

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G748	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2015
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929
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W 0000  Bldg. 00	<p>This visit was for the post certification revisit to a full annual recertification and state licensure survey which resulted in an Immediate Jeopardy conducted on March 25, 2015.</p> <p>Date of Survey: May 1, 2015.</p> <p>Facility number: 011602 Provider number: 15G748 AIM number: 200903760</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0448  Bldg. 00	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview, the facility failed to investigate/address problems with evacuation drills. This potentially affected 1 of 2 sampled clients (client #2) who resided at the group</p>	W 0448	<p><b>W 448 483.470(i)(2)(iv) EVACUATION DRILLS</b></p>	05/31/2015

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>home.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 5/1/15 at 5:30 P.M.. Review of the group home evacuation drills dated 1/15 to 3/15 indicated:</p> <p>"-Fire Drill Record...Location: [Group Home name]...Date: 1/21/2015...Time 2:00 A.M....Type of Drill: Fire...[Client #2] Failed to respond...refused-ignored staff."</p> <p>"-Fire Drill Record...Location: [Group Home name]...Date: 2/18/2015...Time 11:00 P.M....Type of Drill: Fire...[Client #2] Failed to respond...refused."</p> <p>"-Fire Drill Record...Location: [Group Home name]...Date: 3/22/2015...Time 3:30 A.M....Type of Drill: Fire...[Client #2] Failed to respond...refused."</p> <p>An interview with the Area Director (AD) was conducted on 5/1/15 at 5:45 P.M.. When asked if there was any documentation to indicate the facility conducted investigations in regards to the documented problems that occurred during the evacuation drills, the AD indicated there was no documentation to indicate the facility conducted</p>		<p>The House Manager, QDDP, Behaviorist, and Area Director (AD) will review this Standard; that the facility must investigate all problems with evacuation drills, including accidents.</p> <p>The QDDP will review all 2015 evacuation drills for the facility and determine if there are any problems in addition to those cited, and will present to those individuals' IDTs to address and correct. For the cited issue where Client #2 was refusing to participate in the overnight evacuation drills, the QDDP will meet with that Individuals' IDT and develop a training goal which will address the Individuals refusal to participate in overnight evacuation drills. Staff will then be trained on how to implement the goal and the goal will be implemented.</p> <p>Ongoing, to ensure all problems with evacuation drills are investigated and addressed promptly, the House Manager and Lead DSP will review the evacuation drills weekly and notify the QDDP if there were any issues, or refusals by individuals to participate. In addition, the QDDP will review all evacuation drills at least monthly, and address any issues noted, including any lack of notification of issue by the House</p>				

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W 9999  Bldg. 00	<p>investigations in regard to the documented problems that occurred during the evacuation drills.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 5/1/15 at 5:50 P.M.. The GHM indicated client #2 refused to participate in evacuation drills during the overnight shift. When asked if the Interdisciplinary Team (IDT) met to address client #2's refusals, the GHM indicated they had not met.</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with 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</p>	W 9999	<p>Manager or Lead DSP. As necessary, the QDDP will notify the individual's IDT and address the issue with a formal training goal if necessary.</p> <p><b>Completed: 5/31/15</b></p> <p><b>Persons Responsible: QDDP, House Manager, and Lead DSP</b></p> <p><b>W 9999 FINAL OBSERVATIONS</b></p> <p><b>460 IAC 9-3-4 Active Treatment Services</b></p> <p>The QDDP will review all individuals' ISPs to ensure a continuous and aggressive active treatment program which addresses</p>	05/31/2015			

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	<p>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 record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 2 sampled clients and 1 additional client residing at the group home (clients #2 and #3).</p> <p>Findings include:</p> <p>A review of client #2's records was conducted on 5/1/15 at 5:10 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 5/1/15 at 5:25 P.M.. A review of the client's record failed to indicate he attended day service.</p> <p>An interview with the Group Home Manager (GHM) was conducted on</p>		<p>their needs including Vocational and Day services. In the event an Individual's ISP is lacking in a continuous and aggressive active treatment program which addresses their vocational needs, the QDDP will coordinate with the Individual's IDT to complete their program per this Standard. The QDDP will coordinate and develop with input from each Individuals' IDT, an individualized Active treatment Schedule (ATS) for all Individuals living in the home and a day program/meaningful day schedule for any individual not attending an outside day program. The QDDP and IDTs will continue to pursue finding an outside day program for the individual needing day program services.</p> <p>Ongoing, to ensure these programs are implemented at each opportunity, to ensure staff are adhering to each Individuals' ATS and day program/Vocational schedule, the House Manager and QDDP will each complete at least weekly active treatment observations</p> <p><b>Will be completed by: 5/31/15</b></p> <p><b>Persons Responsible: QDDP and House Manager</b></p>		

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	<p>5/1/15 at 6:00 P.M.. The GHM indicated clients #2 and #3 do not currently attend day services.</p> <p>This state rule was cited on 3/25/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(b)(1)(2)</p>				