

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G452	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 52812 HIGHLAND DR SOUTH BEND, IN 46635		
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 17, 18, and 19, 2012.</p> <p>Facility number: 000966 Provider number: 15G452 AIM number: 100244770</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 20, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000			

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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W0125	<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, interview, and record review, the facility failed to assure unimpeded access to art and recreational supplies/items for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 9/17/12 observation period from 3:40 P.M. until 6:30 P.M., and the 9/18/12 observation period from 6:25 A.M. until 8:00 A.M. During the above observations, a cabinet in the open family room area of the facility was noted to be locked with a combination pad lock.</p> <p>Staff #1 was interviewed on 9/17/12 at 4:07 P.M.. Staff #1 opened the locked cabinet and showed the surveyor art and recreational supplies. Staff #1 stated, "These (art and recreational supplies) are for the clients." When asked why they were locked, staff #1 stated, "Well, there are paints and colored chalk and things that they (clients #1, #2, #3, and #4) could get into."</p> <p>Client #1's record was reviewed on 9/18/12 at 8:53 A.M. A review of the client's 7/17/12 Individual Program Plan and the 7/16/12 Comprehensive Functional Assessment failed to indicate client #1 was assessed as needing the restriction of locked art and recreational supplies/items.</p>	W0125	<p>W 125 483.420 (a) (3) Protection of Clients Rights</p> <p>Access to the art supply cabinet will be made available to all individuals at the home that do not have an identified need to have that access impeded. At this point, no one at this home has a restriction on this.</p> <p>All staff will be trained on this requirement.</p> <p>Random site visits will be conducted by the Program Director/QMRP to ensure that the art supply cabinet door is unlocked and access to the supplies stored in this area is unimpeded to the individuals.</p> <p>System wide, all Program Director/QMRP's and Program Coordinators will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p>	10/02/2012			

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	<p>Client #2's record was reviewed on 9/18/12 at 9:28 A.M. A review of the client's 10/18/11 Individual Program Plan and the 10/18/11 Comprehensive Functional Assessment failed to indicate client #2 was assessed as needing the restriction of locked art and recreational supplies/items.</p> <p>Client #3's record was reviewed on 9/18/12 at 10:06 A.M. A review of the client's 7/2/12 Individual Program Plan and the 7/2/12 Comprehensive Functional Assessment failed to indicate client #3 was assessed as needing the restriction of locked art and recreational supplies/items.</p> <p>Client #4's record was reviewed on 9/18/12 at 10:32 A.M. A review of the client's 3/15/12 Individual Program Plan and the 3/26/12 Comprehensive Functional Assessment failed to indicate client #4 was assessed as needing the restriction of locked art and recreational supplies/items.</p> <p>Program Director #1 was interviewed on 9/19/12 at 9:17 A.M.. Program Director #1 stated, "We will correct that (art and recreational items not needed to be locked) right away."</p> <p>9-3-2(a)</p>				

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to secure written consent prior to implementing a restrictive behavior program for 1 of 1 sampled client (client #3) with restrictive programs/interventions.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 9/18/12 at 10:06 A.M.. The review indicated client #3 was emancipated. Review of the client's 8/15/12 Behavior Intervention Program indicated the client was receiving Zoloft (anti-depressant) for the management of listed psychiatric diagnosis of depression. Further review of the client's 8/15/12 Behavior Intervention Program indicated the plan addressed behavior management of verbally inappropriate language, refusals to participate in programming, and derogatory statements. Further review of client #3's Behavior Intervention Program failed to indicate the client provided written consent for the use of the plan.</p> <p>Program Director #1 was interviewed on 9/19/12 at 9:17 A.M.. Program Director #1 indicated she could not locate client #3's written consent for the implementation of his restrictive behavior intervention program.</p> <p>9-3-4(a)</p>	W0263	<p>W263 Program Monitoring and Change</p> <p>The Program Director/QMRP will be retrained on assuring that the emancipated person served or their guardian approves any changes related to a Behavior Intervention Plan that is restrictive in nature, prior to reviewing and requesting approval for these plans from the Human Rights Committee members.</p> <p>Quarterly, Program Director/QMRP's will conduct audits of the client files. This audit will include assuring that approvals by the Person Served, Guardian, and Human Rights Committee are obtained based on identified need for any restrictive Behavior Plans. These audits will be reviewed by the Program Coordinator for follow up assurance.</p> <p>System wide, all Program Director/QMRP's will review this standard and the need to assure that this concern is being addressed at all Dunganvin ICF-MR's.</p>	10/02/2012	

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			<p>Persons Responsible: Program Director/ QMRP, Program Coordinator</p>		