

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 01/02/2015
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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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W000000	<p>This visit was for the post certification revisit to the investigation of complaint #IN00158518 conducted on November 19, 2014.</p> <p>Dates of Survey: December 29, 30, 31, 2014 and January 2, 2015.</p> <p>Complaint #IN00158518: Not corrected.</p> <p>Facility number: 012584 Provider number: 15G793 AIM number: 201018520</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/7/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 1 allegation of sexual abuse, involving 2 of 2 sampled clients (clients A and B), the facility failed to provide</p>	W000154	<p>W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS In conjunction with the Plans of Correction for W156, the House Manager and QDDP will review</p>	01/03/2015

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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	<p>written evidence a thorough investigation was conducted.</p> <p>Findings include:</p> <p>A review of the facility's investigation record for an incident dated 12/18/14 was conducted on 12/31/14 at 12:35 P.M.. Review of the facility's investigation record indicated:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 12/18/14 involving clients A and B indicated: "On 12/18/14 [Client A] told his counselor that his housemate [client B] touched him inappropriately while riding in the van. The counselor to (sic) staff and staff later informed the QDDP (Qualified Developmental Disabilities Professional). The QDDP will investigate this matter." Further review of the record failed to indicate all staff who worked at the group home were interviewed and failed to indicate all clients who reside at the group home were interviewed.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The PD/QIDP indicated there was no written documentation to indicate all staff and</p>		<p>this Standard. The House Manager and QDDP will be retrained on conducting thorough investigations into any allegation concerning suspected or actual abuse, neglect, and/or exploitation. The House Manager and QDDP will be retrained on the Agency's Policy on Abuse, Neglect, and Exploitation of Individual's served. Ongoing, the facility will conduct a thorough investigation, per Policy and this Standard, into any allegation or suspicion of abuse, neglect, or exploitation, and take appropriate/effective measures to ensure the individuals' safety and prevent any future recurrence. Ongoing, the Area Director will monitor and ensure all allegations concerning suspected or actual abuse, neglect, and/or exploitation are investigated thoroughly. Will be completed by: 1/3/15 Persons Responsible: Area Director, House Manager, and QDDP</p>				

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W000156	<p>clients were interviewed.</p> <p>This deficiency was cited on 11/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed to report the results of 1 of 1 sexual abuse allegation, involving 2 of 2 sampled clients (clients A and B), to the administrator within five business days.</p> <p>Findings include:</p> <p>A review of the facility's investigation record for an incident dated 12/18/14 was conducted on 12/31/14 at 12:35 P.M.. Review of the facility's investigation record indicated:</p>	W000156	<p>W 156 483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>In conjunction with the Plans of Correction for W154, the House Manager and QDDP will review this Standard. The House Manager and QDDP have been retrained on this Standard. The House Manager or QDDP will immediately notify the administrator of any allegation, or suspicion, of abuse, neglect, or exploitation of an individual served. Immediate measures will then be put in place to ensure the individual's health and safety and an investigation</p>	01/03/2015	

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	<p>-BDDS (Bureau of Developmental Disabilities Services) report dated 12/18/14 involving clients A and B indicated: "On 12/18/14 [Client A] told his counselor that his housemate [client B] touched him inappropriately while riding in the van. The counselor to (sic) staff and staff later informed the QDDP (Qualified Developmental Disabilities Professional). The QDDP will investigate this matter." Review of the record indicated the investigation was concluded on 12/30/14. Further review of the record did not indicate the results of the investigation were reported to the administrator within 5 days.</p> <p>An interview with the Area Director (AD) was conducted on 1/2/15 at 2:45 P.M.. The AD indicated results from investigations are to be reported to the administrator within 5 days.</p> <p>9-3-2(a)</p>		<p>will be conducted. Within 5 business days, the House Manager or QDDP will notify the administrator of the results of the investigation.</p> <p>Ongoing, in the event an allegation is reported to the administrator, the administrator (Area Director) will arrange to follow-up with the House Manager or QDDP at least every 5 business days in order to obtain the progress or results of the investigation.</p> <p>Will be completed by: 1/3/15</p> <p>Persons Responsible: Area Director, House Manager, and QDDP</p>		