

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 03/14/2014
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6386 ELLSWORTH PL MERRILLVILLE, IN 46410		
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W000000	<p>This visit was for the investigation of complaint #IN00145542.</p> <p>COMPLAINT #IN00145542: Unsubstantiated due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: March 11, 12, 13, and 14, 2014.</p> <p>Facility number: 001034 Provider number: 15G520 AIM number: 100245230</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 7, 2014 by Dotty Walton, QIDP.</p>	W000000			

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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the Governing Body failed for 4 of 4 sampled clients (A, B, C, and D) and 4 additional clients (E, F, G and H), to exercise general operating direction over the facility in a manner to provide oversight of the facility to ensure their abuse and neglect policy was implemented.</p> <p>Findings include:</p> <p>1. Please refer to W149 for the facility's Governing Body's failure to exercise general operating direction over the facility in a manner to provide oversight to ensure their policy/procedures prohibiting abuse/neglect of clients was implemented. Based on record review and interview for 4 of 4 sampled clients (A, B, C, and D), and 4 additional clients (E, F, G and H) residing at the group home, the facility neglected to implement written policy and procedures which prohibited client to client verbal/physical aggression and neglect of clients.</p> <p>9-3-1(a)</p>	W000104	<p>Corrective Action-Dungarvin has a Safety Committee that meets monthly. One role of the Safety Committee is to review all reportable incidents that occur within the agency. The review includes the overall number of incidents that have occurred within the agency, the number of incidents that occurred for specific individuals, and the number of incidents that occur within specific homes. The Safety Committee identifies trends in reportable incidents for the agency, the homes, and the individuals and works to address noted trends. All Area Directors sit on the Safety Committee so when specific trends are noted with an individual or within a home, the Area Director works with the PD/QIDP to create a corrective action to address the noted trend. In the Ellsworth home, the trend of individual to individual aggression was identified. The Area Director and PD/QIDP contracted with an outside behavioral agency, Innovations in Learning, to complete an assessment and BSP for the primary individual responsible for the abuse. Innovations in Learning has completed the assessment and are working on developing the</p>	04/30/2014	

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			BSP for staff to utilize to reduce the number of incidents of individual to individual abuse. The PD/QIDP worked with the Team to change the psychiatrist responsible for the individual's care. The psychiatrist has been working to set up a drug regime to assist the individual in dealing with her frustration to reduce the number of aggressive incidents. These two actions have led to a reduction in the number of aggressive incidents over the past couple of months. The number of incidents will be continually reviewed by the Safety Committee and should the number of incidents increase, the Area Director will work with the PD/QIDP to develop a further plan of action to reduce the incidents. Systematic Correction- The Safety Committee will continue to review the number of incidents that have occurred within the agency. The Safety Committee will look to identify trends in the number of incidents, including the trend of individual to individual abuse. Should the Safety Committee see a trend in the reports, the Safety Committee will review the steps taken by the specific Area Director and PD/QIDP to ensure all steps have been taken to reduce the number of incidents occurring within a home or with an individual.	

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W000149	<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 for 4 of 4 sampled clients (A, B, C, and D), and 4 additional clients (E, F, G and H) residing at the group home, the facility neglected to implement written policy and procedures to prevent client to client verbal/physical aggression/neglect of clients.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 3/12/14 at 1:30 P.M. Review of the records indicated the following incidents of client A's behavioral outbursts (physical/verbal aggression, property destruction, and self injury) which affected client A and her housemates, clients B, C, D, E, F, G and H:</p> <p>-BDDS report dated 1/17/14 indicated: "[Client A] had been displaying negative behaviors for over two days. She had previously gone to the hospital for a psychiatric evaluation. She was sent home with no follow up instructions. During this incident [client A] had broken hanger pieces and ink pens and</p>	W000149	<p>Corrective Action- Dungarvin has a policy, policy B-2, that outlines all individuals should be free from abuse. The policy states an abuse prevention plan should be written for each individual to prevent the likelihood of abuse from occurring within the home. The PD/QIDP will ensure an abuse prevention plan is written for each individual within the home. The plan will outline specific steps staff will take if an individual is showing signs of aggression to protect the individuals that may be vulnerable to being abused by that individual. The PD/QIDP will ensure the abuse prevention plan is sent to the Area Director for review. Systematic prevention- The Area Director will ensure PD/QIDPs are aware policy B-2 is written to prevent abuse to an individual, either from a staff working with the individual or from another individual in the home. The Area Director will re-train the all the PD/QIDPs on the expectation that every individual has an abuse prevention plan in place to reduce the number of incidents of abuse that occur within the home.</p>	04/30/2014			

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	<p>was trying to stab her housemates and staff. [Ambulance Service] was called for a transport to hospital."</p> <p>-BDDS report dated 2/26/14 indicated: "[Client G's] housemate (client A) was having behaviors. [Client G] got very close to her housemate's face and told her to shut up. The housemate struck [client G] in the face. There were no initial bruises. However, the next morning, there was a bruise about the size of a quarter beside [client G's] left eye."</p> <p>-BDDS report dated 2/28/14 indicated two behavioral episodes requiring Police presence: "[Client A] was due to go on an outing in the community at 7 P.M. [Client A] became upset because she was ready to go. [Client A] told the staff that she was ready to leave. Staff told [client A] that she would have to wait until everyone was ready to go. [Client A] then began to attempt to hit staff and curse at them. [Client A] screamed racial slurs at her housemates and it was determined that [client A] would not be able to attend the outing. [Client A] became further upset and tried to block the door so that the other ladies could not exit the home. The ladies began to exit through the other door. [Client A] then went outside and stood behind the van so that the van could not move. Staff</p>						

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	<p>attempted to verbally redirect [client A] but she would not move. [Client A] struck [staff member #13] in the face. The police were called for assistance. When [client A] saw the police car approaching she laid on the ground and said that she would not move. The police moved [client A] from the area and held her for the van to move. The other ladies left the home and attended the outing. While they were gone [client A] was home with one other client and one staff member. [Client A] appeared to have calmed down initially. However [client A] spoke with her family and became very upset again. [Client A] then started screaming at staff and attempted to charge her. [Client A] then grabbed a knife and was welding (sic) it. [Staff #14] attempted to get the knife. [Client A] and staff struggled over the knife. They knocked over several pieces of furniture and damaged a wall as they fell into it. Staff had phoned 911 when [client A] first grabbed the knife. The police arrived and were able to secure the knife. [Client A] was transported to the hospital. While at the hospital [client A] made an allegation against [staff #13] that she had hit her. [Client A's] arm is (sic) fractured. However, all of the staff and the individuals confirmed that [client A] hit [staff #13] and not the other way around. [Client A] was interviewed and</p>			
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	<p>she confirmed that her arm was sore when she laid on the ground but not too sore. [Client A] also confirmed that her arm really hurt after the struggle over the knife."</p> <p>Further review of the record indicated client A's arm was not fractured; the facility neglected to provide appropriate/sufficient staffing/supervision after client A's documented aggressive behavior.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 3/12/14 at 3:30 P.M. Review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation," dated 2/27/14, indicated, in part, the following: "Dungarvin believes that each individual has the right to be free from mental, emotional and physical abuse in his/her daily life....Abuse, neglect or exploitation of the individuals' served is strictly prohibited in any Dungarvin service delivery setting...Physical abuse is defined as any act which constitutes a violation of the assault, prostitution or criminal sexual conduct statues including intentionally touching another person in a rude, insolent or angry manner, willful infliction of injury, unauthorized restraint/confinement resulting from physical or chemical</p>			
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	<p>intervention....Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in a individual's presence with intent to cause fear of retaliation, fear of confinement or restraint, cause an individual to experience emotional humiliation or distress...Neglect is defined as: Failure by a caretaker to supply a vulnerable individual with necessary food, clothing, shelter, health care or supervision."</p> <p>An interview with the Program Director (PD) was conducted on 3/14/14 at 1:30 P.M.</p> <p>The PD indicated staff should follow the facility's abuse/neglect policy. The PD indicated the facility's abuse/neglect policy should be followed at all times. The PD further indicated no additional staffing was provided on 2/28/14 after client A's documented aggressive behavior.</p> <p>9-3-2(a)</p>				

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