

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  12/17/2014
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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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W000000	<p>This visit was for the post certification revisit to the fundamental recertification and state licensure survey conducted on October 24, 2014.</p> <p>Dates of survey: December 11, 12, 16 and 17, 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 January 5, 2015 by Dotty Walton, QIDP.</p>	W000000		
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 1 of 4 sampled clients (client #3), the facility failed to implement written policy and procedures to prevent alleged abuse/neglect and conducting a thorough</p>	W000149	The Program Director/QIDP was retrained on 01/13/15 on the expectation that thorough investigations are to be completed in all instances of mistreatment, abuse, or neglect	01/15/2015

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>investigation in regard to staff abuse.</p> <p>Findings include:</p> <p>A request for the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records was made on 12/12/14 at 10:30 A.M.. The facility's "open" BDDS reports were not available for review.</p> <p>The facility's BDDS reports were submitted for review on 12/16/14. A review of the facility's records was conducted on 12/16/14 at 7:10 P.M.. Review of the facility's BDDS reports indicated:</p> <p>-BDDS report dated 11/18/14 involving client #3 at the outside day program indicated: "The Program Director (PD) received a phone call from the Day Program Case manager. The Case Manager stated that [client #3] had been displaying negative behaviors all done (sic). According to the Case manager, [client #3] was turning over tables, falling on the floor and kicking chairs. The Case Manager stated that [client #3] had a carpet burn on her left shoulder. She also requested if [client #3] could be picked up. Residential staff did pick [client #3] up and brought her home.</p>		<p>of the client. An investigation was conducted by the Program Director/QIDP and documented. In addition, an investigation was conducted by the Day Service Provider for Client #3, however, the Program Director/QIDP did not obtain and submit the documentation from the Day Service Provider. A summary of that investigation from the Day Service Provider is attached. A team meeting has been scheduled for 01/21/15 for Client #3. The meeting will establish guidelines for better information sharing between providers. Going forward, the Program Director/QIDP will ensure that documentation of external investigations pertaining to all individuals in the facility is obtained and included with the documentation of her own investigations pertaining to instances of mistreatment, abuse, or neglect of the client. Going forward, the Program Director/QIDP will complete an Investigation Checklist to ensure that she has completed and/or obtained the supporting documentation for the incident under investigation. This checklist will be used as a cover sheet to the investigation packet which will be maintained with the Incident Reports. For quality assurance, the Program Director/QIDP will keep the Area Director apprised of the status of the investigation throughout the</p>				

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	<p>[Client #3] told her residential staff that a staff from the day program had called her a 'b---h' and had hit her. The PD did come over and interviewed [client #3]. [Client #3] stated that the staff had hit her and called her a 'b---h.' [Client #3] had stated that a day program client had done the same things. [Client #3] could not recall the staff's name and kept referring to her as 'staff.' The PD did phone the Day Program Case Manager. The Day Program Case manager will coordinate the investigation into this matter. [Client #3] was kept home from day program to prevent further injury or distress." Further review of the record failed to indicate an investigation had been conducted in regard to this allegation of staff abuse. No written documentation was submitted for review to indicate an investigation had been conducted by the facility or the outside day program.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 12/16/14 at 7:30 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</p>		investigation and will review the investigation packet with the Area Director upon completion.				

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	<p>the individuals' served is strictly prohibited in any Dunganrvin 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 intervention....Neglect is defined as failure to provide appropriate care, supervision, or training, failure to provide food and medical services as needed, failure to provide a safe, clean and sanitary environment and failure to provide medical supplies/safety equipment as indicated in the individual's Individual Support Plan (ISP)...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...."</p>			

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W000154	<p>An interview with the Area Director (AD) was conducted on 12/12/14 at 2:30 P.M.. The AD indicated staff should follow the facility's abuse/neglect policy. The AD indicated all incidents of abuse and neglect are to be thoroughly investigated. When asked if there were any investigations conducted, the AD indicated she was not sure.</p> <p>This deficiency was cited on 10/24/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 4 sampled clients (client #3) the facility neglected to conduct an investigation in regards to alleged abuse/neglect.</p> <p>Findings include:</p>	W000154	The Program Director/QIDP was retrained on 01/13/15 on the expectation that thorough investigations are to be completed in all instances of mistreatment, abuse, or neglect of the client. An initial investigation was conducted by the Program Director/QIDP and documented. In addition, an	01/15/2015

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	<p>A request for the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records was made on 12/12/14 at 10:30 A.M.. The facility's "open" BDDS reports were not available for review.</p> <p>The facility's BDDS reports were submitted for review on 12/16/14. A review of the facility's records was conducted on 12/16/14 at 7:10 P.M.. Review of the facility's BDDS reports indicated:</p> <p>-BDDS report dated 11/18/14 involving client #3 at the outside day program indicated: "The Program Director (PD) received a phone call from the Day Program Case manager. The Case Manager stated that [client #3] had been displaying negative behaviors all done (sic). According to the Case manager, [client #3] was turning over tables, falling on the floor and kicking chairs. The Case Manager stated that [client #3] had a carpet burn on her left shoulder. She also requested if [client #3] could be picked up. Residential staff did pick [client #3] up and brought her home. [Client #3] told her residential staff that a staff from the day program had called her a 'b---h' and had hit her. The PD did come over and interviewed [client #3].</p>		<p>investigation was conducted by the Day Service Provider for Client #3, however, the Program Director/QIDP did not obtain and submit the documentation from the Day Service Provider, nor did she complete an investigation summary. Going forward, the Program Director/QIDP will ensure that documentation of a thorough investigation is obtained and included with the investigation packets for instances of mistreatment, abuse, or neglect of each client in the facility. Going forward, the Program Director/QIDP will complete an Investigation Checklist to ensure that she has completed and/or obtained the supporting documentation for the incident under investigation. This checklist will be used as a cover sheet to the investigation packet which will be maintained with the Incident Reports. For quality assurance, the Program Director/QIDP will keep the Area Director apprised of the status of the investigation throughout the investigation and will review the investigation packet with the Area Director upon completion.</p>	

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	<p>[Client #3] stated that the staff had hit her and called her a 'b---h.' [Client #3] had stated that a day program client had done the same things. [Client #3] could not recall the staff's name and kept referring to her as 'staff.' The PD did phone the Day Program Case Manager. The Day Program Case manager will coordinate the investigation into this matter. [Client #3] was kept home from day program to prevent further injury or distress."</p> <p>Further review of the record failed to indicate an investigation had been conducted in regard to this allegation of staff abuse. No written documentation was submitted for review to indicate an investigation had been conducted by the facility or the outside day program.</p> <p>An interview with the Area Director (AD) was conducted on 12/12/14 at 2:30 P.M.. The AD indicated staff should follow the facility's abuse/neglect policy. The AD indicated all incidents of abuse and neglect are to be thoroughly investigated. When asked if there were any investigations conducted, the AD indicated she was not sure.</p> <p>This deficiency was cited on 10/24/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W000484	<p>9-3-2(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #4, #5, #6, #7 and #8) residing in the group home to provide condiments and table knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 12/12/14 from 6:15 A.M. until 7:40 A.M.. At 6:45 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their breakfast which consisted of unflavored oatmeal, a waffle and a sausage link. Client #8 stated "This oatmeal has no taste" and pushed the bowl of oatmeal away from her and did not eat it. At 6:50 A.M., client #2 stated to Direct Support Professional (DSP) #3 "Help me please" as she tried to cut her</p>			W000484	<p>Staff members at the facility were retrained on 01/15/15 on the expectation that eating utensils and condiments are to be provided to the clients at each mealtime. Placemats have been purchased for each individual in the facility to ensure that full place settings are present at each meal. The placemats have designated outlines to serve as a guide for where the plate, glass, knife, spoon, and fork are to be placed. A placemat has also been placed prominently in the kitchen to prompt the staff and individuals in the home to set the table during meal preparation. A basket for condiments is maintained at the refrigerator and is expected to be stocked and replenished (as needed) and present at the dining table during mealtimes. Going forward, a visual checklist will be placed in the kitchen to prompt</p>		01/15/2015

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W000488	<p>waffle with her fork. DSP #3 retrieved a knife from the kitchen drawer and cut client #2's waffle. A review of the menu was conducted at 7:05 A.M.. Review of the menu indicated: "Choice of juice, Cold Cereal, English Muffin, margarine, jelly, Peanut Butter, 1% milk, beverage of choice." There was no sugar/sugar substitute, milk, juice or butter on the table for the clients' use. No table knives were observed on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>An interview with the Area Director (AD) was conducted on 12/12/14 at 2:30 P.M.. The AD indicated condiments and table knives should be put on the table for the clients to use.</p> <p>This deficiency was cited on 10/24/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats</p>		<p>staff in their responsibilities during meal preparation and meal time. This checklist will include; reviewing the menu, individual meal participation/preparation goals (as applicable) for each client in the facility, table setting, and condiments. Going forward, the Program Director/QIDP or designee will observe the facility during mealtime six times per week for four weeks, providing immediate feedback to staff. Documentation of these observations will be made on Active Treatment Observation forms. The six observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard.</p>		

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	<p>in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 12/12/14 from 6:15 A.M. until 7:40 A.M.. At 6:15 A.M., Direct Support Professional (DSP) #3 was observed in the kitchen preparing clients #1, #2, #3, #4, #5, #6, #7 and #8's breakfast which consisted of unflavored oatmeal, a waffle and a sausage link while the clients watched television. At 6:45 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their breakfast independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A review of client #1's record was conducted on 12/12/14 at 11:00 A.M.. A review of client #1's Individual Support Plan (ISP) dated 11/11/13 indicated: "Will increase her meal preparation skills by preparing her lunch."</p> <p>A review of client #3's record was conducted on 12/12/14 at 11:30 A.M.. A</p>	W000488	<p>Staff members at the facility were retrained on 01/15/15 on the expectation that each client is involved in meal preparation in a manner consistent with their own developmental level. Staff members were trained on the formal meal participation goals for each client in the facility. In addition, active treatment opportunities to encourage individual engagement during meal preparation were discussed. Going forward, a visual checklist will be placed in the kitchen to prompt staff in their responsibilities during meal preparation and meal time. This checklist will include; reviewing the menu, individual meal participation/preparation goals (as applicable) for each client in the facility, active treatment, table setting, and condiments. Going forward, the Program Director/QIDP or designee will observe the facility during mealtime six times per week for four weeks, providing immediate feedback to staff. Documentation of these observations will be made on Active Treatment Observation forms. The six observations will taper to one observation per week for quality assurance, once the Program Director/QIDP is satisfied that the staff have demonstrated full competency of the standard.</p>	01/15/2015

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	<p>review of client #3's ISP dated 6/22/14 indicated: "Will improve her meal preparation skills by selecting an item from the cabinet and giving it to staff for preparation."</p> <p>A review of client #4's record was conducted on 12/12/14 at 12:00 P.M.. A review of client #4's ISP dated 10/19/13 indicated: "Will improve her meal preparation skills by planning, preparing and storing her own lunch."</p> <p>An interview with the Area Director (AD) was conducted at the facility's administrative office on 12/12/14 at 2:30 P.M.. The AD indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at all times.</p> <p>This deficiency was cited on 10/24/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(a)</p>			