

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 08/21/2014
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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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(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	<p>This visit was for the post certification revisit to the annual recertification and state licensure survey conducted on June 13, 2014.</p> <p>This visit was done in conjunction with the post certification revisit to the investigation of complaint #IN00151484 conducted on July 7, 2014.</p> <p>Date of Survey: August 21, 2014.</p> <p>Facility number: 012584 Provider number: 15G793 AIM number: 201018520</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following state finding is in accordance with 460 IAC 9. Quality Review completed 9/2/14 by Ruth Shackelford, QIDP.</p>	W000000		
W009999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with</p>	W009999	<p>W 9999 FINAL OBSERVATIONS (460 IAC 9-3-4 Active Treatment Services)</p> <p>QDDP and House Manager will be</p>	09/19/2014

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>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 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 and 1 additional client (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/21/14 from 3:00 P.M. until 4:00 P.M. During the observation, clients #1, #2 and #3 sat in their</p>		<p>retrained by Area Director on this standard; to ensure each client's active treatment program is consistently integrated, coordinated, and monitored, with a focus on ensuring each Individual's vocational needs are addressed. Training will also include ensuring that each Individual's IDT is actively pursuing outside day programming opportunities. QDDP will ensure all Individuals not currently attending an outside day program are participating in an alternative day program at home, which addresses their individual vocational needs, until the IDT is successful in securing an appropriate outside day program for the individual. These activities will be listed in the Individual's ISP and on an individualized weekly alternative day program schedule for active treatment. QDDP, House Manager, Behaviorist, and/or Nurse will do daily active treatment observations Monday through Friday during day program hours, for two weeks, to ensure staff are providing day program alternative active treatment as scheduled. If staff are demonstrating consistent competence after these two weeks, QDDP will conduct weekly observations to ensure and monitor compliance with this standard.</p> <p>Will be completed by: 9/19/14 Persons Responsible: Area Director, QDDP, and House Manager</p>		

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	<p>bedrooms, watched television, walked around the group home and talked with group home staff. No alternative day service was observed to be provided.</p> <p>A review of client #1's records was conducted on 8/21/14 at 2:07 P.M.. A review of the client's record failed to indicate he attended day service.</p> <p>A review of client #2's records was conducted on 8/21/14 at 2:25 P.M.. A review of the client's record failed to indicate he attended day service.</p> <p>A review of client #3's records was conducted on 8/21/14 at 2:40 P.M.. A review of the client's record failed to indicate he attended day service.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/21/14 at 2:50 P.M.. The QIDP indicated clients #1, #2 and #3 do not attend day services. The QIDP further indicated the facility was in the process of having the clients attend day services.</p> <p>9-3-4(b)(1)(2)</p>			