

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/26/2014
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637
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W000000	<p>This visit was for the investigation of complaint #IN00158852 and complaint #IN00159501.</p> <p>Complaint #IN00158852: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W149 and W156.</p> <p>Complaint #IN00159501: UNSUBSTANTIATED, Due to lack of evidence.</p> <p>Dates of Survey: November 24, 25, and 26, 2014</p> <p>Facility number: 001087 Provider number: 15G573 AIM number: 100239960</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	483.420(d)(1)			

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>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 1 of 1 of reviewed abuse investigations involving 1 of 3 sampled clients (client C), the facility failed to implement its Abuse/Neglect policy in regards to forwarding findings of the investigation to the administrator within five business days.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 11/24/14 at 1:49 P.M. The following investigation report which involved client C was reviewed:</p> <p>- "Date: 10/27/2014, On 10/27/2014, a [bus company] driver reported an allegation of abuse to a [workshop] staff at [name of workshop]. The bus driver alleged that when she was picking up [client C] from [address of group home] she saw a [facility] staff hitting [client C] in the right side at least five times as he [alleged staff] was bringing [client C] down the driveway toward the van. The driver reported that [client C] was slouched to the left side in his wheelchair and a [facility] staff told him (client C) to sit up then [alleged staff] jerked him (client C) up straight in his (client C's)</p>	W000149	Dungarvin has a written policy and procedures in place that prohibit mistreatment, neglect and/or abuse of the clients (Policy B-2). All direct support staff, Program Director / QIDPs and Area Directors receive training on this policy upon hire and annually thereafter. The Program Director / QIDP will retrain all staff at the home on Dungarvin's Abuse/Neglect Policy (Policy B-2) by 12/26/14. The Program Director / QIDP will also review Policy Policy B-2, including the expectation that the results of the investigation be forwarded to the administrator within 5 business days. The Area Director / Administrator will review all allegations and incident reports as they occur. The Area Director / Administrator will monitor all investigations to ensure that the results of the investigation are received within 5 business days. System wide, all Program Director/QIDPs will forward the results of investigations to the Area Director/Administrator within 5 business days going forward.	12/26/2014			

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	<p>chair (wheelchair) and when he (alleged staff) got him (client C) to the van, he (alleged staff) spun his (client C's) wheelchair around very fast."</p> <p>The investigation report of the 10/27/14 abuse allegation involving client C was further reviewed on 11/25/14 at 9:03 A.M. The review indicated the alleged staff was immediately suspended from client contact at the facility. Further review indicated the facility retrieved video which was taken from a camera on the bus. The video did not show the alleged staff hit client C, however the video did show the alleged staff spin client C around in client C's wheelchair very fast. Based on this evidence, the facility substantiated the allegation of the alleged staff abusing client C. The alleged staff was terminated from employment at the facility.</p> <p>The investigation report was further reviewed on 11/25/14 at 9:07 A.M. The review indicated the facility's administrator was notified of the investigation findings on 11/5/14.</p> <p>Area Director #1 was interviewed on 11/25/14 at 9:08 A.M. Area Director #1 stated, "It took us longer to get the video from the bus company, that's why the administrator wasn't notified until 11/5</p>						

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W000156	<p>(2014)."</p> <p>The facility's records were further reviewed on 11/26/14 at 8:24 A.M. Review of the facility's "Policy and Procedure Concerning Abuse, neglect, and Exploitation", dated 11/6/14, indicated, in part, the following: "The program director, area director or senior director or his/her designee will conduct a thorough investigation of any alleged, suspected or actual abuse, neglect, or exploitation. Within five business days, the results and/or status of the investigation will be reported to the administrator."</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00158852.</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 for 1 of 1 of reviewed abuse investigations</p>	W000156	Dungarvin has a written policy that identifies that the	12/26/2014			

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	<p>involving 1 of 3 sampled clients (client C), the facility failed to forward findings of the investigation to the administrator within five business days.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 11/24/14 at 1:49 P.M. The following investigation report which involved client C was reviewed:</p> <p>- "Date: 10/27/2014, On 10/27/2014, a [bus company] driver reported an allegation of abuse to a [workshop] staff at [name of workshop]. The bus driver alleged that when she was picking up [client C] from [address of group home] she saw a [facility] staff hitting [client C] in the right side at least five times as he [alleged staff] was bringing [client C] down the driveway toward the van. The driver reported that [client C] was slouched to the left side in his wheelchair and a [facility] staff told him (client C) to sit up then [alleged staff] jerked him (client C) up straight in his (client C's) chair (wheelchair) and when he (alleged staff) got him (client C) to the van, he (alleged staff) spun his (client C's) wheelchair around very fast."</p> <p>The investigation report of the 10/27/14 abuse allegation involving client C was</p>		<p>results of investigations will be forwarded to the Administrator within 5 business days (Policy B-2). All direct support staff, Program Director / QIDPs and Area Directors receive training on this policy upon hire and annually thereafter. The Program Director / QIDP will review Policy Policy B-2, including the expectation that the results of the investigation be forwarded to the administrator within 5 business days. The Area Director / Administrator will review all allegations and incident reports as they occur. The Area Director / Administrator will monitor all investigations to ensure that the results of the investigation are received within 5 business days. System wide, all Program Director/QIDPs will forward the results of investigations to the Area Director/Administrator within 5 business days going forward.</p>		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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