (clients A and B).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 7/9/15 from 12:30 P.M. until 3:30 P.M.. During the entire observation period, client A stayed in his bedroom. Client B walked around the group home with no activity. No alternative day service was observed to be provided.</p> <p>A review of client A's records was conducted on 7/9/15 at 1:30 P.M.. A review of the client's record failed to indicate he attended day service.</p> <p>A review of client B's records was conducted on 7/9/15 at 1:50 P.M.. A review of the client's record failed to indicate he attended day service.</p>		<p>Schedule (ATS) for all individuals living in the home and a day program/meaningful day schedule for any individual not attending an outside day program. The QDDP and IDTs will continue to pursue finding an outside day program for the individual needing day program services.</p> <p>To ensure compliance and per Policy, an Area Director, Program Director/QDDP, nurse, or Behaviorist will complete daily observations and at random times, to ensure compliance.</p> <p>Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits ensure compliance with this Standard. After compliance has been demonstrated, a Program Director/Q or Area Director will complete weekly observations to ensure compliance.</p> <p><b>Will be completed by: 8/9/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist</b></p>	

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	<p>An interview with the Area Director/Qualified Intellectual Disabilities Professional (ADQIDP) was conducted on 7/10/15 at 4:15 P.M.. The AD/QIDP indicated clients A and B do not currently attend day services.</p> <p>9-3-4(b)(1)(2)</p> <p>2. 460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 additional client (client C), to report to the Bureau of Developmental Disabilities Services (BDDS) an Emergency Room (ER) visit.</p> <p>Findings include:</p> <p>A request for the facility's records was made on 7/8/15 at 2:40 P.M.. No</p>			

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	<p>General Event Reports/Internal Reports (GER/IR), Daily Progress Notes or investigation records were submitted for review.</p> <p>On 7/10/15 at 3:20 P.M., the Area Director (AD) submitted GER/IR reports for review. Review of the records indicated:</p> <p>-GER dated 6/22/15 involving client C indicated: "[Client C] left from the table were him and staff were working on his alphabet together. Staff followed because it (sic) [client C] was cussing loudly and clearly upset because he had problems remembering a letter. [Client C] slammed his door and proceeded to kick his soccer ball aggressively against his wall. Staff asked [client C] to please stop kicking the ball in his room and that it would be ok to go outside a (sic) kick the soccer ball. [Client C] walked from his room to the other activity room with his soccer ball in his hand, staff walked side by side with [client C] when staff was called to the office because another individuals (sic) blood glucose was high and individual was becoming aggressive with staff documenting the blood glucose results. Staff redirected individual and proceeded back to [client C]. At this time [client C] said look and showed staff his hands. Staff observed that they were</p>			

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	<p>red and immediately asked [client C] if he was in pain and if he needed an ibuprofen. [Client C] stated that he wasn't in pain, so staff placed a (sic) ice pack on [client C] (sic) hands. Staff then contacted supervisor and nurse and was instructed to take [client C] to emergency room. When staff asked [client C] what happen (sic) to his hands [client C] said he didn't know. When staff questioned [client C] again, [client C] told staff that he hit it on [client D]'s door. When staff asked [client C] to show staff exactly where [client C] pointed to the door hinge at the this time staff asked [client C] if he was sure and [client C] said yes. Staff took [client C] for closer observation." Further review failed to indicate this visit for outside medical services was reported to BDDS in a timely manner.</p> <p>A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 7/9/15 at 5:50 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS....Incidents to be reported to</p>			

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	<p>BDDS... Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in of having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>11. An emergency intervention for the individual resulting from:</p> <p style="padding-left: 40px;">a. a physical symptom; b. a medical or psychiatric condition; c. any other event."</p> <p>An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 7/10/15 at 3:50 P.M.. The AD/QIDP indicated the documented incident should have been reported to BDDS within 24 hours. The AD/QIDP further indicated there was no written documentation to indicate the incident was reported to BDDS.</p> <p>This deficiency was cited on 5/22/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(b)</p>						

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