

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G760	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5138 GREENVIEW CT BATTLE GROUND, IN 47920
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: February 6, 9, 10 and 13, 2015.</p> <p>Facility number: 012034 Provider number: 15G760 AIM number: 200970250</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 23, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</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 and interview, the governing body failed to exercise general policy, budget, and operating direction over the facility by failing to maintain a system to ensure an accurate accounting of client funds for 2 of 2 sampled clients (#1, #2), and 2 additional clients (#3, #4).</p> <p>Findings include:</p> <p>On 2/6/15 at 9:28 AM, the clients' (#1, #2, #3, and #4) cash-on-hand funds were audited with the House Manager (HM). The review indicated the following client cash-on-hand amounts as follows:</p> <ul style="list-style-type: none"> * Client #1 had \$54.90 in his cash pouch. * Client #2 had \$53.57 in his cash pouch. * Client #3 had \$70.17 in his cash pouch. * Client #4 had no money in his cash pouch. <p>During the financial review, the clients' (#1, #2, #3, and #4) funds were not able to be balanced because the client ledgers were not available for review. During the audit, the House Manager indicated she called the Lead DSP (Direct Support Professional). The House Manager</p>			W 104	<p>W104 483.410(a)(1) GOVERNING BODY The House Manager, QDDP, and Lead DSP will review this Standard. The House Manager, QDDP, and Lead DSP have been retrained on their respective responsibilities concerning ensuring, at all times, an accurate accounting of all client finances. An investigation was completed, but it is unknown where the most recent petty cash ledgers were stored, or why they were removed. All client finances are being audited and any funds not accounted for, or</p>		03/15/2015

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	<p>indicated the Lead DSP indicated the ledgers were there the last time she made an entry. The HM indicated she would continue to look for the clients' ledgers.</p> <p>On 2/10/14 at 3:10 PM during an interview, the House Manager (HM) indicated all staff have access to clients' funds in the group home. The HM indicated Client #4 did not have any money in his pouch because he kept his own money. The HM indicated there was no "system" for auditing the clients' ledgers except she was supposed to audit client funds in the group home one time weekly. The HM stated she has not able to audit the client funds "recently."</p> <p>On 2/13/14 at 4:45 PM during an interview, the Administrator indicated the missing ledgers for clients #1, #2, #3, and #4 were reported to BDDS (Bureau of Developmental Disabilities Services) and an investigation was initiated. The Administrator indicated the ledgers should have been in the group home and should have been audited weekly by the House Manager.</p> <p>9-3-1(a)</p>		<p>missing, will be immediately reimbursed by the Agency. Going forward, the House Manager will complete weekly and random audits of each clients' total finances to ensure accurate accounting of all Individuals funds. Furthermore, each month, the original petty cash ledgers for the month, for each individual, and all receipts and bank statements will be copied and placed in the individuals' petty cash/finance books in the home. The originals will be maintained in the office as back-up.</p>		

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W 149 Bldg. 00	<p>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 and interview, the facility failed to develop and/or implement abuse and neglect policies and procedures to prevent staff to client physical abuse for 1 additional client (#3).</p> <p>Findings include:</p> <p>On 2/6/15 at 11:12 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 10/29/14 to 2/6/15 were reviewed. A BDDS report dated 1/27/15 indicated</p>	W 149	<p>The QDDP will complete monthly audits of the individuals' finances to ensure ongoing accurate accounting of their funds. Will be completed by: 3/15/15 Persons Responsible: QDDP, House Manager, and Lead DSP</p> <p>W149 483.420(d)(1) STAFF TREATMENT OF CLIENTS The House Manager and QDDP will review this Standard. The House Manager and QDDP have been retrained on their respective responsibilities concerning implementing the Agency's written policies and procedures that prohibit mistreatment, neglect or abuse of any client. Going forward, the House Manager and QDDP will adhere to agency policy and procedure concerning abuse, neglect, and exploitation of individuals served. The Area Director will be immediately notified of any</p>	03/15/2015
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	<p>"the House Manager received a call from staff alleging that while sitting in the chair beside the Individual (sic) [Client #3], [Client #3] began trying to hit her and she would catch his hand and set it down beside him and sign "no" to him, per protocol. This went on for about 5 minutes before a co-worker, [DSP (Direct Support Professional) #1], intervened and was sitting on a computer chair in front on the couch where [Client #3] was sitting. [Client #3] starting (sic) to kick [DSP #1] and to get him to stop [DSP #1] would push on the sore on [Client #1]'s right knee and say 'that doesn't feel good does it, now stop kicking me'." The report indicated "Per protocol, House Manager notified the administrator and suspended staff person, [DSP #1], pending investigation. House Manager will conduct an investigation and notify of the results within 5 business days."</p> <p>A follow up BDDS report dated 1/30/15 indicated "On 1/26/15 [DSP #1], was suspended due to an allegation he pressed down on [Client #1]'s sore in an attempt to stop [Client #3] from kicking him. [DSP #1] is still suspended and the investigation is complete. The investigation determined that the allegation was substantiated, and [DSP #1] is being terminated."</p>		<p>suspicion and/or allegation of abuse, neglect, or exploitation of any individual served and ensure appropriate and prompt corrective action is implemented per Policy and procedure. Will be completed by: 3/15/15 Persons Responsible: QDDP, House Manager, and Area Director</p>				

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	<p>On 2/6/15 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, mild intellectual disabilities, autism, aspergers (an autism spectrum disorder), bipolar disorder, communication delay, and hearing impairment with no functional hearing.</p> <p>On 2/12/15 at 4:45 PM during an interview, the Administrator indicated the investigation substantiated the allegation of physical abuse of Client #3 by DSP #1. The Administrator indicated DSP #1 was terminated.</p> <p>The facility "Policy and Procedure Concerning Abuse, Neglect, and Exploitation" (undated) reviewed on 2/9/15 at 3:49 PM indicated "Abuse, neglect or exploitation of the individuals' served is strictly prohibited in any Dungarvin service delivery setting." The facility policy defined neglect as "failure to provide appropriate care, supervision or training, failure to provide food and medical services as needed...".</p> <p>9-3-2(a)</p>				

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W 440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to ensure a fire evacuation drill for each shift of personnel for every quarter for 4 of 4 sampled clients (#1, #2, #3, and #4).</p> <p>Findings include:</p> <p>On 2/6/15 at 8:45 AM, the group home fire evacuation drills from 2/14/14 to 1/28/15 were reviewed for clients #1, #2, #3, and #4. The fire evacuation drill audit indicated 3rd shift fire drills were only completed for 3 of 4 quarters of the year. The evacuation drill audit indicated the following 3rd shift (between 10 PM and 6 AM) drills:</p> <p>* 2/19/14 at 3:00 AM * 10/22/14 at 3:00 AM * 1/21/15 at 3:00 AM</p> <p>On 2/6/15 at 9:00 AM during an interview, the House Manager (HM) indicated the Lead DSP (Direct Support Professional) scheduled the fire drills on a calendar for staff. The HM indicated evacuation drill were run on the 3rd shift but only staff were involved in those drills for training and clients did not exit the home during those drills. The HM</p>	W 440	<p>W440 483.470(i)(1) EVACUATION DRILLS The House Manager and QDDP will review this Standard. The House Manager and QDDP have been retrained on their respective responsibilities concerning ensuring all evacuation drills are completed and documented per Agency policy and procedure, and this Standard, and that all drills must be completed at varied times per shift, each month. Going forward, the House Manager and QDDP will adhere to agency policy and procedure concerning evacuation drills. For three weeks and until compliance is demonstrated, the House Manager and QDDP will complete weekly, random site visits to ensure all evacuation drills have been completed and documented per agency policy and procedure, and at varied times per shift each month. Ongoing, the House Manager and/or QDDP will complete monthly site visits to ensure all evacuation drills have been completed and documented per this Standard, and Agency Policy/procedure, and at varied times per shift each month. Will be completed by: 3/15/15 Persons Responsible: QDDP and House Manager</p>	03/15/2015			

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W 441 Bldg. 00	<p>indicated evacuation drills should be done once per shift each quarter.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. Based on record review and interview, the facility failed to ensure fire evacuation drills were done at various times for 4 of 4 clients (#1, #2, #3, and #4).</p> <p>Findings include:</p> <p>On 2/6/15 at 8:45 AM, the group home fire evacuation drills from 2/14/14 to 1/28/15 were reviewed for clients #1, #2, #3, and #4. The fire evacuation drill audit indicated the following fire drills:</p> <ul style="list-style-type: none"> * 2/14/14 at 5:00 PM * 2/19/14 at 3:00 AM * 3/7/14 at 8:00 AM * 3/14/14 at 5:00 PM * 4/16/14 at 5:00 PM * 5/5/14 at 5:00 PM * 5/7/14 at 8:00 AM * 6/11/14 at 8:00 AM * 6/18/14 at 5:00 PM 			W 441	<p>W441 483.470(i)(1) EVACUATION DRILLS The House Manager and QDDP will review this Standard. The House Manager and QDDP have been retrained on their respective responsibilities concerning ensuring all evacuation drills are completed and documented per Agency policy and procedure, and this Standard, and that all drills must be completed at varied times per shift, each month. Going forward, the House Manager and QDDP will adhere to agency policy and procedure concerning evacuation drills. For three weeks and until compliance is demonstrated, the House Manager and QDDP will complete weekly, random site visits to ensure all evacuation drills have been completed and documented per agency policy and procedure, and at varied times per shift each month. Ongoing, the House Manager and/or QDDP will complete monthly site visits to</p>		03/15/2015

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	<p>* 7/2/14 at 8:00 AM * 7/9/14 at 5:00 PM * 7/16/14 at 7:20 PM * 8/6/14 at 8:00 AM * 8/13/14 at 5:00 PM * 9/10/14 at 8:00 AM * 9/17/14 at 5:00 PM * 10/8/14 at 8:00 AM * 10/22/14 at 3:00 AM * 11/5/14 at 8:00 AM * 12/10/14 at 8:00 AM * 1/7/14 at 8:00 AM * 1/21/15 at 3:00 AM * 1/28/15 at 11:00 AM</p> <p>On 2/6/15 at 9:00 AM during an interview, the House Manager (HM) indicated the Lead DSP (Direct Support Professional) scheduled the fire drills on a calendar for staff. The HM indicated evacuation drill should have been done at varied times and under various conditions.</p> <p>9-3-7(a)</p>		<p>ensure all evacuation drills have been completed and documented per this Standard, and Agency Policy/procedure, and at varied times per shift each month. Will be completed by: 3/15/15 Persons Responsible: QDDP and House Manager</p>		