

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G673	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2013
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3521 OXFORD SOUTH BEND, IN 46615
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W000000	<p>This visit was for the investigation of Complaint #IN00131495.</p> <p>COMPLAINT #IN00131495 - SUBSTANTIATED, federal/state deficiencies related to the allegation are cited at W148, W149, W153, W154, and W157.</p> <p>Dates of Survey: July 29, 30, 31, and August 1, 2013.</p> <p>Facility number: 009114 Provider number: 15G673 AIM number: 100244780</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/8/13 by Ruth Shackelford, 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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W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed ensure client H's parents were notified of 3 of 3 incidents of client to client abuse and 1 of 1 incident of unknown injury for 1 of 4 additional clients (client H).</p> <p>Findings include:</p> <p>The facility's reportable incidents from 1/1/13 to 7/29/13 were reviewed on 7/29/13 at 1:14 P.M.. The review indicated the following incidents of client to client abuse/unknown injury involving client H:</p> <p>- "Date: 01/26/2013, [Client H] was arguing with his housemate who in the process hit him (client H) with a fist on his upper right arm. [Client H] hit him (client D) with a fist on his arm. Plan to Resolve: Staff immediately intervened and separated the individuals. [Client H] calmed down after a while. Staff will continue to monitor the two individuals and keep them separated as much as possible. The QMRP (Qualified Mental</p>	W000148	<p>W148 Communication with Clients, Parents</p> <p>The Program Director/QDDP for this site will be retrained on assuring that all communication with parents or guardians regarding reportable incidents is documented on the incident report, showing the date and time that the parent or guardian was notified along with any discussion that occurred during that conversation. Whenever possible, communication between parents and guardians should also include email correspondence in order to show that information has been shared in the event that this proof is needed for future reference.</p> <p>System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director/ QDDP</p>	08/30/2013			

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	<p>Retardation Professional) will follow up as needed."</p> <p>- "Date: 03/05/2013, [Client H] was in his room looking through his things when his roommate [client D] walked in and started hitting him (client H) with a belt. [Client H's] roommate had been accusing him of hiding his concert papers all evening. Staff immediately got between the two individuals and stopped the contact. [Client H] was checked for injuries and there were none. Plan to Resolve: [Client H] acted maturely and did not even attempt to hit his housemate back and stayed calm throughout the incident. The team (Inter-Disciplinary Team) continues supporting both gentleman (sic) (clients H and D) by implementing their plans and discussing ways for them to relate civilly (sic) towards each other."</p> <p>- "Date: 03/24/2013, [Client H] was with another individual and staff was in the back living room. Minutes earlier [client H] had just finished making fun of his roommate (client D) who was not angry at him. [Client H] was walking in the corridor when his room mate run (sic) at him. Staff tried to shield him (client H) but he was slapped by his roommate on the left side of his neck with most of the impact of the slap being taken by staff.</p>			

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	<p>Plan to Resolve: Staff immediately got in between the two individuals ensuring no further physical (sic) aggressive contact after that. [Client H's] housemate (client D) calmed down after that and [client H] did try to get back at him and another housemate, but was unable to as staff stood between him and the other individuals. [Client H's] Behavior Intervention Plan is being revised by a behavior services provider and his staff persons (client H's direct care staff) will be trained on his new plan. His housemate's plan (client D's Behavior Intervention Plan) will also be revised and staff will be trained on further monitoring requirements for the individuals."</p> <p>- "Date: 05/25/2013, Staff had observed that [client H] has two bruises on his left fore arm area, the size of 2.5 cm (centimeters) by 5 cm, greenish in color. Staff asked how he received these bruises and [client H] stated that his roommate [client D] had hit him. It was not witness (sic) by staff when [client D] hit [client H] and [client D] also denies hitting [client H]. Plan to Resolve: [Client H] did not need to seek medical treatment. [Client H] and [client D] are not presently having conflict with each other. Staff are monitoring both [client H] and [client D] and will verbally redirect each if there is concern between the both of them. Staff</p>			

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	<p>will report any incidents that may occur between both [client H] and [client D]."</p> <p>Further review of the 1/26/13, 3/5/13, 3/24/13 incidents of client to client abuse and the 5/25/13 incident of an injury of unknown origin failed to indicate the client's parents were notified of these incidents.</p> <p>Program Director #1 was interviewed on 7/29/13 at 2:10 P.M.. Program Director #1 stated, "I texted [client H's] mother about these incidents but I do not have evidence of that."</p> <p>The facility's records were further reviewed on 7/31/13 at 7:09 A.M.. The review of the facility's "Policy And Procedure Concerning Parents", dated 2/13, indicated in part the following: "A. Parents will be informed of pertinent changes/occurrences in the individual's overall program or health status by the Program Director or appointed designee on an ongoing basis."</p> <p>This federal tag relates to complaint #IN00131495. 9-3-2(a)</p>				

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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, the facility neglected to implement their abuse/neglect policy to protect 1 of 4 additional clients (client H) from client to client abuse.</p> <p>Findings include:</p> <p>The facility's reportable incidents from 1/1/13 to 7/29/13 were reviewed on 7/29/13 at 1:14 P.M.. The review indicated the following incidents of client to client abuse involving client H:</p> <p>- "Date: 01/26/2013, [Client H] was arguing with his housemate who in the process hit him (client H) with a fist on his upper right arm. [Client H] hit him (client D) with a fist on his arm. Plan to Resolve: Staff immediately intervened and separated the individuals. [Client H] calmed down after a while. Staff will continue to monitor the two individuals and keep them separated as much as possible. The QMRP (Qualified Mental Retardation Professional) will follow up as needed."</p> <p>- "Date: 03/05/2013, [Client H] was in his room looking through his things when</p>	W000149	<p>W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>Dungarvin has a written policy and procedures in place that prohibits mistreatment, neglect or abuse of the clients (Policy B-2). All staff at the home will be retrained on policy B-2. The Program Director will be retrained on Policy B-2, including the expectation that incidents of abuse need to have immediate corrective action to address the behavior.</p> <p>The Area Director will review all incident reports and ensure that immediate corrective action is being taken to keep all individuals safe.</p> <p>System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's.</p> <p>Persons Responsible: Program Director / QDDP, Area Director</p>	08/30/2013			

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	<p>his roommate [client D] walked in and started hitting him (client H) with a belt. [Client H's] roommate had been accusing him of hiding his concert papers all evening. Staff immediately got between the two individuals and stopped the contact. [Client H] was checked for injuries and there were none. Plan to Resolve: [Client H] acted maturely and did not even attempt to hit his housemate back and stayed calm throughout the incident. The team (Inter-Disciplinary Team) continues supporting both gentleman (sic) (clients H and D) by implementing their plans and discussing ways for them to relate civilly (sic) towards each other."</p> <p>- "Date: 03/24/2013, [Client H] was with another individual and staff was in the back living room. Minutes earlier [client H] had just finished making fun of his room mate (client D) who was not angry at him. [Client H] was walking in the corridor when his roommate run (sic) at him. Staff tried to shield him (client H) but he was slapped by his roommate on the left side of his neck with most of the impact of the slap being taken by staff. Plan to Resolve: Staff immediately got in between the two individuals ensuring no further physical (sic) aggressive contact after that. [Client H's] housemate (client D) calmed down after that and [client H]</p>						

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	<p>did try to get back at him and another housemate, but was unable to as staff stood between him and the other individuals. [Client H's] Behavior Intervention Plan is being revised by a behavior services provider and his staff persons (client H's direct care staff) will be trained on his new plan. His housemate's plan (client D's Behavior Intervention Plan) will also be revised and staff will be trained on further monitoring requirements for the individuals."</p> <p>- "Date: 05/25/2013, Staff had observed that [client H] has two bruises on his left fore arm area, the size of 2.5 cm (centimeters) by 5 cm, greenish in color. Staff asked how he received these bruises and [client H] stated that his roommate [client D] had hit him. It was not witness (sic) by staff when [client D] hit [client H] and [client D] also denies hitting [client H]. Plan to Resolve: [Client H] did not need to seek medical treatment. [Client H] and [client D] are not presently having conflict with each other. Staff are monitoring both [client H] and [client D] and will verbally redirect each if there is concern between the both of them. Staff will report any incidents that may occur between both [client H] and [client D]."</p> <p>Program Director #1 was interviewed on 7/29/13 at 2:10 P.M.. Program director</p>						

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	<p>#1 stated client H "antagonized the other clients in the group home." Program director #1 further stated the facility "did what we could do to protect [client H] from his roommate [client D]."</p> <p>The facility's records were further reviewed on 7/30/13 at 10:10 A.M.. A review of the facility's "Policy And Procedure Concerning Individual Abuse, Neglect, And Exploitation", dated 10/9/12, indicated in part the following: "Neglect or abuse of any consumer (client) is strictly prohibited in any Dungarvin service delivery location."</p> <p>This federal tag relates to complaint #IN00131495. 9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to immediately notify the administrator of 1 of 1 reviewed incident of injuries of unknown origin involving 1 of 4 additional clients (client H) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable incidents from 1/1/13 to 7/29/13 were reviewed on 7/29/13 at 1:14 P.M.. The review indicated the following incident of injuries of unknown origin:</p> <p>- "Date: 05/25/2013, Staff had observed that [client H] has two bruises on his left fore arm area, the size of 2.5 cm (centimeters) by 5 cm, greenish in color. Staff asked how he received these bruises and [client H] stated that his roommate [client D] had hit him. It was not witness (sic) by staff when [client D] hit [client H] and [client D] also denies hitting [client H]. Plan to Resolve: [Client H] did not need to seek medical treatment. [Client H] and [client D] are not presently</p>	W000153	<p>W 153 STAFF TREATMENT OF CLIENTS</p> <p>The Program Director/ QDDP will be retrained on Policy B-2, including the expectation that the findings of all investigations of abuse and neglect must be reported to the facility administrator within 5 business days. Evidence of this will be sent via email to assure that proof of notification is available and documented.</p> <p>The Area Director will review all incident reports and ensure that notification is submitted in a timely manner.</p> <p>System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's.</p> <p>Persons Responsible: Program Director / QDDP, Area Director</p>	08/30/2013			

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	<p>having conflict with each other. Staff are monitoring both [client H] and [client D] and will verbally redirect each if there is concern between the both of them. Staff will report any incidents that may occur between both [client H] and [client D]." Further review of the incident failed to indicate the facility's administrator was notified.</p> <p>Program Director #1 was interviewed on 7/29/13 at 2:10 P.M.. Program Director #1 indicated there was no evidence the administrator was notified of the 5/25/13 incident involving client H.</p> <p>This federal tag relates to complaint #IN00131495. 9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 1 of 1 reviewed incident of injuries of unknown origin involving 1 of 4 additional clients (client H).</p> <p>Findings include:</p> <p>The facility's reportable incidents from 1/1/13 to 7/29/13 were reviewed on 7/29/13 at 1:14 P.M.. The review indicated the following incident of injuries of unknown origin:</p> <p>- "Date: 05/25/2013, Staff had observed that [client H] has two bruises on his left fore arm area, the size of 2.5 cm (centimeters) by 5 cm, greenish in color. Staff asked how he received these bruises and [client H] stated that his roommate [client D] had hit him. It was not witness (sic) by staff when [client D] hit [client H] and [client D] also denies hitting [client H]. Plan to Resolve: [Client H] did not need to seek medical treatment. [Client H] and [client D] are not presently having conflict with each other. Staff are monitoring both [client H] and [client D] and will verbally redirect each if there is concern between the both of them. Staff</p>	W000154	<p>W 154 STAFF TREATMENT OF CLIENTS</p> <p>The Program Director/QDDPs will be retrained in the investigative procedures of any allegations or complaints of abuse, mistreatment and neglect of the clients, including the expectations that all violations are thoroughly investigated. Documentation on proof of retraining will be available for review. The Area Director will monitor and supervise the Program Director/QDDP in the investigation of any allegations of abuse, mistreatment and neglect. All investigative findings will be submitted to BDDS as follow-up reports and copies will be maintained in the office for review.</p> <p>System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director / QDDP, Area Director</p>	08/30/2013			

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	<p>will report any incidents that may occur between both [client H] and [client D]." Further review of the incident failed to indicate the incident was thoroughly investigated.</p> <p>Program Director #1 was interviewed on 7/29/13 at 2:10 P.M.. Program director #1 indicated the 5/25/13 incident involving client H was not investigated.</p> <p>This federal tag relates to complaint #IN00131495. 9-3-2(a)</p>				

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed to implement effective corrective action for 3 of 3 reviewed incidents of client to client abuse and 1 of 1 incident of an injury of unknown origin for 1 of 4 additional clients (client H).</p> <p>Findings include:</p> <p>The facility's reportable incidents from 1/1/13 to 7/29/13 were reviewed on 7/29/13 at 1:14 P.M.. The review indicated the following incidents of client to client abuse involving client H:</p> <p>- "Date: 01/26/2013, [Client H] was arguing with his housemate who in the process hit him (client H) with a fist on his upper right arm. [Client H] hit him (client D) with a fist on his arm. Plan to Resolve: Staff immediately intervened and separated the individuals. [Client H] calmed down after a while. Staff will continue to monitor the two individuals and keep them separated as much as possible. The QMRP (Qualified Mental Retardation Professional) will follow up as needed."</p> <p>- "Date: 03/05/2013, [Client H] was in his room looking through his things when</p>	W000157	<p>W 157 STAFF TREATMENT OF CLIENTS The Program Director/QMRP will review this standard. Going forward, all incidents of client to client abuse will be reviewed by the Program Director and Area Director to ensure that aggressive corrective action is implemented immediately following each incident. Client H no longer resides at this facility.</p> <p>System wide, all Program Director/QDDP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF's.</p> <p>Persons Responsible: Program Director / QDDP, Area Director</p>	08/30/2013	

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	<p>his roommate [client D] walked in and started hitting him (client H) with a belt. [Client H's] roommate had been accusing him of hiding his concert papers all evening. Staff immediately got between the two individuals and stopped the contact. [Client H] was checked for injuries and there were none. Plan to Resolve: [Client H] acted maturely and did not even attempt to hit his housemate back and stayed calm throughout the incident. The team (Inter-Disciplinary Team) continues supporting both gentleman (sic) (clients H and D) by implementing their plans and discussing ways for them to relate civilly (sic) towards each other."</p> <p>- "Date: 03/24/2013, [Client H] was with another individual and staff was in the back living room. Minutes earlier [client H] had just finished making fun of his roommate (client D) who was not angry at him. [Client H] was walking in the corridor when his room mate run (sic) at him. Staff tried to shield him (client H) but he was slapped by his roommate on the left side of his neck with most of the impact of the slap being taken by staff. Plan to Resolve: Staff immediately got in between the two individuals ensuring no further physical (sic) aggressive contact after that. [Client H's] housemate (client D) calmed down after that and [client H]</p>			

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	<p>did try to get back at him and another housemate, but was unable to as staff stood between him and the other individuals. [Client H's] Behavior Intervention Plan is being revised by a behavior services provider and his staff persons (client H's direct care staff) will be trained on his new plan. His housemate's plan (client D's Behavior Intervention Plan) will also be revised and staff will be trained on further monitoring requirements for the individuals."</p> <p>- "Date: 05/25/2013, Staff had observed that [client H] has two bruises on his left fore arm area, the size of 2.5 cm (centimeters) by 5 cm, greenish in color. Staff asked how he received these bruises and [client H] stated that his roommate [client D] had hit him. It was not witness (sic) by staff when [client D] hit [client H] and [client D] also denies hitting [client H]. Plan to Resolve: [Client H] did not need to seek medical treatment. [Client H] and [client D] are not presently having conflict with each other. Staff are monitoring both [client H] and [client D] and will verbally redirect each if there is concern between the both of them. Staff will report any incidents that may occur between both [client H] and [client D]."</p> <p>Program Director #1 was interviewed on 7/29/13 at 2:10 P.M.. Program Director</p>						

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	<p>#1 stated client H "antagonized the other clients in the group home." Program Director #1 further stated the facility "Put in corrective actions which were to protect [client H] and we did what we could do to protect [client H] from his roommate [client D]."</p> <p>This federal tag relates to complaint #IN00131495. 9-3-2(a)</p>				