

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 11/16/2011
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD SOUTH BEND, IN46614
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: November 14, 15, and 16, 2011.</p> <p>Facility number: 011959 Provider number: 15G761 AIM number: 200970870</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 11/23/11 by Dotty Walton, Medical Surveyor III.</p>	W0000		
W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed to assure access to the food pantry for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p>	W0125	<p>Access to the food pantry will be made available to all individuals at the home that do not have an identified need to have that access impeded.</p> <p>All staff will be trained on this requirement.</p>	12/09/2011

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>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home on 11/14/11 from 3:15 P.M. until 5:45 P.M., and on 11/15/11 from 7:00 A.M. until 8:30 A.M. During the above observations, the food pantry of the facility was noted to be locked and clients #1, #2, #3, and #4 did not have access to the food pantry.</p> <p>Client #1's record was reviewed on 11/15/11 at 9:14 A.M. A review of the client's 7/12/11 Individual Program Plan, the 6/1/11 Comprehensive Functional Assessment, and the 7/1/11 Comprehensive Safety Assessment failed to indicate client #1 was assessed as needing the restriction of a locked food pantry.</p> <p>Client #2's record was reviewed on 11/15/11 at 10:17 A.M. A review of the client's 5/15/11 Individual Program Plan, the 4/10/11 Comprehensive Functional Assessment, and the 4/10/11 Comprehensive Safety Assessment failed to indicate client #2 was assessed as needing the restriction of a locked food pantry.</p> <p>Client #3's record was reviewed on 11/15/11 at 11:04 A.M. A review of the</p>		<p>Random site visits will be conducted by the Program Director/QMRP to ensure that the food pantry door is unlocked and access to the food stored in this area is unimpeded to the individuals.</p> <p>System wide, all Program Director/QMRP's and Program Coordinators will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p>	

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	<p>client's 4/11/11 Individual Program Plan, the 3/29/11 Comprehensive Functional Assessment, and the 3/29/11 Comprehensive Safety Assessment failed to indicate client #3 was assessed as needing the restriction of a locked food pantry.</p> <p>Client #4's record was reviewed on 11/15/11 at 11:14 A.M. A review of the client's 12/15/10 Individual Program Plan, the 9/1/11 Comprehensive Functional Assessment, and the 9/1/11 Comprehensive Safety Assessment failed to indicate client #4 was assessed as needing the restriction of a locked food pantry.</p> <p>Program Director #1 was interviewed on 11/15/11 at 11:33 A.M. Program Director #1 indicated the food pantry was not to be locked for clients #1, #2, #3, and #4. Program Director #1 stated, "Staff used to keep it locked for a former client who used to live at the group home. There is no need to keep it locked now."</p> <p>9-3-2(a)</p>				

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W0149	<p>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, the facility neglected to implement the facility's abuse/neglect policy for having evidence of thorough investigations for 2 of 3 reviewed incidents of injuries of unknown origin for 2 of 4 clients living in the group home (clients #1 and #3).</p> <p>Findings include:</p> <p>The facility's incident reports were reviewed on 11/14/11 at 11:16 A.M. A review indicated the following incidents of injuries of unknown origin to clients #1 and #3:</p> <p>1. "Date of Incident/Accident: 5/21/2011 Clients: [Client #1] Narrative: On Saturday May 21, 2011 at 11:30am, staff reported that [client #1] woke up with a pink and swollen ankle. He (client #1) was complaining of pain. Staff followed protocol and immediately informed the Program Director on call. Preliminary investigation indicates that [client #1] was playing with his roommates (sic) at a park when he sprained his ankle the previous day. Plan to Resolve: The Program Director on call sent [client #1] to [urgent care facility.] An x-ray confirmed that [client #1] had a fracture above the toes.</p>	W0149	<p>Dungarvin has a written policy and procedure in place that prohibits mistreatment, neglect or abuse of the clients (Policy B-2). All staff at the home will be retrained on policy B-2. The Program Director has been retrained on Policy B-2, including the expectation that all allegations of abuse or neglect must be thoroughly investigated, and that the findings of all investigations of abuse and neglect must be reported to the facility administrator within 5 business days.</p> <p>The Program Coordinator will review all incident reports and ensure that a summary of each investigation is submitted in a timely manner.</p> <p>System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p>	12/09/2011	

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	<p>The Doctor put an immobilizer on the foot and a prescription for vicodine (sic) 500mg for pain, and [client #1] was released to go home. He (client #1) will follow up with his primary doctor in two weeks. The Program Director will do an investigation to establish what happened. The team will continue to offer [client #1] the support he needs at this time. We will continue to monitor [client #1] for health and safety."</p> <p>The 5/24/11 investigation of the above incident indicated, "Program Director has investigated and determined that [client #1] sustained the fractured metatarsal (bone in the foot) while jumping up-and-down while at the park with his housemate. Upon evaluation by a Dr., the Dr. stated that this is a common injury." Further review of the 5/24/11 investigation failed to indicate witness statements from staff and clients had been gathered and reviewed for necessary information.</p> <p>2. "Date of Incident/Accident: 4/01/2011 Client: [Client #3] Narrative: At approximately 1:00pm on 4/1/11, staff brought to Program Director/QMRP's (Qualified Mental Retardation Professional) attention that [client #3] was limping and complaining of pain in his lower right leg. Staff and PD/QMRP</p>			

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	<p>(Program Director/Qualified Mental Retardation Professional) examined [client #3's] leg and noted a bump on his (client #3's) lower right leg, a little larger in size than a quarter. Plan to Resolve: Staff followed protocol by notifying the PD (Program Director) and then by contacting the nurse for instructions. Nurse instructed staff to take [client #3] to an urgent care clinic to be evaluated. After evaluation, it was determined that [client #3] had a fractured tibia (lower leg bone), right leg, and was prescribed crutches and an air cast. Staff will ensure all discharge instructions are followed and all prescriptions filled. Preliminary investigation by PD/QMRP revealed that when [client #3] was at the park during community habilitation on 4/1/11 a couple of hours previous, he (client #3) fell/jumped from a slightly elevated area. Staff noted that [client #3] was not complaining of any pain after the fall/jump and was not noticed (sic) to be limping until later. PD/QMRP will continue to investigate as to the cause of the fracture."</p> <p>The 4/8/11 investigation of above incident indicated, "After further investigation and collected details of what staff witnessed, Program Director/QMRP has determined that [client #3] did slip to the ground while at the park, in a way that may have</p>						

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	<p>fractured his lower leg. [Client #3] followed up on 4/6/11, per urgent care evaluation/recommendations, with an orthopedic Dr. who casted his fractured leg." Further review of the 4/8/11 investigation failed to indicate witness statements from staff and clients had been gathered and reviewed for necessary information.</p> <p>Program Director #1 was interviewed on 11/15/11 at 11:33 A.M. Program Director #1 indicated he did not have evidence staff and client's witness statements had been obtained and considered in making the determinations in the causes of client #1's fractured foot and client #3's fractured leg.</p> <p>The facility's records were reviewed on 11/16/11 at 8:31 A.M. Review of the facility's "Policy and Procedure concerning Individual Abuse, Neglect, and Exploitation", dated 4/11, indicated, in part, the following: "II. Facility Investigation. A. The Supervisor, or Program Coordinator/Senior Director, or his/her delegate will conduct a thorough investigation of the reported incident."</p> <p>9-3-2(a)</p>				

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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to show evidence of thorough investigations for 2 of 3 reviewed incidents of injuries of unknown origin for 2 of 4 clients living in the group home (clients #1 and #3).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 11/14/11 at 11:16 A.M. A review indicated the following incidents of injuries of unknown origin to clients #1 and #3:</p> <p>1. "Date of Incident/Accident: 5/21/2011 Clients: [Client #1] Narrative: On Saturday May 21, 2011 at 11:30am, staff reported that [client #1] woke up with a pink and swollen ankle. He (client #1) was complaining of pain. Staff followed protocol and immediately informed the Program Director on call. Preliminary investigation indicates that [client #1] was playing with his roommates (sic) at a park when he sprained his ankle the previous</p>	W0154	<p>The Program Director/QMRPs will be retrained in the investigative procedures of any suspicions, allegations or complaints of abuse, mistreatment and neglect of the clients. Documentation on proof of retraining will be available for review. The Program Coordinator will monitor and supervise the Program Director/QMRP in the investigation of any allegations of abuse, mistreatment and neglect, and ensure that all investigation reports are completed timely.</p> <p>System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p>	12/09/2011

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	<p>day. Plan to Resolve: The Program Director on call sent [client #1] to [urgent care facility.] An x-ray confirmed that [client #1] had a fracture above the toes. The Doctor put an immobilizer on the foot and a prescription for vicodine (sic) 500mg for pain, and [client #1] was released to go home. He (client #1) will follow up with his primary doctor in two weeks. The Program Director will do an investigation to establish what happened. The team will continue to offer [client #1] the support he needs at this time. We will continue to monitor [client #1] for health and safety."</p> <p>The 5/24/11 investigation of above incident indicated, "Program Director has investigated and determined that [client #1] sustained the fractured metatarsal (bone in the foot) while jumping up-and-down while at the park on 5/20/11with his housemate. Upon evaluation by a Dr., the Dr. stated that this is a common injury." Further review of the 5/24/11 investigation failed to indicate witness statements from staff and clients had been gathered and reviewed for necessary information.</p> <p>2. "Date of Incident/Accident: 4/01/2011 Client: [Client #3] Narrative: At approximately 1:00pm on 4/1/11, staff brought to Program Director/QMRP's</p>				

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	<p>(Qualified Mental Retardation Professional) attention that [client #3] was limping and complaining of pain in his lower right leg. Staff and PD/QMRP examined [client #3's] leg and noted a bump on his (client #3's) lower right leg, a little larger in size than a quarter. Plan to Resolve: Staff followed protocol by notifying the PD (Program Director) and then by contacting the nurse for instructions. Nurse instructed staff to take [client #3] to an urgent care clinic to be evaluated. After evaluation, it was determined that [client #3] had a fractured tibia (lower leg bone), right leg, and was prescribed crutches and an air cast. Staff will ensure all discharge instructions are followed and all prescriptions filled. Preliminary investigation by PD/QMRP revealed that when [client #3] was at the park during community habilitation on 4/1/11 a couple of hours previous, he (client #3) fell/jumped from a slightly elevated area. Staff noted that [client #3] was not complaining of any pain after the fall/jump and was not noticed (sic) to be limping until later. PD/QMRP will continue to investigate as to the cause of the fracture."</p> <p>The 4/8/11 investigation of above incident indicated, "After further investigation and collected details of what staff witnessed, Program Director/QMRP has determined</p>				

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