

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G460	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2014
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 55693 ASH RD OSCEOLA, IN 46561
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 20, 21, 22, 23, and 24, 2014.</p> <p>Facility number: 000974 Provider number: 15G460 AIM number: 100244830</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 10/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000249	<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 an objective for 1 of 1 sampled client with an objective for using adaptive equipment (client #3).</p>	W000249	All staff at the home are being re-trained on the fall risk plan and IPP program in place for Client #3 regarding the use of a cane for safe ambulation. We have reviewed this issue for all other	11/23/2014

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>Client #3 was observed at the group home during the 10/21/14 observation period from 6:24 A.M. until 8:15 A.M. During the observation period, client #3 ambulated cautiously around the group home and was not observed to use a cane.</p> <p>Client #3's record was reviewed on 10/22/14 at 10:05 A.M. A review of the client's 1/30/14 Individual Program Plan indicated client #3 had a history of falling. Further review of client #3's Individual Program Plan indicated the client had an objective to "use cane at all times when in the group home, at work, and in the community." Direct care staff #5, #6, and #7 did not prompt or assist client #3 to use her cane during the 10/22/14 group home observation period.</p> <p>Program Director #1 was interviewed on 10/22/14 at 11:29 A.M. Program Director #1 stated, "Staff (direct care staff) should have prompted [client #3] to use her cane."</p> <p>9-3-4(a)</p>		<p>individuals residing at this facility to ensure that all IPP programs are being implemented as written, including the need for adaptive equipment and programs in place to support the use of adaptive equipment. The Program Director/QIDP is responsible to ensure that this re-training has been effective through on-site active treatment observations. For two weeks following the staff meeting, the QIDP or designee will conduct active treatment observations four times a week. Immediate redirection and re-training will occur for any staff failing to effectively implement the active treatment programs as written. If the QDDP sees effective program implementation in that time, the observations will reduce to twice per month. If the QDDP observes that additional training and observation is required, the observations will continue at 4 visits per week until staff have demonstrated competency in program implementation. UPDATE 12/2/2014: Ongoing monitoring of the effectiveness of the re-training after the first two weeks of intensive retraining will now reduce initially to 2 observations per week conducted by the QDDP or designee over the first month. After that, if continued competence is demonstrated, the frequency of observations will titrate to once per week. The QDDP is required</p>				

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W000259	<p>483.440(f)(2) PROGRAM MONITORING & 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, the facility failed to ensure Comprehensive Functional Assessments for 3 of 4 sampled clients (clients #2, #3, and #4) were thoroughly reviewed and completed at least annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/22/14 at 9:33 A.M. The review indicated the client's most current Comprehensive Functional Assessment was completed on 3/23/13.</p> <p>Client #3's record was reviewed on 10/22/14 at 10:05 A.M. The review indicated the client's most current Comprehensive Functional Assessment was completed on 2/25/13.</p> <p>Client #4's record was reviewed on 10/22/14 at 10:47 A.M. The review indicated the client's most current</p>	W000259	<p>to visit the site once a week on an ongoing basis for quality assurance and ongoing training on programs and active treatment implementation.</p> <p>The Comprehensive Functional Assessments for Clients #2, #3, & #4 are being updated and placed in the client file. The Program Director/QIDP is receiving re-training regarding the expectation that the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed at least annually. We have reviewed this deficiency for all other individuals residing at this facility to ensure that current Comprehensive Functional Assessments are in place. Any outdated assessments are being updated. Going forward, the QIDP is expected to conduct file audits at least quarterly for each individual residing in the facility to ensure that any assessments requiring an update are reviewed and revised as needed. Copies of these audits are to be forwarded to the Area Director for review and quality control.</p>	11/23/2014

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W000369	<p>Comprehensive Functional Assessment was completed on 4/8/13.</p> <p>Program Director #1 was interviewed on 10/22/14 at 11:29 A.M. Program Director #1 stated, "I just took over this case load and I am going to update the comprehensive functional assessments. This was an oversight."</p> <p>9-3-4(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview, the facility failed to assure 1 of 16 administered medications were administered according to physician's orders for 1 of 4 additional clients (client #6).</p> <p>Findings include:</p> <p>Client #6 was observed during the group home observation period on 10/21/14 from 6:24 A.M. until 8:15 A.M. At 6:45 A.M., direct care staff #5 administered Ibuprofen 800 milligram tablet (pain medication) to client #6. Client #6 did</p>	W000369	The staff responsible for passing the ibuprofen to Client #5 on 10/21 is receiving disciplinary action and retraining for failing to follow the medication label directions as written. This staff and all staff at the facility are receiving re-training on the importance of reading the MAR and medication labels carefully for specific instructions in order to ensure that all medications are administered according to the physician's orders. The Facility Nurse and QDDP will be responsible to ensure that this retraining has been effective for all individuals residing at this	11/23/2014			

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W000436	<p>not eat anything before taking the Ibuprofen and nothing after the administration of the Ibuprofen tablet until the client sat down to eat her breakfast at 7:41 A.M.</p> <p>Client #6's record was reviewed on 10/22/14 at 10:01 A.M. Review of client #6's 9/15/14 physician's orders indicated the following order: "Ibuprofen 800 mg (milligram) tablet. Give 1 tablet orally 3 times a day with food as needed for pain."</p> <p>Program Director #1 was interviewed on 10/22/14 at 11:29 A.M. Program Director #1 stated, "[Client #6's] Ibuprofen should have been given with food."</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review, and interview, the facility failed to assure 1 of</p>	W000436	<p>facility. This will be monitored through medication pass observations to be completed by the nurse, the QIDP, or a trained designee, at a frequency of four times per week for the two weeks after the staff meeting is held. If the QDDP and Facility Nurse see all medications are administered without error during that time, the observations will reduce to twice per month. If the QDDP and Facility Nurse observe that additional training and observation is required, the observations will continue at 4 med passes per week until all observed staff have demonstrated competency in medication administration.</p> <p>All facility staff are being re-trained on the recommendation made by the</p>	11/23/2014	

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	<p>3 sampled clients with eyeglasses (client #3) wore her eyeglasses.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 10/20/14 observation period from 3:54 P.M. until 5:45 P.M., and during the observation period on 10/21/14 from 6:24 A.M. until 8:15 A.M. During the observation periods, client #3 did not wear eyeglasses and direct care staff #1, #2, #3, #4, #5, #6, and #7 did not prompt client #3 to wear her eyeglasses.</p> <p>Client #3's record was reviewed on 10/22/14 at 10:05 A.M. A review of the client's 3/26/14 Vision Exam indicated the client was to wear eyeglasses.</p> <p>Program Director #1 was interviewed on 10/22/14 at 11:29 A.M. The Program Director stated, "[Client #3] has eyeglasses but only wears them when she wants to." Program Director #1 further stated, "Staff (direct care staff) should have prompted her (client #3) to wear her eyeglasses."</p> <p>9-3-7(a)</p>		<p>vision doctor for Client #3 to wear eyeglasses. All staff are being further re-trained on the expectation that we are to teach the clients to use and to make informed choices about the use of all adaptive equipment devices identified by the interdisciplinary team as needed by the client. The assessments for Client #3 are being reviewed to determine if they would benefit from a formal learning program to use their eyeglasses. This program will be implemented as indicated through the assessment process. The Program Director/QIDP is also being re-trained on the expectation that programs are to be developed to support the use of all devices as recommended by the interdisciplinary team. We are reviewing this issue for all individuals residing at the Ash Roadgroup home to ensure that all indicated adaptive equipment is present at the home, that the needed orders are on file, that the adaptive equipment is in good working order, and that appropriate learning programs are in place to encourage appropriate use of the adaptive equipment. It is the responsibility of the management team of the home - including the Med Support DSP, the Lead DSP, the Program Director/QIDP, and the facility Nurse to ensure that all adaptive equipment is available at the home, maintained in good repair, and that appropriate learning</p>				

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			<p>programs are in place to encourage appropriate use of the adaptive equipment. Going forward, the facility management team will meet to review new orders received over the past week. In addition, one full file audit will also be conducted to ensure that nothing has slipped through and that a global look is taken at the overall needs for adaptive equipment for each individual. All of the Med support DSPs, nurses, Lead DSPs, and Program Director/QIDPs have been trained on the expectations regarding this meeting and given the new form to use. Eachweek, this agenda, once completed, is to be forwarded to the Director of Nursing Services and the Area Director for further review and quality assurance.</p>		