

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6386 ELLSWORTH PL MERRILLVILLE, IN 46410
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W 000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00170119.</p> <p>COMPLAINT #IN00170119 - SUBSTANTIATED, Federal/State deficiencies related to the allegation are cited at W102, W104, W111, W122, W149, W157, and W278.</p> <p>Dates of Survey: April 14, 15, 17, and 20, 2015.</p> <p>Facility number: 001034 Provider number: 15G520 AIM number: 100245230</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p>			

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>Based on record review, observation, and interview, the Condition of Participation of Governing Body is not met as the facility's governing body failed to assure adequate interventions were in place and implemented to prevent injuries from Self-Injurious Behaviors for 1 of 4 sampled clients (Client D) who had a history of Self-Injurious Behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W104 as the facility's governing body failed to assure effective and timely interventions were implemented to protect 1 of 4 sampled clients (client D) from injuries from Self-Injurious Behaviors. Please refer to W111 as the governing body failed to ensure the facility failed to maintain accurate documentation in regards to incidents of Self-Injurious Behaviors involving 1 of 4 sampled clients living at the group home (client D). Please refer to W122, the Condition of Participation, Client Protections, as the governing body neglected to assure 1 of 4 sampled clients (Client D) received adequate and timely interventions to prevent injuries from Self-Injurious Behaviors. 	W 102	<p>The governing body will ensure that effective and timely interventions are implemented to protect clients from injuries from self-injurious behaviors. The Program Director/QIDP was retrained on the expectation that if an individual in the facility requires a behavior plan, it must be current and approved. The Program Director/QIDP and Behavior Specialist will train all staff at the facility by 05/15/15 on the updated HRC approved behavior plan for Client D. The governing body will ensure that the facility maintains accurate documentation in regards to incidents of self-injurious behaviors. All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. The Behavior Specialist will also review the behavior tracking data on a monthly basis and provide feedback to the Program Director /QIDP and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly</p>	05/20/2015

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	This federal tag relates to complaint #IN00170119. 9-3-1(a)		report. For quality review, the report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. Update: Onsite monitoring will occur to ensure that the plan is followed, to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The Program Director/QIDP and/or other qualified designee will conduct onsite observations five times per week for four weeks at the facility. At that time, it is anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care	

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W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review, observation, and interview, the facility's governing body failed to assure effective and timely interventions were implemented to protect 1 of 4 sampled clients (client D) from injuries from Self-Injurious Behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W149 as the governing body neglected to implement their "Policy and Procedure Concerning Abuse, Neglect and Exploitation" (abuse/neglect policy) to provide "appropriate care, supervision or training", for 1 of 4 sampled clients (client D) who sustained injury from Self-Injurious Behaviors. Please refer to W157 as the governing body failed to exercise operating direction over the facility to implement timely corrective action for 1 of 4 sampled clients (client D) who sustained injury from Self-Injurious Behaviors. 	W 104	<p>to Client D and all other clients in the home.</p> <p>The governing body will implement its policy and procedure concerning Abuse, Neglect, and Exploitation to provide appropriate care, supervision and training for Client D who sustained injury from Self-Injurious Behavior. The Program Director/QIDP was retrained on the expectation that if an individual in the facility requires a behavior plan, it must be current and approved. The Program Director/QIDP and Behavior Specialist will train all staff at the facility by 05/15/15 on the updated HRC approved behavior plan for Client D. The plan illustrates that the least restrictive interventions are to be implemented prior to administering psychotropic medications and describes when to utilize a physical intervention. The governing body will ensure that timely corrective action is implemented for all individuals known to engage in self injurious behavior. All staff are trained on various levels of crisis intervention techniques on an annual basis. In addition, staff receive individual specific training for each client in the facility that</p>	05/20/2015

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	<p>3. Please refer to W278 as the governing body failed to exercise operating direction over the facility to implement a less restrictive behavioral intervention prior to administering psychotropic medications (behavioral medications) for 1 of 4 sampled clients (client D).</p> <p>This federal tag relates to complaint #IN00170119. 9-3-1(a)</p>		<p>has a behavior support plan. All facility staff will be retrained by 5/15/15 on Client D's behavior plan and intervention strategies. All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. The Behavior Specialist will also review the behavior tracking data on a monthly basis and provide feedback to the Program Director /QIDP and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly report. For quality review, the report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. Update: Onsite monitoring will occur to ensure that the plan is followed, to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The Program Director/QIDP and/or other qualified designee will conduct onsite observations five times per week for four weeks at</p>	

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W 111 Bldg. 00	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. Based on record review and interview, the facility failed to maintain accurate documentation in regards to incidents of Self-Injurious Behaviors involving 1 of 4	W 111	the facility. At that time, it is anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care to Client D and all other clients in the home. All staff at the facility will be trained on the updated and HRC approved Behavior Plan for Client D by 5/15/15. The new plan includes Self Injurious Behavior	05/20/2015	

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	<p>sampled clients living at the group home (client D).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/14/15 at 10:48 A.M. A review of facility incident reports and accident/illness reports from 1/1/15 to 4/15/15 indicated the following Self-Injurious Behavior which resulted in an injury to client D:</p> <p>- "Date: 03/19/2015, Time: 2:30 PM, Narrative: [Client D] has seasonal psychosis. She sees [psychiatrist] at [psychiatric center] and he (psychiatrist) has tried various medication changes this year. [Client D] has gone from lethargic and weak to being aggressive and displaying self injurious behavior. [Psychiatrist] has suggested that [client D] see a different doctor because he feels that he has done all that he can for her. [Client D] recently had a medication decrease and that has caused an increase in her self injurious behaviors and aggression. [Client D] was hitting her hand against the wall and staff kept redirecting her. [Client D] continued to hit her hands and scream. [Client D] eventually calmed down but her hand became swollen later on. [Client D] began to complain of pain in her hand.</p>		<p>as one of Client D's target behaviors. The Program Director/QIDP was reminded on the expectation that if an individual requires a behavior plan, that a current and approved version of the plan must be implemented. All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The staff will also be trained on the expectation to accurately document on the behavior tracking sheets for the other individuals in the facility (as needed). The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. The Behavior Specialist will also review the behavior tracking data on a monthly basis and provide feedback to the Program Director /QIDP and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly report. For quality review, the report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. Update: Onsite monitoring will occur to ensure that the plan is followed,</p>	

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	<p>She was taken to [hospital] to have her hand examined. It was determined that [client D] had a fracture in her left hand. Her hand was wrapped and she was told to follow up with her general doctor in ten days. Plan to Resolve: A new psychiatrist has been secured for [client D]. She sees the new doctor on Monday, April 13, 2015. [Client D] has not had any further self injurious behavior. The area along her bed had been padded to prevent further injury. The staffing level has increased so that [client D] has staff to provide her with additional supervision. [Psychiatrist] was contacted but he did not do any medication changes. [Client D's] behavior specialist was contacted and made aware of this incident so that she can address these issues with [client D]."</p> <p>Direct care staff #1 was interviewed on 4/15/15 at 7:46 A.M. When asked about client D's Self-Injurious Behaviors (banging her hand against a solid object), direct care staff #1 stated, "She (client D) still bangs her hand. She tries to do it a lot but we intervene as best we can. She (client D) hasn't hurt her self no more, though. She (client D) has a staff just for her most of the time (1 on 1 staff)."</p> <p>When asked to review the Self-Injurious Behavior data collected for the month of April, 2015, direct care staff #1 stated,</p>		<p>to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The Program Director/QIDP and/or other qualified designee will conduct onsite observations five times per week for four weeks at the facility. At that time, it is anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care to Client D and all other clients in the home.</p>	

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	<p>"We don't collect data on that (Self-Injurious Behaviors)."</p> <p>Client D's records were reviewed on 4/15/15 at 8:46 A.M. The review of the client's Behavior Support Plan, dated 2/19/14, indicated the client's behaviors of Property Destruction, Verbal Aggression, Physical Aggression, Non-compliance, and Elopement were being addressed. The 2/19/14 Behavior Support Plan failed to indicate Self-Injurious Behaviors were being addressed. Further review of client D's record failed to indicate incidents of client D's Self-Injurious Behaviors were being documented.</p> <p>Area Director #1 was interviewed on 4/15/15 at 9:55 A.M. When asked if incidents of client D's Self-Injurious Behaviors were being documented, Area Director #1 stated, "Not that I'm aware of."</p> <p>This federal tag relates to complaint #IN00170119. 9-3-1(a)</p>			

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W 122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review, observation, and interview, the Condition of Participation of Client Protections is not met as the facility neglected to assure 1 of 4 sampled clients (Client D) received adequate and timely interventions to prevent injuries from Self-Injurious Behaviors.</p> <p>Findings include:</p> <p>1. Please refer to W149 as the facility neglected to implement their "Policy and Procedure Concerning Abuse, Neglect and Exploitation" (abuse/neglect policy) to provide "appropriate care, supervision or training", for 1 of 4 sampled clients (client D) who sustained injury from Self-Injurious Behaviors.</p> <p>2. Please refer to W157 as the facility failed to implement timely corrective action for 1 of 4 sampled clients (client D) who sustained injury from Self-Injurious Behaviors.</p> <p>This federal tag relates to complaint #IN00170119. 9-3-2(a)</p>	W 122	<p>The facility will implement its policy and procedure concerning Abuse, Neglect and Exploitation to provide appropriate care, supervision and training to all the individuals in the facility. All staff at the facility will be trained on the updated and HRC approved Behavior Plan for Client D by 5/15/15. The Program Director/QIDP was reminded on the expectation that if an individual requires a behavior plan, that a current and approved version of the plan must be in place. The Program Director/QIDP was retrained on the expectation that if a new target behavior is observed, that an immediate response is required in order to formally track the instances of occurrence, and to train staff to continue to follow intervention strategies as outlined in the BSP to ensure the safety of the individual (while the BSP is updated to include the new target behavior). All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The staff were also trained on the expectation to accurately</p>	05/20/2015

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			document on the behavior tracking sheets for the other individuals in the facility (as needed). The facility will implement timely corrective actions to known target behaviors. In addition to ensuring staff are trained in the Behavior Plans, and required documentation needs, the Program Director/QIDP will assess the staffing levels and environmental safety needs (on an ongoing basis) and will make immediate modifications as necessary. The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. The Behavior Specialist will also review the behavior tracking data on a monthly basis and provide feedback to the Program Director /QIDP and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly report. For quality review, the report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. Update: Onsite monitoring will occur to ensure that the plan is followed, to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The	

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W 149 Bldg. 00	483.420(d)(1) 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, observation, and interview, the facility neglected to implement their "Policy and Procedure	W 149	Program Director/QIDP and/or other qualified designee will conduct onsite observations five times per week for four weeks at the facility. At that time, it is anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care to Client D and all other clients in the home. The facility will implement its policy and procedure concerning Abuse, Neglect and Exploitation	05/20/2015	

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	<p>Concerning Abuse, Neglect and Exploitation" (abuse/neglect policy) to provide "appropriate care, supervision or training", for 1 of 4 sampled clients (client D) who sustained injury from Self-Injurious Behaviors.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/14/15 at 10:48 A.M. A review of facility incident reports and accident/illness reports from 1/1/15 to 4/15/15 indicated the following Self-Injurious Behavior which resulted in an injury to client D:</p> <p>- "Date: 03/19/2015, Time: 2:30 PM, Narrative: [Client D] has seasonal psychosis. She sees [psychiatrist] at [psychiatric center] and he (psychiatrist) has tried various medication changes this year. [Client D] has gone from lethargic and weak to being aggressive and displaying self injurious behavior. [Psychiatrist] has suggested that [client D] see a different doctor because he feels that he has done all that he can for her. [Client D] recently had a medication decrease and that has caused an increase in her self injurious behaviors and aggression. [Client D] was hitting her hand against the wall and staff kept redirecting her. [Client D] continued to</p>		<p>to provide appropriate care, supervision and training to all the individuals in the facility. All staff at the facility will be trained on the updated and HRC approved Behavior Plan for Client D by 5/15/15. The plan illustrates that the least restrictive interventions are to be implemented prior to administering psychotropic medications and describes when to utilize a physical intervention. For example, staffing levels were increased for Client D and minor environmental changes (padding, floor mats, and furniture bumpers) were purchased/arranged by the Program Director/QIDP. The Program Director/QIDP was reminded on the expectation that if an individual requires a behavior plan, that a current and approved version of the plan must be in place. All behavior plans in the home will be reviewed by the Program Director/QIDP and Behavior Specialist by 5/20/15 to ensure they are currently meeting the needs of each individual in the facility. All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The staff were also trained on the expectation to accurately document on the behavior tracking sheets for the other</p>	

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	<p>hit her hands and scream. [Client D] eventually calmed down but her hand became swollen later on. [Client D] began to complain of pain in her hand. She was taken to [hospital] to have her hand examined. It was determined that [client D] had a fracture in her left hand. Her hand was wrapped and she was told to follow up with her general doctor in ten days. Plan to Resolve: A new psychiatrist has been secured for [client D]. She sees the new doctor on Monday, April 13, 2015. [Client D] has not had any further self injurious behavior. The area along her bed had been padded to prevent further injury. The staffing level has increased so that [client D] has staff to provide her with additional supervision. [Psychiatrist] was contacted but he did not do any medication changes. [Client D's] behavior specialist was contacted and made aware of this incident so that she can address these issues with [client D]."</p> <p>Client D was observed at the group home on 4/15/15 from 6:39 A.M. until 7:45 A.M. Client D was sitting in the living room of the facility and had a 1 on 1 staff with her (One staff to supervise one client). Client D became agitated and was yelling, "I want a donut, I want a donut !" Direct care staff #3 (client D's 1 on 1 staff) told client D that breakfast</p>		<p>individuals in the facility (as needed). The facility will implement timely corrective actions to known target behaviors. In addition to ensuring staff are trained in the Behavior Plans, and required documentation needs, the Program Director/QIDP will assess the staffing levels and environmental safety needs (on an ongoing basis) and will make immediate modifications as necessary. The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. The Behavior Specialist will also review the behavior tracking data on a monthly basis and provide feedback to the Program Director /QIDP for quality review and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly report. The report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. Update: Onsite monitoring will occur to ensure that the plan is followed, to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The Program Director/QIDP and/or</p>	

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	<p>would be ready soon and she could have a donut then. Client D calmed down. During the observation period, client D periodically yelled loudly and become verbally aggressive toward staff. Direct care staff #3 continually redirected the client to the activities at hand.</p> <p>Direct care staff #1 was interviewed on 4/15/15 at 7:46 A.M. When asked about client D's Self-Injurious Behaviors (banging her hand against a solid object), direct care staff #1 stated, "She (client D) still bangs her hand. She tries to do it a lot but we intervene as best we can. She (client D) hasn't hurt her self no more, though. She (client D) has a staff just for her most of the time (1 on 1 staff)."</p> <p>When asked to review the Self-Injurious Behavior data collected for the month of April, 2015, direct care staff #1 stated, "We don't collect data on that (Self-Injurious Behaviors)."</p> <p>Direct care staff #2 was interviewed on 4/15/15 at 8:01 A.M. When asked about client D's Self-Injurious Behaviors (banging her hand against a solid object), direct care staff #2 stated, "She (client D) still bangs her hand. She was supposed to see the new Psychiatrist this last Monday (4/13/15) but she spit in his face and he refused to see her." When asked when client D's Self-Injurious Behaviors</p>		<p>other qualified designee will conduct onsite observations five times per week for four weeks at the facility. At that time, it is anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care to Client D and all other clients in the home.</p>		

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	<p>began, direct care staff #2 stated, "She (client D) has always been doing something. She began banging her hand around Christmas time (12/14)." When asked if the client had a behavior support plan which addressed the Self-Injurious Behaviors, direct care staff #2 stated, "Not that I know of. Her (client D's) behavior plan hasn't been changed in a long time."</p> <p>Client D's records were reviewed on 4/15/15 at 8:46 A.M. The review of the client's Behavior Support Plan, dated 2/19/14, indicated the client's behaviors of Property Destruction, Verbal Aggression, Physical Aggression, Non-compliance, and Elopement were being addressed. The 2/19/14 Behavior Support Plan failed to indicate Self-Injurious Behaviors were being addressed. Further review of client D's record indicated a draft of a Behavior Support Plan, dated 2/19/15. The draft plan was to address client D's Self-Injurious Behaviors, along with Physical Aggression, Verbal Aggression, Spitting, and Property Destruction.</p> <p>Area Director #1 was interviewed on 4/15/15 at 9:55 A.M. Area Director #1 stated, "[Client D] does display some Self-Injurious Behaviors such as hand banging. To my knowledge it began</p>			

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	<p>around the first of the year (1/15). She has been to the psychiatrist and has had several med (medication) changes. We've added staff to the home and she has plenty of supervision now. We have a new Behavior Support Plan (2/19/15 draft Behavior Support Plan) which will go into effect on Thursday (4/16/15). It was written in February (2/15). It will go the the HRC (Human Rights Committee) for approval later this week." When asked why it has taken from 2/19/15 to 4/16/15 to have the new Behavior Support Plan implemented, Area Director stated, "We contract for behavior services and it has taken this long."</p> <p>The facility's records were further reviewed on 4/17/15 at 11:41 A.M. A review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 2/23/15, indicated in part, "C. Neglect is defined as a failure to provide appropriate care, supervision or training."</p> <p>This federal tag relates to complaint #IN00170119. 9-3-2(a)</p>			

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W 157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review, observation, and interview, the facility failed to implement timely corrective action for 1 of 4 sampled clients (client D) who sustained injury from Self-Injurious Behaviors.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/14/15 at 10:48 A.M. A review of facility incident reports and accident/illness reports from 1/1/15 to 4/15/15 indicated the following Self-Injurious Behavior which resulted in an injury to client D:</p> <p>- "Date: 03/19/2015, Time: 2:30 PM, Narrative: [Client D] has seasonal psychosis. She sees [psychiatrist] at [psychiatric center] and he (psychiatrist) has tried various medication changes this year. [Client D] has gone from lethargic and weak to being aggressive and displaying self injurious behavior. [Psychiatrist] has suggested that [client D] see a different doctor because he feels that he has done all that he can for her. [Client D] recently had a medication decrease and that has caused an increase in her self injurious behaviors and</p>	W 157	<p>The facility will implement timely corrective actions to known target behaviors. In addition to ensuring staff are trained in the Behavior Plans, and required documentation needs, the Program Director/QIDP will assess the staffing levels and environmental safety needs (on an ongoing basis) and will make immediate modifications as necessary. All staff are trained on various levels of crisis intervention techniques on an annual basis. In addition, staff receive individual specific training for each client in the facility that has a behavior support plan. The Program Director/QIDP was reminded on the expectation that if an individual requires a behavior plan, that a current and approved version of the plan must be in place. All behavior plans in the home will be reviewed by the Program Director/QIDP and Behavior Specialist by 5/20/15 to ensure they are currently meeting the needs of each individual in the facility. The Program Director/QIDP was retrained on the expectation that if a new target behavior is observed, that an immediate response is required in order to formally track the instances of occurrence, and to train staff to continue to follow intervention strategies as outlined</p>	05/20/2015
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	<p>aggression. [Client D] was hitting her hand against the wall and staff kept redirecting her. [Client D] continued to hit her hands and scream. [Client D] eventually calmed down but her hand became swollen later on. [Client D] began to complain of pain in her hand. She was taken to [hospital] to have her hand examined It was determined that [client D] had a fracture in her left hand. Her hand was wrapped and she was told to follow up with her general doctor in ten days. Plan to Resolve: A new psychiatrist has been secured for [client D]. She sees the new doctor on Monday, April 13, 2015. [Client D] has not had any further self injurious behavior. The area along her bed had been padded to prevent further injury. The staffing level has increased so that [client D] has staff to provide her with additional supervision. [Psychiatrist] was contacted but he did not do any medication changes. [Client D's] behavior specialist was contacted and made aware of this incident so that she can address these issues with [client D]."</p> <p>Client D was observed at the group home on 4/15/15 from 6:39 A.M. until 7:45 A.M. Client D was sitting in the living room of the facility and had a 1 on 1 staff with her (One staff to supervise one client). Client D became agitated and</p>		<p>in the BSP to ensure the safety of the individual (while the BSP is updated to include the new target behavior). All staff at the facility will be trained on the updated and HRC approved Behavior Plan for Client D by 5/15/15. The plan illustrates that the least restrictive interventions are to be implemented prior to administering psychotropic medications and describes when to utilize a physical intervention. For example, staffing levels were increased for Client D and minor environmental changes (padding, floor mats, and furniture bumpers) were purchased/arranged by the Program Director/QIDP. All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The staff were also trained on the expectation to accurately document on the behavior tracking sheets for the other individuals in the facility (as needed). The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. The Behavior Specialist will also review the behavior tracking data on a monthly basis and provide</p>	

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	<p>was yelling, "I want a donut, I want a donut !" Direct care staff #3 (client D's 1 on 1 staff) told client D that breakfast would be ready soon and she could have a donut then. Client D calmed down. During the observation period, client D periodically yelled loudly and become verbally aggressive toward staff. Direct care staff #3 continually redirected the client to the activities at hand.</p> <p>Direct care staff #1 was interviewed on 4/15/15 at 7:46 A.M. When asked about client D's Self-Injurious Behaviors (banging her hand against a solid object), direct care staff #1 stated, "She (client D) still bangs her hand. She tries to do it a lot but we intervene as best we can. She (client D) hasn't hurt her self no more, though. She (client D) has a staff just for her most of the time (1 on 1 staff)."</p> <p>When asked to review the Self-Injurious Behavior data collected for the month of April, 2015, direct care staff #1 stated, "We don't collect data on that (Self-Injurious Behaviors)."</p> <p>Direct care staff #2 was interviewed on 4/15/15 at 8:01 A.M. When asked about client D's Self-Injurious Behaviors (banging her hand against a solid object), direct care staff #2 stated, "She (client D) still bangs her hand. She was supposed to see the new Psychiatrist this last</p>		<p>feedback to the Program Director /QIDP for quality review and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly report. The report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. Update: Onsite monitoring will occur to ensure that the plan is followed, to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The Program Director/QIDP and/or other qualified designee will conduct onsite observations five times per week for four weeks at the facility. At that time, it is anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the</p>	

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	<p>Monday (4/13/15) but she spit in his face and he refused to see her." When asked when client D's Self-Injurious Behaviors began, direct care staff #2 stated, "She (client D) has always been doing something. She began banging her hand around Christmas time (12/14)." When asked if the client had a behavior support plan which addressed the Self-Injurious Behaviors, direct care staff #2 stated, "Not that I know of. Her (client D's) behavior plan hasn't been changed in a long time."</p> <p>Client D's records were reviewed on 4/15/15 at 8:46 A.M. The review of the client's Behavior Support Plan, dated 2/19/14, indicated the client's behaviors of Property Destruction, Verbal Aggression, Physical Aggression, Non-compliance, and Elopement were being addressed. The 2/19/14 Behavior Support Plan failed to indicate Self-Injurious Behaviors were being addressed. Further review of client D's record indicated a draft of a Behavior Support Plan, dated 2/19/15. The draft plan was to address client D's Self-Injurious Behaviors, along with Physical Aggression, Verbal Aggression, Spitting, and Property Destruction.</p> <p>Area Director #1 was interviewed on 4/15/15 at 9:55 A.M. Area Director #1</p>		<p>Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care to Client D and all other clients in the home.</p>	

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W 278 Bldg. 00	<p>stated, "[Client D] does display some Self-Injurious Behaviors such as hand banging. To my knowledge it began around the first of the year (1/15). She has been to the psychiatrist and has had several med (medication) changes. We've added staff to the home and she has plenty of supervision now. We have a new Behavior Support Plan (2/19/15 draft Behavior Support Plan) which will go into effect on Thursday (4/16/15). It was written in February (2/15). It will go the the HRC (Human Rights Committee) for approval later this week." When asked why it has taken from 2/19/15 to 4/16/15 to have the new Behavior Support Plan implemented, Area Director stated, "We contract for behavior services and it has taken this long."</p> <p>This federal tag relates to complaint #IN00170119. 9-3-2(a)</p> <p>483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive</p>			

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	<p>techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.</p> <p>Based on record review and interview, the facility failed to implement a less restrictive behavioral intervention prior to administering psychotropic medications (behavioral medications) for 1 of 4 sampled clients (client D).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/14/15 at 10:48 A.M. A review of facility incident reports and accident/illness reports from 1/1/15 to 4/15/15 indicated the following Self-Injurious Behavior which resulted in an injury to client D:</p> <p>- "Date: 03/19/2015, Time: 2:30 PM, Narrative: [Client D] has seasonal psychosis. She sees [psychiatrist] at [psychiatric center] and he (psychiatrist) has tried various medication changes this year. [Client D] has gone from lethargic and weak to being aggressive and displaying self injurious behavior. [Psychiatrist] has suggested that [client D] see a different doctor because he feels that he has done all that he can for her. [Client D] recently had a medication decrease and that has caused an increase</p>	W 278	<p>The facility will ensure that the least restrictive behavior intervention strategies are implemented prior to administering psychotropic medication changes. The Program Director/QIDP was reminded on the expectation that if an individual requires a behavior plan, that a current and approved version of the plan must be in place. All behavior plans in the home will be reviewed by the Program Director/QIDP and Behavior Specialist by 5/20/15 to ensure they are currently meeting the needs of each individual in the facility. The Program Director/QIDP was retrained on the expectation that if a new target behavior is observed, that an immediate response is required in order to formally track the instances of occurrence, and to train staff to continue to follow intervention strategies as outlined in the BSP to ensure the safety of the individual (while the BSP is updated to include the new target behavior). All staff at the facility will be trained on the updated and HRC approved Behavior Plan for Client D by 5/15/15. The plan illustrates that the least restrictive interventions are to be implemented prior to administering psychotropic</p>	05/20/2015	

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	<p>in her self injurious behaviors and aggression. [Client D] was hitting her hand against the wall and staff kept redirecting her. [Client D] continued to hit her hands and scream. [Client D] eventually calmed down but her hand became swollen later on. [Client D] began to complain of pain in her hand. She was taken to [hospital] to have her hand examined It was determined that [client D] had a fracture in her left hand. Her hand was wrapped and she was told to follow up with her general doctor in ten days. Plan to Resolve: A new psychiatrist has been secured for [client D]. She sees the new doctor on Monday, April 13, 2015. [Client D] has not had any further self injurious behavior. The area along her bed had been padded to prevent further injury. The staffing level has increased so that [client D] has staff to provide her with additional supervision. [Psychiatrist] was contacted but he did not do any medication changes. [Client D's] behavior specialist was contacted and made aware of this incident so that she can address these issues with [client D]."</p> <p>Direct care staff #2 was interviewed on 4/15/15 at 8:01 A.M. When asked about client D's Self-Injurious Behaviors (banging her hand against a solid object), direct care staff #2 stated, "She (client D)</p>		<p>medications and describes when to utilize a physical intervention. For example, after Client D had a decrease in a psychotropic medication, she began to exhibit self-injurious behavior. Staffing levels were increased for Client D and minor environmental changes (padding, floor mats, and furniture bumpers) were purchased/arranged by the Program Director/QIDP. These interventions were implemented as they are less restrictive than increasing Client D's psychotropic medication. All staff at the facility will be trained by 5/15/15 on how to document on the behavior data tracking sheets. Self-Injurious behavior has been added to the tracking sheets as a target behavior for Client D. The staff were also trained on the expectation to accurately document on the behavior tracking sheets for the other individuals in the facility (as needed). The Program Director/QIDP will review the behavior tracking sheets during weekly site visits. Immediate feedback and further direction will be provided to staff regarding the quality of their documentation. Through a formalized behavior data tracking system, the effectiveness of the intervention strategies will be able to be assessed on a routine basis. The Behavior</p>	

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6386 ELLSWORTH PL MERRILLVILLE, IN 46410
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	<p>still bangs her hand. When asked when client D's Self-Injurious Behaviors began, direct care staff #2 stated, "She (client D) has always been doing something. She began banging her hand around Christmas time (12/14)." When asked if the client had a behavior support plan which addressed the Self-Injurious Behaviors, direct care staff #2 stated, "Not that I know of. Her (client D's) behavior plan hasn't been changed in a long time." Direct care staff #2 further stated, "She's (client D) had several med (medication) changes in the past six months and she's finally starting to come around some (calming herself and having fewer episodes of Self-Injurious Behaviors)."</p> <p>Client D's records were reviewed on 4/15/15 at 8:46 A.M. The review of the client's Behavior Support Plan, dated 2/19/14, indicated the client's behaviors of Property Destruction, Verbal Aggression, Physical Aggression, Non-compliance, and Elopement were being addressed. The 2/19/14 Behavior Support Plan failed to indicate Self-Injurious Behaviors were being addressed. Further review of client D's record indicated she had the following medication prescribed: "12/29/14: Risperdal (anti-psychosis medication), 1/28/15: Depakote ER (mood stabilizing</p>		<p>Specialist will also review the behavior tracking data on a monthly basis and provide feedback to the Program Director /QIDP for quality review and note if there is any need for improvement in staff documentation. The behavior data will be summarized by the Behavior Specialist in a monthly report. The report will be reviewed by the Program Director/QIDP on a monthly basis and presented at each IDT meeting. In addition, the Program Director/QIDP meets weekly with the facility nurse. All medication changes are discussed during this meeting. If a medication increase is being considered or was recently prescribed, it will be determined if the medication is within therapeutic range, and if all less restrictive intervention strategies have been implemented. The minutes from these weekly meetings are forwarded to the Wellness Nurse Program Manager for quality assurance review on a weekly basis. Update: Onsite monitoring will occur to ensure that the plan is followed, to provide immediate coaching to the staff, and to review the accuracy of charting on the behavior data sheets. The Program Director/QIDP and/or other qualified designee will conduct onsite observations five times per week for four weeks at the facility. At that time, it is</p>	

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	<p>medication) and Trileptal (mood stabilizing medication)."</p> <p>Area Director #1 was interviewed on 4/15/15 at 9:55 A.M. Area Director #1 stated, "[Client D] behavior plan is in the process of being approved for implementation." Area Director #1 further stated, "She (client D) has had several medication changes since her last behavior plan (2/19/14 Behavior Support Plan) was implemented."</p> <p>This federal tag relates to complaint #IN00170119.</p> <p>9-3-5(a)</p>		<p>anticipated that all staff will be fully competent in the guidelines set forth in policy and in the behavior support plan. Onsite monitoring visits will then be reduced to three times per week for an additional two weeks. It will then be assessed if the onsite visits need to be increased or decreased based on the demonstrated behaviors, intervention techniques, and documentation/charting needs at that time. The results of the onsite visits will be recorded on Active Treatment/Teaching Observation forms and submitted weekly to the QIDP for quality review. On an ongoing basis, the Program Director/QIDP will continue to conduct weekly site visits at the facility. During the visits, the staff members are coached on what they are doing well and areas for improvement (as needed) when providing care to Client D and all other clients in the home.</p>		