

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G501		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/28/2014	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 25, 26, 27, and 28, 2014.</p> <p>Facility number: 001015 Provider number: 15G501 AIM number: 100245120</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 42 CFR, part 483, subpart I, and 460 IAC 9.</p> <p>Quality review completed April 4, 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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 ensure 4 of 4 sampled clients (clients #1, #2, #3, and #4) had unimpeded access to extra hygiene supplies and feminine product supplies.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the facility during the 3/25/14 observation period from 3:14 P.M. until 5:15 P.M., and during the 3/26/14 observation period from 6:11 A.M. until 8:15 A.M. During both observations, the cabinet in the laundry area of the facility was locked with a padlock. Clients #1, #2, #3, and #4 had access to the laundry area of the facility but not the locked cabinet.</p> <p>Direct care staff #1 was interviewed on 3/26/14 at 8:07 A.M. Direct care staff #1 stated, "The cabinet contains extra hygiene supplies and feminine product supplies such as tooth past, soap, shampoo and other items for the clients.</p>	W000125	<p>Upon investigation, the Program Director discovered that this cabinet had been locked by program staff, not to keep items from the individuals at the home, but because the door was not closing properly when not locked. We have had Maintenance into the home to repair the door and it is now unlocked. All York program staff have been retrained on Client Rights, including access to their items in the home, unless Human Rights approval is in place to restrict access. System wide, all Program Director/QIDPs and Area Directors will review this standard and ensure that this concern is being addressed at all Dungarvin ICF-MRs.</p>	04/27/2014			

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	<p>The items are locked for no special reason. None of the clients have a need for them to be locked." When asked if clients #1, #2, #3, and #4 have unimpeded access to the extra hygiene items and feminine products, direct care staff #1 stated, "No, we (direct care staff) have the key to this cabinet."</p> <p>Client 1's record was reviewed on 3/26/14 at 8:34 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to extra hygiene and feminine product supplies.</p> <p>Client 2's record was reviewed on 3/26/14 at 9:02 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to extra hygiene and feminine product supplies.</p> <p>Client 3's record was reviewed on 3/26/14 at 9:28 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to extra hygiene and feminine product supplies.</p> <p>Client 4's record was reviewed on 3/26/14 at 10:01 A.M. A review of the client's record failed to indicate the client was assessed as needing restricted access to</p>						

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	<p>extra hygiene and feminine product supplies.</p> <p>Program Director #1 was interviewed on 3/26/14 at 10:42 A.M. Program Director #1 stated, "Extra hygiene supplies and extra feminine products do not need to be locked for [clients #1, #2, #3, and #4]."</p> <p>9-3-2(a)</p>			
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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 medication objectives during times of opportunity for 3 of 4 sampled clients (clients #1, #3 and #4).</p> <p>Findings include:</p> <p>Clients #1, #3 and #4 were observed at the group home on 3/26/14 from 6:11 A.M. until 8:15 A.M. At 6:38 A.M., Direct care staff #1 was observed to retrieve client #1's prescribed medication punch cards, pop each pill out and hand the medications to client #1 to take. Direct care staff #1 did not prompt, nor was client #1 observed to identify his donepezil tablet (medication for dementia). At 6:46 A.M., direct care staff #1 was observed to retrieve client #3's medications, pop each pill out and take the medications to client #3 in the client's bedroom and administer them to client #3. Direct care staff #1 did not prompt, nor was client #3 observed to get water for taking her medications. At 6:42</p>	W000249	All staff working at the site will be retrained on each person's goals and objectives as identified in their Individual Program Plans, including their medication administration objectives. Active Treatment Observations are being conducted by the Program Director or designee to ensure that each staff is implementing those goals and objectives. Immediate feedback is being given to the staff during those observations. This is being documented on an Active Treatment Observation form. A copy of those forms will be given to the Area Director for review and follow up. System wide, all Program Director/QIDPs and Area Directors will review this standard and ensure that this concern is being addressed at all Dungarvin ICF-MR's.	04/27/2014	

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	<p>A.M., direct care staff #1 was observed to retrieve client #4's medications and administer them to client #4. Direct care staff #1 did not prompt, nor was client #4 observed to stir his polyethylene glycol (fiber laxative in water).</p> <p>Client #1's records were reviewed on 3/26/14 at 8:34 A.M. Client #1's Individual Program Plan dated 7/31/13 indicated the following medication administration objective: "State why he takes donepezil."</p> <p>Client #3's records were reviewed on 3/26/14 at 9:28 A.M. Client #3's Individual Program Plan dated 9/11/13 indicated the following medication administration objective: "Get water to take meds (medications)."</p> <p>Client #4's records were reviewed on 3/26/14 at 10:01 A.M. Client #4's Individual Program Plan dated 7/19/13 indicated the following medication administration objective: "Stir polyethylene glycol."</p> <p>Program Director #1 was interviewed on 3/26/14 at 10:42 A.M. Program Director #1 indicated he was not sure if clients #1, #3 and #4's medication objectives should have been implemented by direct care staff #1 during the 3/26/14 morning</p>			
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	<p>observation period. Program Director #1 stated, "I will check to see if they (medication objectives) should have been implemented."</p> <p>9-3-4(a)</p>				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed to keep the wheelchair of 1 of 4 sampled clients, (client #2) who had adaptive equipment, in good repair.</p> <p>Findings include:</p> <p>Client #2 was observed at the facility during the 3/25/14 observation period from 3:14 P.M. until 5:15 P.M., and during the 3/26/14 observation period from 6:11 A.M. until 8:15 A.M. During both observations, client #2 was sitting in a wheelchair. The wheelchair's right armrest was torn with the inside padding exposed and flaking off of the armrest.</p> <p>Work orders for the facility were reviewed on 3/26/14 at 8:03 A.M. The review failed to indicate client #2's wheelchair had been examined for repair to the right armrest.</p> <p>Client #2's record was reviewed on 3/26/14 at 9:02 A.M. The review failed to indicate the client's wheelchair had</p>	W000436	<p>We took the wheelchair with the torn armrest to be repaired immediately and this repair is now complete. We have completed an inventory of adaptive equipment in the home and have reviewed these items to ensure that they are in good working order and in good repair. The Program Director/QIDP will ensure that anyone using these devices has them available and maintained in good repair going forward. The Lead DSP has added a task to the overnight checklist for staff to note that they completed cleaning of the wheelchairs in the home. The task also is written to remind them of their responsibility to report any needed repairs as they clean the chairs. System wide, all Program Director/QIDPs and Area Directors will review this standard and the need to ensure that this concern is being addressed at all Dunganvin ICF-MR's.</p>	04/27/2014	

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	<p>been examined for repair of the right armrest.</p> <p>Program Director #1 was interviewed on 3/26/14 at 10:42 A.M. Program Director #1 stated, "I was not aware [Client #2's] wheelchair was in need of repair. I will look into it."</p> <p>9-3-7(a)</p>			
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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed to assure 1 of 4 sampled clients (client #3), was offered the morning meal as described on the menu.</p> <p>Findings include:</p> <p>Client #3 were observed during the 3/26/14 group home observation from 5:11 A.M. until 8:15 A.M. At 7:26 A.M., direct care staff #3 gave client #3 a cup of coffee and two slices of toast which were cut into 3/4 inch pieces. Client #3 ate the toast and drank the coffee. Direct care staff #3 did not offer client #3 any additional foods during the observation period.</p> <p>The facility's records were reviewed on 3/26/14 at 8:01 A.M. A review of the facility's menu for the 3/26/14 morning meal indicated the following foods were to be offered to client #3: "hot or cold cereal, egg of choice, wheat toast, margarine, jelly, 1% milk, choice of beverage."</p> <p>Program Director #1 was interviewed on 3/26/14 at 10:42 A.M. Program Director</p>	W000460	<p>All staff at the site have been retrained on the use of the menu. Active Treatment Observations are being conducted by the Program Director or designee to ensure that each staff is implementing the menu choices. Immediate feedback is being given to the staff during those observations. This is being documented on an Active Treatment Observation form. A copy of the Active Treatment Observation forms will be given to the Area Director for review and follow up. System wide, all Program Director/QIDPs and Area Directors will review this standard and ensure that this concern is being addressed at all Dungarvin ICF-MR's.</p>	04/27/2014	

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	#1 stated, "Staff (direct care staff #3) should have followed the (3/26/14) menu."  9-3-8(a)				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3, and #4), participated in family style dining to the full extent of their assessed capabilities.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 3/26/14 observation period from 5:11 A.M. until 8:15 A.M. During the observation, direct care staff #4 prepared individual servings of cereal and toast, and poured orange juice and milk and placed these items to clients #1, #2, and #4 as the clients sat at the table. Direct care staff #3 prepared an individual serving of toast and coffee for client #3 as client #3 sat at the table. Clients #1, #2, #3, and #4 were not to be prompted or assisted by direct care staff #3 and #4 in preparing the toast and cereal or in pouring their own juice, coffee and milk.</p> <p>Client #1's records were reviewed on 3/26/14 at 8:34 A.M. A review of the client's 7/31/13 Comprehensive Functional Assessment indicated client</p>	W000488	All staff at the site have been retrained on the expectation of providing family style dining during meal times. This includes encouraging the individuals to assist with all parts of the meal preparation. Active Treatment Observations are being conducted by the Program Director or designee to ensure that each staff is implementing this expectation. Immediate feedback will be given to the staff during these observations. This will be documented on an Active Treatment Observation form. A copy of these forms will be given to the Area Director for review and follow up. System wide, all Program Director/QIDPs and Area Directors will review this standard and ensure that this concern is being addressed at all Dungarvin ICF-MR's.	04/27/2014			

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	<p>#1 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in family style dining.</p> <p>Client #2's records were reviewed on 3/26/14 at 9:02 A.M. A review of the client's 3/12/13 Comprehensive Functional Assessment indicated client #2 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in family style dining.</p> <p>Client #3's records were reviewed on 3/26/14 at 9:28 A.M. A review of the client's 9/11/13 Comprehensive Functional Assessment indicated client #3 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in family style dining.</p> <p>Client #4's records were reviewed on 3/26/14 at 10:01 A.M. A review of the client's 1/15/14 Comprehensive Functional Assessment indicated client #4 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in family style dining.</p> <p>Program Director #1 was interviewed on 3/26/14 at 10:42 A.M.. Program Director</p>				

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	#1 indicated clients #1, #2, #3 and #4 were developmentally capable of participating in the preparation of their own meals with verbal prompts or hand over hand assistance from direct care staff.  9-3-8(a)				