

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G757	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/10/2016
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 304 3RD ST FLORA, IN 46929
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with the post-certification revisit survey (PCR) to the investigation of complaint #IN00195280 completed on 3/28/16.</p> <p>Dates of Survey: 5/5, 5/6, and 5/10/16.</p> <p>Facility number: 011817 Provider number: 15G757 AIM number: 200940180</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/17/16.</p>	W 0000		
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. Based on record review and interview for 2 of 2 allegations of abuse, neglect and exploitation the facility neglected to</p>	W 0149	W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS	06/09/2016

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>implement its written policy and procedures to prevent exploitation of clients #2 and #3. The facility neglected to conduct a thorough investigation in regards to missing money for clients #2 and #3. The facility neglected to implement its recommended corrective action in regards to missing money for clients #2 and #3.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and investigations were reviewed on 5/5/16 at 11:31 am. The 3/25/16 reportable incident report for client #2 indicated "Staff discovered [client #2's] house mate was missing money from her petty cash. House manager checked all housemates petty cash and discovered [client #2] was missing \$42.00 in petty cash. [Name of facility] is investigating what happened to [client #2's] money. [Name of facility] will reimburse [client #2] her money if it is not recovered". The 3/25/16 reportable incident for client #3 indicated "Staff went into [client #3's] petty cash book to get the cash from her state tax return to take with [client #3] and staff to a therapeutic visit to [client #3's] mother's house down state. Staff discovered that the bank envelop (sic) where the money had been only contained the check stub from the tax</p>		<p>The Area Director (AD), QIDP, and House Manager will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, that a thorough investigation is conducted, and that corrective action is promptly implemented.</p> <p>1. QIDP, Behaviorist, and House Manager will be retrained on this Standard.</p> <p>2. All staff in the home will be retrained on Agency Policy and Procedure concerning abuse, neglect, and exploitation of an individual served, and on Agency Policy and Procedure concerning Individuals' finances.</p> <p>3. The refund checks for clients #2 and #3 will be cashed and made available to them.</p> <p>The QIDP, House Manager, Behaviorist, AD, or other designated trained-trainer, will audit the petty cash ledgers daily, to ensure staff are accurately accounting for all Individuals' monies for two weeks and until compliance is demonstrated by all staff. Thereafter, to ensure continued compliance, these audits will occur at least weekly, as needed, and at random.</p> <p><b>Will be completed by: 6/9/16 Persons Responsible: QIDP, House Manager, Behaviorist, AD,</b></p>				

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	<p>return. [Client #3] is missing \$89.00 in cash. [Name of facility] is conducting an investigation to determine what happened to [client #3's] cash. [Name of facility] will reimburse [client #3] her lost money if it is not recovered".</p> <p>The facility's 6/1/15 Policy and Procedure Concerning Abuse, Neglect and Exploitation was reviewed on 5/6/16 at 1:39pm. The Policy and Procedure Concerning Abuse, Neglect and Exploitation indicated "Abuse, neglect or exploitation of individuals' served is strictly prohibited in any [name of facility] services delivery setting". The Policy and Procedure Concerning Abuse, Neglect and Exploitation indicated exploitation is "unauthorized use of the personal services, property or financial resources, or identify of an individual".</p> <p>The facility's 2/27/14 Policy and procedure concerning individual finances was reviewed on 5/6/16 at 1:39pm. The Policy and procedure concerning individual finances indicates "The purpose of this policy is to establish guidelines and procedures that protect the individual served's right to manage his or her own money and also protect the individual served from loss. Employees are not permitted to borrow money from an individual, purchase personal items</p>		<p><b>or othertrained-trainer</b></p>		

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	<p>from an individual, sell merchandise or personal services to an individual, or apply for credit utilizing the individual's identity".</p> <p>An interview with the House Manager and the Area Director was conducted on 5/6/16 at 2:56pm. When asked if the staff should follow the facility's policy on abuse, neglect and exploitation, the Area Director stated "Yes". When asked if the staff should follow the policy and procedure concerning individual finances the Area Director stated "Yes".</p> <p>2. The facility's reportable incident reports and investigations were reviewed on 5/5/16 at 11:31am. The 3/25/16 reportable incident report for client #2 indicated "Staff discovered [client #2]'s house mate was missing money from her petty cash. House manager checked all housemates petty cash and discovered [client #2] was missing \$42.00 in petty cash. [Name of facility] is investigating what happened to [client #2's] money. [Name of facility] will reimburse [client #2] her money if it is not recovered".</p> <p>The 3/25/16 reportable incident for client #3 indicated "Staff went into [client #3's] petty cash book to get the cash from her state tax return to take with [client #3] and staff to a therapeutic visit to [client #3's] mother's house down state. Staff</p>						

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	<p>discovered that the bank envelop (sic) where the money had been only contained the check stub from the tax return. [Client #3] is missing \$89.00 in cash. [Name of facility] is conducting an investigation to determine what happened to [client #3's] cash. [Name of facility] will reimburse [client #3] her lost money if it is not recovered".</p> <p>The 4/12/16 Investigation report indicated "On the morning of 3/25/16, [House Manager], was notified by [staff #1] that [client #3's] tax check money was missing. [Staff #1] stated that [QIDP] cashed the check at [Name of Bank] in the late morning of 3/24/16 for a total of \$89.00. She continued saying that she came back to the home with the envelope with the money in it and placed it in a zippy pouch in the money binder on 3/24/16 at approximately 11am and when staff went to get it on 3/25/16 at approximately 7am, the money was missing. The House Manager immediately went to the home and counted all individuals' money, and further determined that [client #2] was missing \$41.00. House manager immediately locked-up all individual petty cash at the home, and other two ESN (Group Home) homes under her supervision, so she would be sole person with access (sic) individual funds until</p>			

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	<p>procedures were put into place". The Investigation report indicated staffs #1, #2, #3, #5, and #6 were all interviewed as well as the QIDP (Qualified Intellectual Disabilities Professional). The investigation did not indicate the House Manager was interviewed or clients #1, #2, or #3 were interviewed.</p> <p>An interview with the House Manager and the Area Director was conducted on 5/6/16 at 2:56pm. When asked if any of the clients were interviewed during the investigation regarding the missing money, the Area Director stated "No. I don't believe so".</p> <p>3. The facility's reportable incident reports and investigations were reviewed on 5/5/16 at 11:31am. The 3/25/16 reportable incident report for client #2 indicated "Staff discovered [client #2]'s house mate was missing money from her petty cash. House manager checked all housemates petty cash and discovered [client #2] was missing \$42.00 in petty cash. [Name of facility] is investigating what happened to [client #2's] money. [Name of facility] will reimburse [client #2] her money if it is not recovered". The 3/25/16 reportable incident for client #3 indicated "Staff went into [client #3's] petty cash book to get the cash from her state tax return to take with [client #3]</p>			

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	<p>and staff to a therapeutic visit to [client #3's] mother's house down state. Staff discovered that the bank envelop (sic) where the money had been only contained the check stub from the tax return. [Client #3] is missing \$89.00 in cash. [Name of facility] is conducting an investigation to determine what happened to [client #3's] cash. [Name of facility] will reimburse [client #3] her lost money if it is not recovered".</p> <p>The 4/12/16 Investigation report indicated "On the morning of 3/25/16, [House Manager], was notified by [staff #1] that [client #3's] tax check money was missing. [Staff #1] stated that [QIDP] cashed the check at [Name of Bank] in the late morning of 3/24/16 for a total of \$89.00. She continued saying that she came back to the home with the envelope with the money in it and placed it in a zippy pouch in the money binder on 3/24/16 at approximately 11am and when staff went to get it on 3/25/16 at approximately 7am, the money was missing. The House Manager immediately went to the home and counted all individuals' money, and further determined that [client #2] was missing \$41.00. House manager immediately locked-up all individual petty cash at the home, and other two ESN (Group Home) homes under her</p>			

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	<p>supervision, so she would be sole person with access (sic) individual funds until procedures were put into place". The investigation indicated "House Manager and QIDP will be re-trained on [name of agency's] policy and procedure concerning individual finances before the individuals' petty cash is again accessible to all staff in the home. All staff will be re-trained on [name of agency's] policy and procedure concerning individual finances before the individuals' petty cash is again accessible to all staff in the home. [Client #2] and [Client #3] will immediately be reimbursed their lost funds by [name of facility]".</p> <p>Client #2's petty cash ledger was reviewed on 5/5/16 at 4:35pm. Client #2's petty cash ledger did not indicate client #2's funds had been reimbursed to her.</p> <p>Client #3's petty cash ledger was reviewed on 5/5/16 at 4:35pm. Client #3's petty cash ledger did not indicate client #3's funds had been reimbursed to her.</p> <p>An interview with the House Manager and the Area Director was conducted on 5/6/16 at 2:56pm. When asked if clients #2 and #3's funds had been reimbursed, the House Manager stated "I have the</p>			

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W 0154 Bldg. 00	<p>checks but I haven't cashed them yet". When asked if the staff have been retrained on the policy and procedure concerning individual finances, the Area Director stated "We will get them for you". When asked if the QIDP and the House Manager had been retrained on the policy and procedure concerning individual finances, the Area Director stated "We will get them for you". The facility was unable to provide any training documentation for review.</p> <p>9-3-2(a)</p> <p>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 2 of 2 allegations of exploitation the facility failed to assure the missing money for clients #2 and #3 was thoroughly investigated.</p> <p>Findings include:  The facility's reportable incident reports and investigations were reviewed on 5/5/16 at 11:31am. The 3/25/16 reportable incident report for client #2 indicated "Staff discovered [client #2's] house mate was missing money from her</p>	W 0154	<p><b>W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS</b></p> <p>The Area Director (AD), QIDP, and House Manager will review this Standard, and ensure Agency's abuse/neglect/exploitation Policy and Procedure is implemented at all times and that a thorough investigation is conducted.</p> <p>1. QIDP and House Manager will be retrained on this Standard.</p> <p>2. QIDP and House Manager will be retrained on Agency Policy</p>	06/09/2016

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	<p>petty cash. House manager checked all housemates petty cash and discovered [client #2] was missing \$42.00 in petty cash. [Name of facility] is investigating what happened to [client #2's] money. [Name of facility] will reimburse [client #2] her money if it is not recovered".</p> <p>The 3/25/16 reportable incident for client #3 indicated "Staff went into [client #3's] petty cash book to get the cash from her state tax return to take with [client #3] and staff to a therapeutic visit to [client #3's] mother's house down state. Staff discovered that the bank envelop (sic) where the money had been only contained the check stub from the tax return. [Client #3] is missing \$89.00 in cash. [Name of facility] is conducting an investigation to determine what happened to [client #3's] cash. [Name of facility] will reimburse [client #3] her lost money if it is not recovered".</p> <p>The 4/12/16 Investigation report indicated "On the morning of 3/25/16, [House Manager], was notified by [staff #1] that [client #3's] tax check money was missing. [Staff #1] stated that [QIDP] (Qualified Intellectual Disabilities Professional) cashed the check at [Name of Bank] in the late morning of 3/24/16 for a total of \$89.00. She continued saying that she came back to the home with the envelope with the</p>		<p>and Procedure concerning abuse, neglect, and exploitation of an individual served.</p> <p>To ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, and that a thorough investigation is completed per this Policy, Area Director will review all investigations with HR department and State Director to ensure compliance.</p> <p><b>Will be completed by: 6/9/16 Persons Responsible: QDDP, House Manager, Area Director, HR Director and State Director</b></p>				

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	<p>money in it and placed it in a zippy pouch in the money binder on 3/24/16 at approximately 11am and when staff went to get it on 3/25/16 at approximately 7am, the money was missing. The House Manager immediately went to the home and counted all individuals' money, and further determined that [client #2] was missing \$41.00. House manager immediately locked-up all individual petty cash at the home, and other two ESN (Group Home) homes under her supervision, so she would be sole person with access (sic) individual funds until procedures were put into place". The Investigation report indicated staffs #1, #2, #3, #5, and #6 were all interviewed as well as the QIDP (Qualified Intellectual Disabilities Professional). The investigation did not indicate the House Manager was interviewed or clients #1, #2, or #3 were interviewed.</p> <p>An interview with the House Manager and the Area Director was conducted on 5/6/16 at 2:56pm. When asked if any of the clients were interviewed during the investigation regarding the missing money, the Area Director stated "No. I don't believe so".</p> <p>9-3-2(a)</p>						

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W 0157  Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 2 of 2 allegations of financial exploitation the facility failed to implement its recommended corrective action in regards to client #2 and #3's missing money.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and investigations were reviewed on 5/5/16 at 11:31am. The 3/25/16 reportable incident report for client #2 indicated "Staff discovered [client #2's] house mate was missing money from her petty cash. House manager checked all housemates petty cash and discovered [client #2] was missing \$42.00 in petty cash. [Name of facility] is investigating what happened to [client #2's] money. [Name of facility] will reimburse [client #2] her money if it is not recovered". The 3/25/16 reportable incident for client #3 indicated "Staff went into [client #3's] petty cash book to get the cash from her state tax return to take with [client #3] and staff to a therapeutic visit to [client #3's] mother's house down state. Staff discovered that the bank envelop (sic) where the money had been only</p>	W 0157	<p><b>W 157 483.420(d)(4) STAFF TREATMENT OF CLIENTS</b></p> <p>The Area Director (AD), QIDP, and House Manager will review this Standard, and ensure Agency's abuse/neglect/exploitation Policy and Procedure is implemented at all times, and that corrective action is promptly implemented.</p> <p>1. QIDP, Behaviorist, and House Manager will be retrained on this Standard.</p> <p>2. All staff in the home will be retrained on Agency Policy and Procedure concerning abuse, neglect, and exploitation of an individual served, and on Agency Policy and Procedure concerning Individuals' finances.</p> <p>3. The refund checks for clients #2 and #3 will be cashed and made available to them.</p> <p>The QIDP, House Manager, Behaviorist, AD, or other designated trained –trainer, will audit the petty cash ledgers daily, to ensure staff are accurately accounting for all Individuals' monies for two weeks and until compliance is demonstrated by all staff. Thereafter, to ensure continued compliance, these audits</p>	06/09/2016	

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	<p>contained the check stub from the tax return. [Client #3] is missing \$89.00 in cash. [Name of facility] is conducting an investigation to determine what happened to [client #3's] cash. [Name of facility] will reimburse [client #3] her lost money if it is not recovered".</p> <p>The 4/12/16 Investigation report indicated "On the morning of 3/25/16, [House Manager], was notified by [staff #1] that [client #3's] tax check money was missing. [Staff #1] stated that [QIDP] cashed the check at [Name of Bank] in the late morning of 3/24/16 for a total of \$89.00. She continued saying that she came back to the home with the envelope with the money in it and placed it in a zippy pouch in the money binder on 3/24/16 at approximately 11am and when staff went to get it on 3/25/16 at approximately 7am, the money was missing. The House Manager immediately went to the home and counted all individuals' money, and further determined that [client #2] was missing \$41.00. House manager immediately locked-up all individual petty cash at the home, and other two ESN (Group Home) homes under her supervision, so she would be sole person with access (sic) individual funds until procedures were put into place". The investigation indicated "House Manager</p>		<p>will occur atleast weekly, as needed, and at random.</p> <p><b>Will be completed by: 6/9/16</b> <b>Persons Responsible: QIDP, House Manager, Behaviorist, AD, or othertrained-trainer</b></p>	

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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 304 3RD ST FLORA, IN 46929
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	<p>and QIDP will be re-trained on [name of agency's] policy and procedure concerning individual finances before the individuals' petty cash is again accessible to all staff in the home. All staff will be re-trained on [name of agency's] policy and procedure concerning individual finances before the individuals' petty cash is again accessible to all staff in the home. [Client #2] and [Client #3] will immediately be reimbursed their lost funds by [name of facility]".</p> <p>Client #2's petty cash ledger was reviewed on 5/5/16 at 4:35pm. Client #2's petty cash ledger did not indicate client #2's funds had been reimbursed to her.</p> <p>Client #3's petty cash ledger was reviewed on 5/5/16 at 4:35pm. Client #3's petty cash ledger did not indicate client #3's funds had been reimbursed to her.</p> <p>An interview with Staff #8 was conducted on 5/6/16 at 8:15am. When asked who all had access to clients' money, staff #8 stated "Just [House Manager] and the lead".</p> <p>An interview with Staff #3 was conducted on 5/6/16 at 8:19am. When asked who all had access to clients'</p>			

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W 0227 Bldg. 00	<p>money, staff #3 stated "[House Manager] and [Staff #1]".</p> <p>An interview with Staff #2 was conducted on 5/6/16 at 8:19am. When asked who all had access to clients' money, staff #2 stated "[House Manager] and [Staff #1]".</p> <p>An interview with the House Manager and the Area Director was conducted on 5/6/16 at 2:56pm. When asked if clients #2 and #3's funds had been reimbursed, the House Manager stated "I have the checks but I haven't cashed them yet". When asked if the staff have been retrained on the policy and procedure concerning individual finances, the Area Director stated "We will get them for you". When asked if the QIDP and the House Manager had been retrained on the policy and procedure concerning individual finances, the Area Director stated "We will get them for you". The facility was unable to provide any training documentation for review.</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the</p>			

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	<p>specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review, and interview for 1 of 2 sampled clients (#2), the facility failed to address client #2's identified behavior need of breaking her eye glasses.</p> <p>Findings include:</p> <p>During the 5/5/16 observation period between 3:15pm and 5:30pm and the 5/6/16 observation period between 7:19am and 8:40am client #2 did not wear her prescribed glasses.</p> <p>Client #2's record was reviewed on 5/6/16 at 1:06pm. Client #2's 1/3/16 Health Risk Form indicated client #2 had a diagnosis of astigmatism. Client #2's 8/6/15 eye exam indicated client #2 had "no change in prescription power, glasses broken, will repair if possible".</p> <p>Client #2's 5/4/2016 BSP (Behavior Support Plan) indicated client #2 had a behavior of property destruction defined as throwing and/or breaking items. Client #2's BSP did not indicate client #2 had an intervention strategy in place for property destruction or breaking her eye glasses.</p>	W 0227	<p><b>W227 483.440(c)(4) INDIVIDUAL PROGRAM PLAN</b></p> <p>The Area Director, QIDP, and House Manager will review this Standard. The QIDP will be retrained on ensuring all Individuals' ISPs states the specific objectives necessary to meet the Individual's needs, as identified by the comprehensive assessment.</p> <p>The QIDP or Area Director will present the issue identified in regards to client #2 consistently breaking her glasses. The Individual's IDT will then agree on a program that will address this behavioral need, staff will then be trained on the program, and the program will be implemented.</p> <p>The QIDP or Area Director will review all other Individuals' needs in order to ensure they are addressed in their ISPs. If an issue is not being addressed, the QIDP or AD will present to the Team and develop a program for the need identified.</p> <p>Ongoing, the AD or QIDP will complete an audit of each individuals' file at least quarterly, to ensure all Individuals' needs and all IDT recommendations have been</p>	06/09/2016

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	An interview with the House Manager and the Area Director was conducted on 5/6/16 at 2:56pm. When asked if client #2 should wear eye glasses the House Manager stated "They are currently broken. We just dropped them off maybe a week ago. This is the third time she has broken them since we got them". When asked if client #2 had a plan to address her breaking her eye glasses, the House Manager stated "No".  9-3-7(a)		addressed/completed per this Standard and Agency Policy.  <b>Will be completed by: 6/9/16 Persons Responsible: QIDP, Area Director, and Behaviorist</b>		