STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G452	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(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 the investigation of complaint #IN00158887. Complaint #IN00158887: SUBSTANTIATED, No deficiencies related to the allegations are cited. Unrelated deficiency cited. Dates of Survey: November 24, 25, and 26, 2014 Facility number: 000966 Provider number: 15G452 AIM number: 100244770 Surveyor: Tim Shebel, LSW This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/4/14 by Ruth Shackelford, QIDP.	W000000		
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			

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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	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 assure the implementation of 1 of 4 sampled clients' behavior plan (client B). Findings include: Client B was observed at the group home during the 11/25/14 observation period from 7:32 A.M. until 8:17 A.M. At 7:53 A.M., client B and client G were standing in the kitchen. Client B walked up to client G and kicked client G's walker causing the walker to move across the kitchen floor. Client B then poked client G several times in the stomach and pointed his finger in client G's face and said, "You ain't nothing." Client B then grabbed the hood of client G's jacket and pulled it down over client G's face. Client B then walked out of the kitchen. During this incident, direct care staff #2 was standing four feet away from clients B and G and watched the entire incident. Direct care staff #2 did not intervene in any manner. Direct care staff #2 did not remind client B to keep his hands to himself nor did direct care staff #2 escort client B to the client B's room. Client B's records were reviewed on	W000249	The staff member who failed to implement the behavior plan received immediate disciplinary action and retraining. On 12/10/14 the Program Director/QIDP retrained all staff at the home on the behavior plan and the expectation that each client must receive a continuous active treatment program consisting of needed interventions and services to support the achievement of the objectives in the individual's program and behavior support plan(s). For the next six weeks, the Program Director / QIDP will complete three active treatment observations per week. During the observations, the Program Director / QIDP will offer immediate feedback to the staff members in an effort to coach the staff that are not providing active treatment and goal implementation and to ensure the staff understand what needs to be done to complete the expectations to accurately implement all plans. The completed active treatment observation forms will be submitted to the Area Director for quality review purposes. The observations will taper as staff continue to demonstrate a full understanding of active treatment	12/26/2014

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	11/25/14 at 9:03 A.M. A review of client B's 10/29/13 Behavior Plan indicated client B displays target behaviors which included, but were not limited to, physical aggression and verbal aggression. Client B's 10/29/13 Behavior Plan further indicated direct care staff were to remind client B to keep his hands to himself and escort the client to his room should he exhibit physically aggressive behaviors. Area Director #1 was interviewed on 11/25/14 at 9:18 A.M. Area Director #1 stated, "Staff (Direct care staff #2) should have implemented [client B's] behavior plan. We will look into this immediately." 9-3-4(a)		and their responsibility to accurately implement plans. Going forward, the Program Director / QIDP will monitor the staff implementation of plans and programs through weekly reviews of the documentation of individual daily goals and narratives for each individual in the home and weekly active treatment observations will be conducted during weekly visits to the home.	