

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G761	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/13/2015
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD SOUTH BEND, IN 46614
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 6, 7, 8, 9, and 13, 2015.</p> <p>Facility number: 011959 Provider number: 15G761 AIM number: 200970870</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/14/15.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure the environment of the facility was in good repair for 2 of 2 sampled clients (clients #1 and #2), and 2 of 2 additional clients (clients #3 and #4).</p> <p>Findings include:</p>	W 0104	<p><b>W104 483.410(a)(1) GOVERNING BODY</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. The Maintenance Coordinator will arrange for the following to be repaired or replaced: 1. Two square</p>	11/12/2015

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>The group home where clients #1, #2, #3, and #4 resided was inspected during the 10/6/15 observation period from 6:42 A.M. until 8:30 A.M. Two square feet of vinyl siding near the front entrance door of the group home was missing. Trim on the refrigerator was broken. The south wall in the kitchen had balls of hair and dust adhering to it. Drywall surrounding an access door in the north living room was missing. Recessed ceiling lights in the dining room and north living room of the facility would periodically go on and off by themselves. These areas of the facility were utilized by clients #1, #2, #3, and #4.</p> <p>Direct care staff #4 was interviewed on 10/6/15 at 4:01 P.M. When asked about the recessed ceiling lights, direct care staff #4 stated, "They (recessed ceiling lights) just go on and off by themselves. I don't know what's wrong with them. We've (direct care staff) reported it several times and I guess they are supposed to be fixed."</p> <p>Maintenance Personnel #1 was interviewed on 10/7/15 at 9:15 A.M. Maintenance Personnel #1 stated, "I didn't know there was a problem with the lights at that group home."</p> <p>Program Director #1 was interviewed on</p>		<p>feet of missing vinyl siding near the front entrance door, 2. Broken trim on the refrigerator, missing drywall surrounding an access door in the north living room, 3. Recessed ceiling lights in the dining room and north living room that periodically go on and off by themselves. The Lead DSP will clean the south wall in the kitchen of balls of hair and dust.</p> <p>The Maintenance Coordinator and Program Director will perform a thorough walk through and evaluation of the home and arrange to have any other issues identified repaired or replaced. The Lead DSP will arrange for staff to complete a thorough walk through of the home and ensure it is thoroughly cleaned, including all walls. The Lead DSP and Program Director will be retrained on the procedure by which Maintenance Requests are made and follow up procedures to ensure they are completed timely, and that the maintenance Coordinator is aware of the issues.</p> <p>For two weeks and then until compliance has been demonstrated, the Program Director and Lead DSP will do site-visits at least three times per week to ensure the home is thoroughly clean and free of any environmental concerns that need</p>				

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W 0137 Bldg. 00	<p>10/8/15 at 11:16 A.M. Program Director #1 stated, "Yes, there are areas at the group home that need to be repaired."</p> <p>9-3-1(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation and interview, the facility failed to assure 1 of 2 sampled clients (client #1) wore a belt to hold his pants up.</p> <p>Findings include:</p> <p>Client #1 was observed during the 10/6/15 observation period from 6:42 A.M. until 8:30 A.M. During the observation period, client #1 was not wearing a belt and his pants were sliding</p>	W 0137	<p>repair. If an item is noted that needs repair or replacement, they will ensure a maintenance Request was submitted per procedure and that the Maintenance Coordinator is aware. Thereafter, the Lead DSP and/or Program Director will complete these checks at least weekly.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Maintenance Coordinator, and Lead DSP</b></p> <p><b>W137 483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. All staff will be retrained on ensuring all individuals are appropriately dressed and groomed at all times and that they are prompted to use their accessories, such as a belt, as</p>	11/12/2015	

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	<p>down off his hips. Client #1 periodically pulled up his pants and walked through the group home while holding his pants up with his hands. During the observation period, direct care staff #1, #2, #3, and #4 did not prompt or assist client #1 to put on a belt.</p> <p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. Program Director #1 stated, "[Client #1] should wear a belt and staff (direct care staff) should have helped him (client #1) put a belt on."</p> <p>9-3-2(a)</p>		<p>necessary.</p> <p>The Program Director and Lead DSP will perform a thorough check of Client #2's clothing and accessories, and all other individuals in the home, to ensure they have adequate and appropriate clothing in good repair, and all necessary accessories, such as belts, hat, gloves, winter coats, shoes, etc. If any individual does not have sufficient and appropriate clothing or accessories, they will immediately arrange for their purchase.</p> <p>For two weeks and then until compliance has been demonstrated, the Program Director, Area Director, Behaviorist, Nurse, or Lead DSP will perform a daily site visit to ensure all individuals are appropriately and adequately dressed, with all necessary accessories such as a belt. They will also ensure staff are prompting the individuals to use their necessary accessories and or change, if their clothing is not appropriate/adequate.</p> <p>Thereafter, the Lead DSP and/or Program Director will complete these checks at least weekly.</p>		

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W 0249 Bldg. 00	<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.</p> <p>Based on observation, record review, and interview, the facility failed to implement medication objectives during times of opportunity for 2 of 2 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>Clients #1 and #2 were observed at the group home during the morning observation period on 10/6/15 from 6:42 A.M. until 8:30 A.M. At 7:06 A.M., Direct care staff #1 administered prescribed medications to client #2. Direct care staff #1 did not prompt or assist client #2 to identify his medications. At 7:21 A.M., Direct care staff #1 administered prescribed medications to client #1. Direct care staff</p>	W 0249	<p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Area Director, Behaviorist,, and Lead DSP</b></p> <p><b>W249 483.440(d)(1) PROGRAM IMPLEMENTATION</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. All staff will be retrained on ensuring all objectives/goals, as noted in the individual's ISP, are implemented at every available opportunity throughout the day.</p> <p>For two weeks and then until compliance has been demonstrated, the Program Director, Area Director, Behaviorist, Nurse, or Lead DSP will perform a site visit at least three times per week to ensure all individuals' objectives/goals are</p>	11/12/2015
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W 0259  Bldg. 00	<p>#1 did not prompt or assist client #1 in identifying his Seroquel medication (anti-psychosis medication).</p> <p>Client #1's records were reviewed on 10/7/15 at 9:05 A.M. Client #1's Individual Support Plan dated 10/29/14 indicated the following medication administration objective: "Learn to identify Seroquel."</p> <p>Client #2's records were reviewed on 10/7/15 at 10:15 A.M. Client #2's Individual Support Plan dated 10/6/15 indicated the following medication administration objective: "Identify medications."</p> <p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. Program Director #1 stated, "Medication objectives (for clients #1 and #2) should have been implemented."</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview,</p>	W 0259	<p>being implemented by staff at every available opportunity, including during medication administration.</p> <p>Thereafter, the Lead DSP and/or Program Director will complete these site visit observation at least weekly, to ensure continued compliance.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Area Director, Behaviorist, Nurse, and Lead DSP</b></p>	11/12/2015			

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	<p>the facility failed to ensure the Comprehensive Functional Assessment for 1 of 2 sampled clients (client #2) was reviewed at least annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/7/15 at 9:05 A.M. The review indicated the client's most current Comprehensive Functional Assessment was dated 4/21/14.</p> <p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. Program Director #1 stated, "His (client #2's) assessment (Comprehensive Functional Assessment) was not done since that date (4/21/14). It was overlooked."</p> <p>9-3-4(a)</p>		<p><b>W259 483.440(f)(2) PROGRAM MONITORING AND CHANGE</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. The Program Director/ QIDP and Lead DSP will be retrained on ensuring all individual assessments are reviewed and updated as needed, at least annually. The Program Director and Lead DSP will review Client #2's Comprehensive Functional Assessment, present to Client #2's IDT and revise as needed. The Program Director and Lead DSP will review all individuals' assessments to ensure all have been reviewed and revised as needed at least annually. If an assessment is overdue, the Program Director and Lead DSP will review and present to the IDT for update.</p> <p>Once per month for six months, and then until compliance has been demonstrated, the Program Director, Area Director, or Lead DSP will audit each individuals' chart to ensure all individuals' assessments are current and have been presented to the IDT for review and updated as needed. Thereafter, the Lead DSP and/or Program Director will complete these audits at least quarterly to ensure continued compliance. The Program Director will provide the Area Director all</p>	

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W 0260  Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview, the facility failed to assure the Individual Support Plan (ISP) for 1 of 2 sampled clients (client #2) was revised annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/7/15 at 10:15 A.M. The review indicated client #2 most recent Individual Support Plan (ISP) was dated 10/6/15. Further review of the client's record indicated client #2's previous ISP was completed on 8/29/14.</p> <p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. Program Director</p>	W 0260	<p>results of these audits in order for the Area Director to monitor for ensured compliance.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Area Director, and Lead DSP</b></p> <p><b>W260 483.440(f)(2) PROGRAM MONITORING AND CHANGE</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. The Program Director/ QIDP and Lead DSP will be retrained on ensuring all ISPs are reviewed and updated as needed, at least annually. The Program Director and Lead DSP will ensure Client #2's ISP is implemented and all staff are trained on its revisions. The Program Director and Lead DSP will review all other individuals' ISPs to ensure</p>	11/12/2015	

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W 0382	<p>#1 stated, "I just updated his (client #2's) ISP yesterday (10/6/15). It was last done (revised) on that date (8/29/14). It (client #2's ISP) was late in being done (revised)."</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p>		<p>they have been reviewed by the individual's IDT and updated at least annually. If an ISP is found to be overdue, the Program Director will immediately arrange an IDT meeting for the individual at the earliest possible time and ensure the IDT reviews/revises that individuals' ISP as needed.</p> <p>Once per month for six months, and then until compliance has been demonstrated, the Program Director, Area Director, or Lead DSP will audit each individuals' chart to ensure all individuals' ISPs are current and have been presented to the IDT for review and updated as needed, at least annually. Thereafter, the Lead DSP and/or Program Director will complete these audits at least quarterly to ensure continued compliance. The Program Director will provide the Area Director all results of these audits in order for the Area Director to monitor for ensured compliance.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Area Director, and Lead DSP</b></p>	

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Bldg. 00	<p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (clients #3 and #4).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed during the group home observation period on 10/6/15 from 6:42 A.M. until 8:30 A.M. Upon entering the group home, the door to the medication area was open and the cabinet containing medications for clients #1, #2, #3, and #4 was unlocked. Direct care staff were not in the medication area. At 7:04 A.M., direct care staff #1 was preparing to administer medications to client #2. Direct care staff #1 had the client's medications ready to administer and then left the area to fill a pitcher with water. As the direct care staff retrieved the water, client #2's medications were left unsecured. The unlocked and unsecured medications were accessible to clients #1, #2, #3, and #4.</p> <p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. Program Director</p>	W 0382	<p><b>W382 483.460(1)(2) DRUG STORAGE AND RECORD KEEPING</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. All staff will be retrained on this Standard and Agency Policy and Procedure concerning Medication Administration. Included in this training will be a Med Pass observation of each staff person trained, to ensure they are following this Standard and Agency Policy and Procedure concerning Medication Administration.</p> <p>Daily, for two weeks, and then until compliance has been demonstrated, the Program Director, Area Director, Lead DSP, Behaviorist and/or Nurse will complete a site visit during a random medication administration and complete a medication administration observation to ensure compliance with this Standard and Agency Policy/Procedure. Thereafter, Program Director, Area Director, Lead DSP, and/or Nurse will complete these audits at least weekly to ensure continued compliance. The Program Director will provide the Area Director all</p>	11/12/2015			

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W 0436 Bldg. 00	<p>#1 stated, "Medications are to be locked when they are not being administered."</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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>Based on observation, record review, and interview, the facility failed to assure 1 of 2 sampled clients with eyeglasses (client #1) wore, or was prompted to wear, his eyeglasses.</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 10/6/15 observation period from 6:42 A.M. until 8:30 A.M. During the observation period, client #1 did not wear eyeglasses and direct care staff #1, #2, #3, and #4 did not prompt or assist client #1 to wear his eyeglasses.</p>	W 0436	<p>results of these observations in order for the Area Director to monitor for ensured compliance.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Area Director, and Lead DSP</b></p> <p><b>W436 483.470(g)(2) SPACE AND EQUIPMENT</b></p> <p>The Program Director/ QIDP and Lead DSP will review this Standard. All staff will be retrained on this Standard and Agency Policy and Procedure concerning an individual's adaptive equipment.</p> <p>Daily, for two weeks, and then until compliance has been demonstrated, the Program Director, Area Director, Lead DSP, Behaviorist and/or Nurse will complete a site visit during a</p>	11/12/2015	

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	<p>Client #1's record was reviewed on 10/7/15 at 9:05 A.M. A review of the client #1's 11/8/13 Vision Exam indicated client #1 had "Glasses (eyeglasses) for full time wear."</p> <p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. The Program Director stated, "Staff (direct care staff) should have prompted him (client #1) to wear his eyeglasses."</p> <p>9-3-7(a)</p>		<p>random time of day to observe if all individuals are wearing their prescribed eyeglasses and any other adaptive equipment. At least 4 times per week, these visit will occur in the morning, when the individuals are getting up, to see if staff are prompting the individuals to use their eyeglasses/adaptive equipment. If the individual is not wearing their eyeglasses or adaptive equipment, documentation will be checked to see if there is proper documentation to see if the individual refused to utilize their adaptive equipment and what prompting was utilized. If it is determined an individual is regularly refusing to wear their eyeglasses, the issue will be presented to their IDT, by the Program Director, in order to create a formal goal and address the refusals. Thereafter, Program Director, Area Director, Lead DSP, Behaviorist, and/or Nurse will complete these visits at least weekly to ensure continued compliance. The Program Director will provide the Area Director all results of these observations in order for the Area Director to monitor for ensured compliance.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Program Director/QIDP, Area Director, and Lead DSP</b></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G761	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/13/2015
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD SOUTH BEND, IN 46614		
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W 9999  Bldg. 00	<p>State Findings</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 preferences 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 (clients #1 and #2).</p> <p>Findings include:</p> <p>Client #1 was observed on 10/6/15 from 2:30 P.M. until 4:00 P.M. During the observation client #1 played a card game with direct care staff #4 and watched television. No alternative day services were observed to be provided.</p>	W 9999	<p><b>W 9999 FINAL OBSERVATIONS</b></p> <p><b>460 IAC 9-3-4 Active Treatment Services</b></p> <p>The Program Director/QIDP will be retrained on this State Rule. The Program Director will review all individuals' ISPs to ensure a continuous and aggressive active treatment program which addresses 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 any individual needing day program services, and these attempts</p>	11/12/2015	

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	<p>Client #2 was observed on 10/6/15 from 2:30 P.M. until 4:00 P.M. During the observation client #2 colored pictures and listened to music. No alternative day services were observed to be provided.</p> <p>Direct care staff #1 was interviewed on 10/6/15 at 3:03 P.M. When asked what day services clients #1 and #2 were involved in, direct care staff #1 stated, "They (clients #1 and #2) aren't involved in day programming outside the house (group home)."</p> <p>Client #1's records were reviewed on 10/7/15 at 12:07 P.M.. The review failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>Client #2's records were reviewed on 10/7/15 at 12:14 P.M.. The review failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>BDDS (Bureau of Developmental Disabilities Services) case manager was interviewed on 10/8/15 at 12:16 P.M. BDDS case manager indicated she had not approved the current day programming for clients #1 and #2.</p>		<p>To ensure compliance and per Policy, an Area Director, Program Director/QDDP, Nurse, or Behaviorist will complete daily observations and at random times, to ensure compliance.</p> <p>Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits to ensure compliance with this Standard. After compliance has been demonstrated, a Program Director/Q or Area Director will complete weekly observations to ensure compliance.</p> <p><b>Will be completed by: 11/12/15</b></p> <p><b>Persons Responsible: Area Director, Program Director/QIDP, Nurse, and Behaviorist</b></p>				

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	<p>Program Director #1 was interviewed on 10/8/15 at 11:16 A.M. Program Director #1 indicated the facility is working to reduce clients #1 and #2's behaviors so community activities and meaningful day programming activities could be more substantial.</p> <p>9-3-4(a)</p>						