

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 14, 15, 16, and 20, 2015.</p> <p>Facility number: 001015 Provider number: 15G501 AIM number: 100245120</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 January 22, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY 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 assure a recliner in the living room of the facility was in good repair for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 4 of 4 additional clients (clients #5, #6, #7, and</p>	W000104	The chair with the broken foot rest in the living room will be replaced by 2/19/15. The Program Director and Lead DSP have been instructed to replace the chair with another leather or vinyl recliner by 2/19/15. The Program Director will evaluate all other furniture in the home to ensure it is functioning and in	02/19/2015

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>#8).</p> <p>Findings include:</p> <p>The group home where clients #1, #2, #3, #4, #5, #6, #7 and #8 resided was inspected during the 1/14/15 observation period from 3:38 P.M. until 5:45 P.M. A recliner chair in the living room had a broken foot rest which was hanging down to the floor.</p> <p>Program Director #2 was interviewed on 1/16/15 at 11:51 A.M. Program Director #1 stated, "We (the facility) will be repairing the recliner."</p> <p>9-3-1(a)</p> <p>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 dental hygiene objectives for 2 of 4</p>	W000249	<p>good repair. In the event that other furniture items are found to be in disrepair they will be replaced or repaired. For two weeks and then until compliance has been demonstrated, the Program Director will complete twice weekly site visits to ensure the home is free of hazards and/or any health and safety issues concerning the maintenance of the home and furniture therein. Thereafter, the Program Director will complete these checks at least weekly. System wide, all Program Director/QIDPs, and House Managers will review this standard and assure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>The staff who failed to implement the objectives correcting will receive reminders. The Program</p>	02/19/2015			

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	<p>sampled clients with dental hygiene objectives (clients #1 and #4).</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 1/15/15 observation period from 6:22 A.M. until 8:00 A.M. During the observation period, direct care staff #1 prompted client #1 to brush her teeth. Client #1 retrieved her toothbrushing supplies and entered the bathroom and closed the door. Client #1 exited the bathroom within one minute and put her toothbrushing supplies away and sat in the living room. Direct care staff #1, #4, and #5 did not observe client #1 brush her teeth or set a timer to assure the client brushed her teeth for two minutes.</p> <p>Client #4 was observed at the group home during the 1/15/15 observation period from 6:22 A.M. until 8:00 A.M. During the observation period, direct care staff #1 prompted client #4 to brush her teeth. Client #4 retrieved her toothbrushing supplies and entered the bathroom and closed the door. Client #1 exited the bathroom and put her toothbrushing supplies away and then went to her bedroom. Direct care staff #1, #4, and #5 did not observe or assist client #4 with brushing her teeth.</p>		<p>Director/QIDP will retrain all staff at the home on the proper implementation of the objectives 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 plan(s) by 2/19/15. 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 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</p>		

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W000312	<p>Client #1's record was reviewed on 1/15/15 at 8:01 A.M. A review of the client's 11/5/14 Individual Program Plan indicated client #1 had the following dental hygiene objective: "[Client #1] will set timer for 2 minutes and brush her teeth for that long."</p> <p>Client #4's record was reviewed on 1/15/15 at 10:07 A.M. A review of the client's 11/6/14 Individual Program Plan indicated client #4 had the following dental hygiene objective: "Brush teeth twice daily with staff assistance."</p> <p>Program Director #2 was interviewed on 1/16/15 at 11:51 A.M. Program Director #2 stated, "Staff (direct care staff) should have run their (client #1 and #4's) objectives as they were written to be implemented."</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan</p>		<p>weekly active treatment observations will be conducted during weekly visits to the home.</p> <p>System wide, all Program Director/QIDPs, and House Managers will review this standard and assure that this concern is being addressed at all Dungarvin ICF-IDs.</p>				

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	<p>that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to assure psychotropic drug usage was addressed in the Individual Program Plan of 1 of 2 sampled clients (client #4), receiving psychotropic medication.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 1/15/15 at 10:07 A.M. The review of the client's 1/15 Medication Administration Record indicated the client was receiving Seroquel (anti-psychosis medication). Review of the client's 11/6/14 Individual Program Plan failed to indicate an active treatment component had been implemented which addressed client #4's use of the Seroquel and the management of the client's associated symptomatic behaviors.</p> <p>Direct care staff #1 was interviewed on 1/15/15 at 10:15 A.M. Direct care staff #1 stated, "[Client #4] had an episode last February (2/14) where she was hospitalized with a diagnosis of acute psychosis. She (client #4) continues to take the Seroquel for that diagnosis."</p> <p>Program Director #2 was interviewed on</p>	W000312	<p>The Behavior Intervention Program for client #4 will be revised to include all current psychotropic medications by 2/19/15. The Program Director / QIDP has been retrained on the expectation that all psychotropic drug usage will be addressed in the Individual Program Plan through the Behavior Intervention Program.</p> <p>System wide, all Program Director/QIDPs, and House Managers will review this standard and assure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	02/19/2015			

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W000336	<p>1/16/15 at 11:51 A.M. Program Director #2 stated, "[Client #4's] Seroquel needs to be attached to a Behavior Management Plan."</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to assure nursing assessments were conducted at least quarterly (every three months) for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 1/15/15 at 8:01 A.M. A review of the client's quarterly nursing assessments from 1/1/14 to 1/15/15 indicated only one quarterly nursing assessment was completed on 1/13/15. No additional nursing assessments for the 1/1/14 to 1/15/15 time frame were available for</p>	W000336	<p>We have reviewed this concern for all 8 individuals residing at the facility. The previous facility nurse left employment in November and other nurses employed by Dungarvin were filling in until January when the current, permanent facility nurse took over. Since then the nursing quarterlies for all individuals in the home have been updated and are current. The Program Director / QIDP, and the facility nurse will be retrained on the expectation that a full year of nursing quarterlies are expected to be filed in the medical file at any given time and will be completed at least quarterly for every client in the home. System wide, all Program Director/QIDPs and Facility Nurses will review this</p>	02/19/2015	

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	<p>review.</p> <p>Client #2's records were reviewed on 1/15/15 at 9:19 A.M. A review of the client's quarterly nursing assessments from 1/1/14 to 1/15/15 indicated quarterly nursing assessments were completed on 1/13/15 and 2/20/14. The review failed to indicate the client's nursing assessments were completed at least quarterly (every three months).</p> <p>Client #3's records were reviewed on 1/15/15 at 8:45 A.M. A review of the client's quarterly nursing assessments from 1/1/14 to 1/15/15 indicated quarterly nursing assessments were completed on 1/13/15 and 3/20/14. The review failed to indicate the client's nursing assessments were completed at least quarterly (every three months).</p> <p>Client #4's records were reviewed on 1/15/15 at 10:07 A.M. A review of the client's quarterly nursing assessments from 1/1/14 to 1/15/15 indicated quarterly nursing assessments were completed on 1/13/15 and 2/26/14. The review failed to indicate the client's nursing assessments were completed at least quarterly (every three months).</p> <p>Area Director #1 was interviewed on 1/15/15 at 10:59 A.M. Area Director #1</p>		standard and ensure that this concern is being addressed at all Dunganvin ICF's.				

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	<p>stated, "Our nurse left employment last August (8/14) and we had missed completing some of our quarterly nursing assessments."</p> <p>9-3-6(a)</p>				