

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2013
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 16, 17, and 18, 2013.</p> <p>Facility number: 000993 Provider number: 15G479 AIM number: 100244950</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 10/28/13 by W. Chris Greeney QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed to assist with securing guardianship for 1 of 4 sampled clients (client #2) assessed as needing a guardian.</p> <p>Findings include:</p>	W000125	<p>Corrective Action- Prior to the annual survey, the program director/QDDP, had contacted the La Porte County Council on Aging requesting the agency take over guardianship for the individual. The LaPorte County Council on Aging had agreed to apply for guardianship for this individual</p>	11/08/2013

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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	<p>Client #2 was observed at the group home on 10/16/13 from 2:56 P.M. until 5:22 P.M., on 10/17/13 from 5:44 A.M. until 7:57 A.M., and at the day program on 10/17/13 from 11:47 A.M. until 12:45 P.M.. During the observations, client #2 sat in a wheelchair and, scooted self around the area, participating in minor recreational activities, with verbal prompts from staff, and verbally made simple wants and needs known to staff.</p> <p>Client #2's record was reviewed on 10/17/13 at 9:07 A.M.. Review of client #2's 6/27/13 Individual Program Plan indicated the client had diagnoses which included, but were not limited to "Mental Retardation and Seizure Disorder." Further review of client #2's Individual Program Plan indicated client #2 "Needs guardian, in progress through the Council on Aging." Review of client #2's 12/14/12 Informed Consent Assessment indicated the client "needs guardian."</p> <p>House Manager #1 was interviewed on 10/18/13 at 9:03 A.M.. House Manager #1 indicated client #2 could not make informed decisions himself and the facility had been working with client #2's family to assist him in obtaining</p>		<p>and a court date is scheduled in November to finalize the guardianship. By November the individual will have a guardian to assist with his advocacy needs. Sytematic Correction- The area director will re-train all the program directors on the importance of ensuring the advocacy needs of the individuals are assessed annually. Should the assessment show the individual is in need of an advocate or guardian, the program director will discuss the need with the individual's Team. The program director will see if there are family members or friends who would be willing to assist the individual in life decisions. In the case of the individual not having any current contacts that will assist with making life decisions, the program director will contact outside guardian agencies to find a suitable guardian for the individual.</p>				

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W000249	<p>guardianship services. House Manager #1 further indicated client #2's family decided not to be involved as the client's guardian due to monetary concerns. House Manager #1 indicated the facility was presently working with the area Council on Aging to secure guardian services for client #2 and a court date to seek guardianship services for client #2 was scheduled for November, 2013.</p> <p>9-3-2(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 active treatment programs during times of opportunity for 2 of 4 sampled clients (clients #2 and #3).</p> <p>Findings include:</p> <p>1. Client #2 was observed at the group home on 10/16/13 from 2:56 P.M. until</p>	W000249	<p>Corrective action- The program director/QDDP will re-train the staff on the importance of ensuring active treatment programs are followed for the individuals. The staff will be re-trained on the individual's active treatment program to wipe his mouth. The staff will be re-trained on the individual's active treatment program to wear eyeglasses. The program</p>	11/08/2013			

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	<p>5:22 P.M., on 10/17/13 from 5:44 A.M. until 7:57 A.M., and at the day program on 10/17/13 from 11:47 A.M. until 12:45 P.M.. During the observations, client #2 drooled constantly and did not have a handkerchief. Direct care staff #1, #2, #3, #4, #5 and #6; and workshop staff #2 and #3, did not prompt client #2 to wipe his mouth with a handkerchief.</p> <p>Client #2's record was reviewed on 10/17/13 at 9:07 A.M.. Review of client #2's 6/27/13 Individual Support Plan indicated the client had the following active treatment objective which could have been implemented during the 10/16/13 and 10/17/13 observation periods: "1. Carry handkerchief, staff will prompt [client #2] to use handkerchief to wipe his mouth."</p> <p>House Manager #1 was interviewed on 10/18/13 at 9:03 A.M.. House Manager #1 indicated direct care staff and work shop staff should have encouraged client #2 to carry a handkerchief and to use it to wipe his mouth.</p> <p>2. Client #3 was observed at the group home on 10/16/13 from 2:56 P.M. until 5:22 P.M. and on 10/17/13 from 5:44 A.M. until 7:57 A.M., and at day program on 10/17/13 from 11:47 A.M. until 12:45 P.M.. During the</p>		<p>director/QDDP will conduct at least two site visits at the home for a month. Should the Program Director find the staff are routinely prompting the individuals to wear adaptive equipment within a month, the site visits will be reduced to once a week. Should the Program Director find the staff are still not prompting individuals appropriately, then the additional site visit will be completed until the staff are consistently prompting the individuals. During the visits, the program director/QDDP will observe staff running all active treatment programs. Should the staff fail to complete an active treatment program, the program director will prompt the staff to run the program and re-train the staff to ensure the staff understands the program that needs to be completed. The area director will complete quarterly site visits in the home and will ensure that the staff are running active treatment programs. Systematic Correction- The area director will re-train all the program directors on the importance of ensuring that there are active treatment programs in place for individuals. The area director will re-train all the program directors on the expectation that all staff that work in a home are trained on the active treatment programs that have been developed. The area director will re-train the program directors to observe active</p>				

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W000436	<p>observations, client #3 was not observed to wear eyeglasses. Direct care staff #1, #2, #3, #4, #5 and #6; and workshop staff #2 and #3, did not prompt client #3 to wear eyeglasses.</p> <p>Client #3's record was reviewed on 10/17/13 at 8:28 A.M.. Review of client #3's 8/13/13 Individual Support Plan indicated the client had the following active treatment objective which could have been implemented during the 10/16/13 and 10/17/13 observation periods: "1. Wear eyeglasses for a minimum of 7 hours a day."</p> <p>House Manager #1 was interviewed on 10/18/13 at 9:03 A.M.. House Manager #1 indicated direct care staff and work shop staff should have encouraged client #3 to wear her eyeglasses.</p> <p>9-3-4(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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>treatment programs while completing weekly site visits to ensure that staff are implementing the programs as written. All area directors will be in the homes a minimum of once a quarter and will observe the staff's implementation of active treatment goals during the visits.</p>				

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	<p>Based on observation, record review, and interview, the facility failed to assure 1 of 3 sampled clients with adaptive equipment (clients #2) was prompted to wear his eyeglasses.</p> <p>Findings include:</p> <p>Client #2 was observed at the group home on 10/16/13 from 2:56 P.M. until 5:22 P.M., on 10/17/13 from 5:44 A.M. until 7:57 A.M., and at the day program on 10/17/13 from 11:47 A.M. until 12:45 P.M.. During the observations, client #2 was not observed to wear eyeglasses. Direct care staff #1, #2, #3, #4, #5 and #6; and workshop staff #2 and #3, were not observed to prompt or assist client #2 to wear eyeglasses.</p> <p>Client #2's record was reviewed on 10/17/13 at 9:07 A.M.. Review of client #2's 1/15/13 vision exam indicated the client was to wear prescribed eyeglasses.</p> <p>House Manager #1 was interviewed on 10/18/13 at 9:03 A.M.. House Manager #1 indicated direct care staff and work shop staff should have encouraged or assisted client #2 to wear his eyeglasses.</p> <p>9-3-7(a)</p>	W000436	<p>Corrective Action- The program director will re-train the staff on the expectation that any individuals that have adaptive equipment, such as glasses or hearing aids, will be prompted to utilize the adaptive equipment. The program director will re-train the staff on the adaptive equipment for each individual in the home and the times that staff will be checking to ensure the individual is wearing the adaptive equipment. The program director will complete two on-site visits in the home and will be ensuring the individuals are utilizing the adaptive equipment as ordered. This additional monitoring will occur until staff regularly prompt the individuals to wear adaptive equipment. Should the program director observe an individual not utilizing adaptive equipment, the program director will observe if the staff prompt the individual to use that equipment. The program director will re-train staff, including disciplinary action, when the staff are not ensuring that adaptive equipment is being used or prompting the individual to use the equipment. The area director will conduct on-site visits at least quarterly and will observe the individuals to ensure adaptive equipment is being used. Should the area director find that an individual is not using adaptive equipment and staff are not prompting the individual to use the equipment, the staff will</p>	11/08/2013	

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			<p>be re-trained on the expectation. Systematic Correction- The area director will re-train all the program directors on the importance of ensuring individuals are utilizing adaptive equipment as ordered. The area director will emphasize that an individual has the right to refuse to use adaptive equipment, but the staff must prompt the individual to use the adaptive equipment. The area director will re-train all the program directors on the expectation that weekly on-site visits are conducted. During the visit, the program director will ensure that the individuals are utilizing adaptive equipment or being prompted to utilize the equipment by staff. Should the program director see an individual not using adaptive equipment and staff failing to prompt the individual, the program director will address this with the staff who failed to prompt or ensure adaptive equipment was being used. The area directors will conduct quarterly on site visits and will ensure that the adaptive equipment is being used or staff prompting to ensure the adaptive equipment is being used appropriately.</p>	