

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  04/26/2016
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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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W 0000  Bldg. 00	<p>This visit was for a full recertification and state licensure survey. This visit included the investigation of complaint #IN00197532.</p> <p>COMPLAINT #IN00197532- SUBSTANTIATED, Federal/State deficiencies related to the allegation are cited at W102, W104, W122, W125, W149, W153, W157, W159, and W407.</p> <p>Dates of Survey: April 18, 19, 20, 21, 22, and 26, 2016.</p> <p>Facility number: 000966 Provider number: 15G452 AIM number: 100244770</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/4/16.</p>	W 0000		
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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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W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review, observation, and interview, the Condition of Participation of Governing Body is not met as the facility's governing body failed to exercise general operating direction over the facility by: 1. Neglecting to protect 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H) from physical aggression from 1 of 1 sampled client who displayed physical aggression, and, 2. Failing to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>Findings include:</p> <p>1. Please refer to W104 as the governing body: 1. Neglected to protect 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H) from physical aggression from 1 of 1 sampled client who displayed physical aggression, and,</p>	W 0102	<p>Client A had a behavior plan in place prior to moving into the home to address physical aggression. The plan did not call for one-on-one, line of sight supervision. Following each incident of peer-to-peer aggression an investigation is completed and recommendations are made in an effort to ensure the health and safety of all persons served in maintained. As a result of these investigations, Dungarvin immediately put one-on-one staffing in place for Client A and a new behavior plan was developed by Dungarvin's Behavior Consultant which outlines line of sight supervision requirements and one-on-one staff during waking hours. Dungarvin's HRC has approved this plan and all staff working in the home have been trained on the plan. To date, there have been no further incidents of peer-to-peer aggression from Client A since March 29, 2016. Client A was placed in Dungarvin Indiana's Highland ICF-ID on 2/19/16. At the</p>	05/26/2016

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	<p>2. Failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>2. Please refer to W122 the Condition of Participation, Client Protections, as the governing body: 1. Neglected to protect 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H) from physical aggression from 1 of 1 sampled client who displayed physical aggression, and, 2. Failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>This federal tag relates to complaint #IN00197532.</p> <p>9-3-1(a)</p>		<p>time of placement Client A was under the guardianship of DCS. During Client A's transition meeting his DCS guardian stated that she would remain his guardian for an undetermined length of time to ensure Client A's transition went smoothly and to facilitate Client A's mother obtaining guardianship. However, shortly after his placement, Client A's guardian contacted Dungarvin and informed the Program Director/QIDP that DCS was discontinuing guardianship for Client A effective immediately. Upon notification, Dungarvin immediately completed a referral for Client A for guardianship services through Logan Center's Protective Services Board. All staff are trained upon hire, annually, and on an as-needed basis on Dunagrvin Indiana's policy and procedure concerning abuse, neglect, and exploitation. All incidents of physical aggression by Client A reported by Direct Support staff to the Program Director were reported in compliance with regulations. Dungarvin is not aware of any unreported incidents of physical aggression from Client A toward his housemates. All staff in the home are trained at least annually on Dungarvin's incident reporting policy, which requires that all incidents of physical aggression be immediately and verbally reported to the supervisor</p>		

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			<p>by Direct Care staff and documented innarratives and incident reports. For six weeks and until compliance has beendemonstrated, the interim Program Director / QIDP will conduct six weeklyunannounced observations at various times, interviewing a sample of personserved and reviewing documentation, to ensure that all reportable incidentshave been reported and documented in accordance with Dungarvin policy andprocedure. Staff who fail to do so will receive immediate disciplinary actionand retraining. These observations will be documented on Site Observation formsand turned in to the Area Director weekly for oversight and monitoring. TheProgram Director / QIDP will taper these visits/observations to at least onetime weekly after six weeks and once compliance has been demonstrated. In conjunction with the corrective actionsfor W122 &amp; W104, the interim Program Director / QIDP willreceive retraining by 5/26/16 on the expectation that all incidents ofpeer-to-peer aggression be investigated and any resulting recommendations orplans be implemented immediately in an effort to ensure the health and safetyof all persons served. All staff in the home and the interim Program Director /QIDP will be retrained on Dungarvin's incident reporting policy and</p>	

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W 0104 Bldg. 00	<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, observation, and interview, the governing body: 1. Neglected to protect 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H) from physical aggression from 1 of 1 sampled client who displayed physical aggression, and, 2. Failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>Findings include:  The facility's records were reviewed on</p>	W 0104	<p>Dunagrvin's abuse, neglect and exploitation policy by 5/26/16. In conjunction with the corrective actions for W122, efforts to obtain a guardian for Client A are in effect and Dunagrvin will continue to follow up on and facilitate these efforts until guardianship has been obtained or Client A transitions to another provider. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>Client A had a behavior plan in place prior to moving into the home to address physical aggression. The plan did not call for one-on-one, line of sight supervision. Following each incident of peer-to-peer aggression an investigation is completed and recommendations are made in an effort to ensure the health and safety of all persons served in maintained. As a result of these investigations, Dungarvin immediately put one-on-one staffing in place for Client A and a new behavior plan was developed by Dungarvin's Behavior Consultant which outlines line of sight supervision requirements and one-on-one staff during</p>	05/26/2016

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	<p>4/18/16 at 1:39 P.M. A review of facility investigations and incident reports from 1/1/16 to 4/18/16 indicated the following:</p> <p>- "Date: 02/25/2016, Narrative: [Client H] was sitting on his recliner when a new individual to this group home (client A) run (sic) and started hitting him (client H) in the back of his head. Staff redirected the new individual and removed (client H) to his room until the new client calmed down. [Client H] was assessed and there were no injuries as the staff intervened quickly. Plan to Resolve: All staff are trained of (sic) the new client behavior plan. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the other client (client A) is new, staff are trained to make sure to provide safety for other clients. Staff will make sure to be arms length and monitor the new client closely. Staff will make sure to intervene the new client before he reaches other individuals."</p> <p>- "Date: 02/27/2016, Narrative: [Client A] was upset he had to wait for chips. He hit and slapped [client C], another client. Staff intervened."</p> <p>- "Date: 03/15/2016, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with</p>		<p>waking hours. Dungarvin's HRC has approved this plan and all staff working in the home have been trained on the plan. To date, there have been no further incidents of peer-to-peer aggression from Client A since March 29, 2016. Program Director/ QIDP for the home is no longer employed with Dungarvin. The interim Program Director / QIDP will receive retraining by 5/26/16 on the expectation that all incidents of peer-to-peer aggression be investigated and any resulting recommendations or plans be implemented immediately in an effort to ensure the health and safety of all persons served. All incidents of physical aggression by Client A reported by Direct Support staff to the Program Director were reported in compliance with regulations. Dungarvin is not aware of any unreported incidents of physical aggression from Client A toward his housemates. All staff in the home are trained at least annually on Dungarvin's incident reporting policy, which requires that all incidents of physical aggression be immediately and verbally reported to the supervisor by Direct Care staff and documented in narratives and incident reports. All staff in the home will be retrained on this expectation by 5/26/16. For six weeks and until compliance has been</p>	

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	<p>autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served breakfast and he sat on the couch getting ready to go to day program and there was no indication that he was either upset or depressed. [Client A] suddenly run (sic) into other individual (client H) and slapped him on the head. He then started clapping his hands and started laughing at himself. There ware (sic) no injuries on the other individual (client H). Staff intervned and finally redirected him and he finally calmed down and sit (sic) in the living room. Both individuals went to day program and resume (sic) their daily routines. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>- "Date: 03/19/16, Narrative: On Saturday March 19, 2016 at about 7:00pm, staff reported that [client H] was</p>		<p>demonstrated, the interimProgram Director / QIDP will conduct six weekly unannounced observations atvarious times, interviewing a sample of persons served and reviewingdocumentation, to ensure that all reportable incidents have been reported anddocumented in accordance with Dungarvin policy and procedure. Staff who fail todo so will receive immediate disciplinary action and retraining. These observationswill be documented on Site Observation forms and turned in to the Area Directorweekly for oversight and monitoring. The Program Director / QIDP will taperthese visits/observations to at least one time weekly after six weeks and oncecompliance has been demonstrated.</p> <p>S ystem wide, all Program Director / QIDPs will review this standardand will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	

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	<p>slapped by his roommate [client A] 2-3 times on the head while [client H] was sleeping on the couch. Staff intervened and prevented him (client H) from being hurt. There were no bruises or any injuries apart from being woken up from sleep. Staff followed protocol and informed the Program Director on call. [Client H] continued with his evening routine with no issues. Plan to Resolve: Staff followed protocol and informed the PD (Program Director) on call. Staff intervened and prevented [client H's] roommate from hurting him (client H). [Client H] was not injured during the incident apart from being woken from sleep. [Client H] is doing fine and nothing unusual has been noticed. The team will continue to monitor him (client H) closely and ensure his safety and wellbeing (sic) at all times."</p> <p>- Date: 03/23/2106, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served lunch and started pacing right after he was done. [Client A] suddenly run (sic) into one other individual (client H) and slapped him on the head several times. There was no indication that he</p>			

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	<p>was either upset or depressed. He then started clapping his hands and started laughing at himself. There were no injuries on the other individual (client H). Staff intervened and finally redirected him (client A) and he finally calmed down and sit (sic) in the living room. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Behavior Specialist is collecting information to have a baseline and adjust the Behavior Plan as of now. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>Client A was observed at the group home during the 4/18/16 observation period from 3:18 P.M. until 5:45 P.M. Upon entering the group home, client A was continually walking throughout the group home, running into the walls and doorways and then pushing himself off the walls and doorways. Client A continued to rapidly walk throughout the group home. Direct care staff #2 was</p>			

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	<p>constantly within arms reach of client A. Client A wandered into client D's bedroom and client D yelled at client A, "Get out of my room!" Direct care staff #2 occasionally prompted client A to sit. Client A would sit on the couch for a minute or two and then proceed to rapidly walk through out the house and clapping his hands.</p> <p>Direct care staff #2 was interviewed on 4/18/16 at 5:46 P.M. Direct care staff #2 stated, "He (client A) hasn't hit or slapped another person (client) or staff in the past three weeks since we now have him on one on one (one staff to stay constantly with client A)."</p> <p>Client B was interviewed on 4/18/16 at 5:55 P.M. Client B stated, "I'm afraid of him (client A). I'm afraid he might hit me."</p> <p>Client D was interviewed on 4/18/16 at 6:07 P.M. Client D stated, "I'm not afraid of him (client A). I have this." Client D opened his dresser drawer and showed the surveyor a tennis racket shaped fly swatter. Client D stated, "I'll use this (tennis racket shaped fly swatter) if he ever gets close to me."</p> <p>Confidential Informant #1 was interviewed on 4/19/16. Confidential</p>				

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	<p>Informant #1 stated, "The people who lived at the group home (clients B, C, D, E, F, G, and H) were hit by [client A] more times than were documented. It would happen so often (client A hitting or slapping other clients) that staff would not document all of the incidents. [Client H and client C] were terrified of him (client A). He just doesn't fit in the group home with the individuals (clients) who live there."</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was 18 years of age and was admitted to the facility on 2/19/16. Further review indicated the client A had a history of hitting and slapping others.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) hasn't aggressed toward anyone since March 29th. We are working on a new behavior plan and it should be ready any day. [Client A] has a one on one staff now and that is really helping." Area Director further stated, "I don't know of any staff not documenting any other aggressive incidents by [client A]."</p> <p>This federal tag relates to complaint #IN00197532.</p>			

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W 0122  Bldg. 00	<p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review, observation, and interview, the Condition of Participation of Client Protections is not met as the facility: 1. Neglected to protect 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H) from physical aggression from 1 of 1 sampled client who displayed physical aggression, and, 2. Failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>Findings include:</p> <p>1. Please refer to W125 as the facility</p>			W 0122	<p>Client A had a behavior plan in place prior to moving into the home to address physical aggression. The plan did not call for one-on-one, line of sight supervision. Following each incident of peer-to-peer aggression an investigation is completed and recommendations are made in an effort to ensure the health and safety of all persons served in maintained. As a result of these investigations, Dungarvin immediately put one-on-one staffing in place for Client A and a new behavior plan was developed by Dungarvin's Behavior Consultant which outlines line of sight supervision requirements and one-on-one staff during waking hours. Dungarvin's HRC</p>		05/26/2016

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	<p>failed to assure 1 of 4 sampled clients received guardian services (client A).</p> <p>2. Please refer to W149 as the facility neglected to implement their abuse/neglect policy to implement effective corrective action to protect of 1 of 1 sampled clients from physical aggression (client C) and 1 of 4 additional clients (client H), and failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>3. Please refer to W153 as the facility failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>4. Please refer to W157 as the facility failed to implement effective corrective action to prevent 1 of 1 sampled client, with a history of physical aggression (client A), from physically aggressing toward 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H).</p> <p>This federal tag relates to complaint</p>		<p>has approved this plan and all staff working in the home have been trained on the plan. To date, there have been no further incidents of peer-to-peer aggression from Client A since March 29, 2016.</p> <p>Client A was placed in Dungarvin Indiana's Highland ICF-ID on 2/19/16. At the time of placement Client A was under the guardianship of DCS. During Client A's transition meeting his DCS guardian stated that she would remain his guardian for an undetermined length of time to ensure Client A's transition went smoothly and to facilitate Client A's mother obtaining guardianship. However, shortly after his placement, Client A's guardian contacted Dungarvin and informed the Program Director/QIDP that DCS was discontinuing guardianship for Client A effective immediately. Upon notification, Dungarvin immediately completed a referral for Client A for guardianship services through Logan Center's Protective Services Board.</p> <p>All staff are trained upon hire, annually, and on an as-needed basis on Dunagrvin Indiana's policy and procedure concerning abuse, neglect, and exploitation. All incidents of physical aggression by Client A reported by Direct Support staff to the Program Director were reported in compliance with regulations.</p>	

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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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	#IN00197532.  9-3-2(a)		Dungarvin is not aware of any unreported incidents of physical aggression from Client A toward his housemates. All staff in the home are trained at least annually on Dungarvin's incident reporting policy, which requires that all incidents of physical aggression be immediately and verbally reported to the supervisor by Direct Care staff and documented in narratives and incident reports. For six weeks and until compliance has been demonstrated, the interim Program Director / QIDP will conduct six weekly unannounced observations at various times, interviewing a sample of persons served and reviewing documentation, to ensure that all reportable incidents have been reported and documented in accordance with Dungarvin policy and procedure. Staff who fail to do so will receive immediate disciplinary action and retraining. These observations will be documented on Site Observation forms and turned in to the Area Director weekly for oversight and monitoring. The Program Director / QIDP will taper these visits/observations to at least one time weekly after six weeks and once compliance has been demonstrated. In conjunction with the corrective actions for W102, W104, W149, W153 & W157, the interim Program Director / QIDP		

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W 0125 Bldg. 00	<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 record review and interview, the facility failed to assure 1 of 4 sampled clients received guardian services (client</p>	W 0125	<p>willreceive retraining by 5/26/16 on the expectation that all incidents ofpeer-to-peer aggression be investigated and any resulting recommendations orplans be implemented immediately in an effort to ensure the health and safetyof all persons served. All staff in the home and the interim Program Director /QIDP will be retrained on Dungarvin's incident reporting policy and Dunagrvin'sabuse, neglect and exploitation policy by 5/26/16.</p> <p>In conjunction with the corrective actions for W125,efforts to obtain a guardian for Client A are in effect and Dunagrvin willcontinue to follow up on and facilitate these efforts until guardianship hasbeen obtained or Client A transitions to another provider.</p> <p>System wide, all Program Director / QIDPs will review this standardand will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>Client A was placed in Dungarvin Indiana's Highland ICF-IDon 2/19/16. At the time of placement Client A was under the</p>	05/26/2016

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	<p>A).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was 18 years of age and was admitted to the facility on 2/19/16. A review of client A's Behavior management plan, implemented on 2/19/16, indicated client A's diagnoses included, but were not limited to: "Autism, requiring very substantial support, Disruptive Mood Disorder." Client A's behavior plan further indicated personality traits which may affect treatment were listed as: "Aggressive, non-verbal, non-compliant." Further review indicated client A had the services of a guardian at his previous placement prior to 2/19/16.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) had a guardian but we received a letter from the guardian shortly after he (client A) was admitted here. The guardian stated she was no longer going to provide services for [client A]." When asked if the facility had obtained or sought guardianship services for client A since his 2/19/16 placement at the facility, Area Director #1 stated, "No."</p>		<p>guardianship of DCS. During Client A's transition meeting his DCS guardian stated that shewould remain his guardian for an undetermined length of time to ensure Client A's transition went smoothly and to facilitate Client A's mother obtaining guardianship. However, shortly after his placement, Client A's guardian contacted Dungarvin and informed the Program Director/QIDP that DCS was discontinuing guardianship for Client A effective immediately. Upon notification, Dungarvin immediately completed a referral for Client A for guardianship services through Logan Center's Protective Services Board. Efforts to obtain a guardian for Client A are in effect and Dunagrvin will continue to follow up on and facilitate these efforts until guardianship has been obtained or Client A transitions to another provider. System wide, all Program Director /QIDPs and Area Directors will review this expectation and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>				

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W 0149 Bldg. 00	<p>This federal tag relates to complaint #IN00197532.</p> <p>9-3-2(a)</p> <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, observation, and interview, the facility neglected to implement their abuse/neglect policy to implement effective corrective action to prevent of 1 of 1 sampled clients with physically aggressive behaviors (client A) from physically agressing toward 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H), and failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/18/16 at 1:39 P.M. A review of facility investigations and incident reports from</p>	W 0149	<p>All staff are trained upon hire, annually, and on an as-needed basis on Dunagrvin Indiana's policy and procedure concerning abuse, neglect, and exploitation. Client A had a behavior plan in place prior to moving into the home to address physical aggression. The plan did not call for one-on-one, line of sight supervision. Following each incident of peer-to-peer aggression an investigation is completed and recommendations are made in an effort to ensure the health and safety of all persons served in maintained. As a result of these investigations, Dungarvin immediately put one-on-one staffing in place for Client A and a new behavior plan was developed by Dungarvin's Behavior Consultant which outlines line of sight supervision requirements and one-on-one staff during</p>	05/26/2016

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	<p>1/1/16 to 4/18/16 indicated the following:</p> <p>- "Date: 02/25/2016, Narrative: [Client H] was sitting on his recliner when a new individual to this group home (client A) run (sic) and started hitting him (client H) in the back of his head. Staff redirected the new individual and removed (client H) to his room until the new client calmed down. [Client H] was assessed and there were no injuries as the staff intervened quickly. Plan to Resolve: All staff are trained of (sic) the new client behavior plan. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the other client (client A) is new, staff are trained to make sure to provide safety for other clients. Staff will make sure to be arms length and monitor the new client closely. Staff will make sure to intervene the new client before he reaches other individuals."</p> <p>- "Date: 02/27/2016, Narrative: [Client A] was upset he had to wait for chips. He hit and slapped [client C], another client. Staff intervened."</p> <p>- "Date: 03/15/2016, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior</p>		<p>waking hours. Dungarvin's HRC has approved this plan and all staff working in the home have been trained on the plan. To date, there have been no further incidents of peer-to-peer aggression from Client A since March 29, 2016. All incidents of physical aggression by Client A reported by Direct Support staff to the Program Director were reported in compliance with regulations. Dungarvin is not aware of any unreported incidents of physical aggression from Client A toward his housemates. All staff in the home are trained at least annually on Dungarvin's incident reporting policy, which requires that all incidents of physical aggression be immediately and verbally reported to the supervisor by Direct Care staff and documented in narratives and incident reports. In conjunction with the corrective action for W104, all staff in the home and the interim Program Director / QIDP will be retrained on Dungarvin's incident reporting policy and Dunagrvin's abuse, neglect and exploitation policy by 5/26/16. For six weeks and until compliance has been demonstrated, the interim Program Director / QIDP will conduct six weekly unannounced observations at various times, interviewing a sample of persons served</p>		

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	<p>plan that addressed him being aggressive when there is food. [Client A] was served breakfast and he sat on the couch getting ready to go to day program and there was no indication that he was either upset or depressed. [Client A] suddenly run (sic) into other individual (client H) and slapped him on the head. He then started clapping his hands and started laughing at himself. There ware (sic) no injuries on the other individual (client H). Staff intervned and finally redirected him and he finally calmed down and sit (sic) in the living room. Both individuals went to day program and resume (sic) their daily routines. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>- "Date: 03/19/16, Narrative: On Saturday March 19, 2016 at about 7:00pm, staff reported that [client H] was slapped by his roommate [client A] 2-3 times on the head while [client H] was</p>		<p>andreviewing documentation, to ensure that all reportable incidents have beenreported and documented in accordance with Dungarvin policy and procedure. Staff who fail to do so will receive immediate disciplinary action andretraining. These observations will be documented on Site Observation forms andturned in to the Area Director weekly for oversight and monitoring. The ProgramDirector / QIDP will taper these visits/observations to at least one timeweekly after six weeks and once compliance has been demonstrated.</p> <p>The interim Program Director / QIDP willreceive retraining by 5/26/16 on the expectation that all incidents ofpeer-to-peer aggression be investigated and any resulting recommendations or plansbe implemented immediately in an effort to ensure the health and safety of allpersons served. System wide, all Program Director / QIDPs will review this standardand will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	

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	<p>sleeping on the couch. Staff intervened and prevented him (client H) from being hurt. There were no bruises or any injuries apart from being woken up from sleep. Staff followed protocol and informed the Program Director on call. [Client H] continued with his evening routine with no issues. Plan to Resolve: Staff followed protocol and informed the PD (Program Director) on call. Staff intervened and prevented [client H's] roommate from hurting him (client H). [Client H] was not injured during the incident apart from being woken from sleep. [Client H] is doing fine and nothing unusual has been noticed. The team will continue to monitor him (client H) closely and ensure his safety and wellbeing (sic) at all times."</p> <p>- Date: 03/23/2106, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served lunch and started pacing right after he was done. [Client A] suddenly run (sic) into one other individual (client H) and slapped him on the head several times. There was no indication that he was either upset or depressed. He then started clapping his hands and started</p>			

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	<p>laughing at himself. There were no injuries on the other individual (client H). Staff intervened and finally redirected him (client A) and he finally calmed down and sit (sic) in the living room.</p> <p>Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Behavior Specialist is collecting information to have a baseline and adjust the Behavior Plan as of now. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>Client A was observed at the group home during the 4/18/16 observation period from 3:18 P.M. until 5:45 P.M. Upon entering the group home, client A was continually walking throughout the group home, running into the walls and doorways and then pushing himself off the walls and doorways. Client A continued to rapidly walk throughout the group home. Direct care staff #2 was constantly within arms reach of client A. Client A wandered into client D's</p>			

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	<p>bedroom and client D yelled at client A, "Get out of my room!" Direct care staff #2 occasionally prompted client A to sit. Client A would sit on the couch for a minute or two and then proceed to rapidly walk through out the house and clapping his hands.</p> <p>Direct care staff #2 was interviewed on 4/18/16 at 5:46 P.M. Direct care staff #2 stated, "He (client A) hasn't hit or slapped another person (client) or staff in the past three weeks since we now have him on one on one (one staff to stay constantly with client A)."</p> <p>Client B was interviewed on 4/18/16 at 5:55 P.M. Client B stated, "I'm afraid of him (client A). I'm afraid he might hit me."</p> <p>Client D was interviewed on 4/18/16 at 6:07 P.M. Client D stated, "I'm not afraid of him (client A). I have this." Client D opened his dresser drawer and showed the surveyor a tennis racket shaped fly swatter. Client D stated, "I'll use this (tennis racket shaped fly swatter) if he ever gets close to me."</p> <p>Client E was interviewed on 4/18/16 at 6:12 P.M. Client E stated, "Man, you got to do something. He (client A) is my roommate and he stays up all night and</p>				

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	<p>he's always walking around hitting on others. You got to do something. He just doesn't fit here. I'm not afraid of him but he bothers me."</p> <p>Confidential Informant #1 was interviewed on 4/19/16. Confidential Informant #1 stated, "The people who lived at the group home (clients B, C, D, E, F, G, and H) were hit by [client A] more times than were documented. It would happen so often (client A hitting or slapping other clients) that staff would not document all of the incidents. [Client H and client C] were terrified of him (client A). He just doesn't fit in the group home with the individuals (clients) who live there. All of the individuals are afraid of him (client A). He is sometimes up all night and his roommate (client E) is frustrated that he can't sleep."</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was 18 years of age and was admitted to the facility on 2/19/16. Further review indicated the client A had a history of hitting and slapping others.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) hasn't aggressed toward anyone since March 29th. We are</p>			

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W 0153 Bldg. 00	<p>working on a new behavior plan and it should be ready any day. [Client A] has a one on one staff now and that is really helping." Area Director further stated, "I don't know of any staff not documenting any other aggressive incidents by [client A]."</p> <p>The facility's records were further reviewed on 4/22/16 at 11:05 A.M. A review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 6/1/15, indicated, in part, "[Name of Facility] employees are required by law to report suspected or actual abuse, neglect, or exploitation", and, "Abuse, neglect or exploitation of the individuals served is strictly prohibited in any [Name of Facility] service delivery setting."</p> <p>This federal tag relates to complaint #IN00197532.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations</p>				

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	<p>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, observation, and interview, the facility failed to assure all incidents of physical abuse were immediately reported to the administrator affecting 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/18/16 at 1:39 P.M. A review of facility investigations and incident reports from 1/1/16 to 4/18/16 indicated the following:</p> <p>- "Date: 02/25/2016, Narrative: [Client H] was sitting on his recliner when a new individual to this group home (client A) run (sic) and started hitting him (client H) in the back of his head. Staff redirected the new individual and removed (client H) to his room until the new client calmed down. [Client H] was assessed and there were no injuries as the staff intervened quickly. Plan to Resolve: All staff are trained of (sic) the new client behavior plan. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the other client (client A)</p>	W 0153	<p>All incidents of physical aggression by Client A reported by Direct Support staff to the Program Director were reported in compliance with regulations. Dungarvin is not aware of any unreported incidents of physical aggression from Client A toward his housemates. All staff in the home are trained at least annually and as needed on Dungarvin Indiana's incident reporting policy, which requires that all incidents of physical aggression be immediately and verbally reported to the supervisor by Direct Care staff and documented in narratives and incident reports. All staff in the home will be retrained on this expectation by 5/26/16.</p> <p>For six weeks and until compliance has been demonstrated, the interim Program Director / QIDP will conduct six weekly unannounced observations at various times, interviewing a sample of persons served and reviewing documentation, to ensure that all reportable incidents have been reported and documented in accordance with Dungarvin policy and procedure. Staff who fail to do so will receive immediate disciplinary action and retraining. These observations will be</p>	05/26/2016

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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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	<p>is new, staff are trained to make sure to provide safety for other clients. Staff will make sure to be arms length and monitor the new client closely. Staff will make sure to intervene the new client before he reaches other individuals."</p> <p>- "Date: 02/27/2016, Narrative: [Client A] was upset he had to wait for chips. He hit and slapped [client C], another client. Staff intervened."</p> <p>- "Date: 03/15/2016, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served breakfast and he sat on the couch getting ready to go to day program and there was no indication that he was either upset or depressed. [Client A] suddenly run (sic) into other individual (client H) and slapped him on the head. He then started clapping his hands and started laughing at himself. There ware (sic) no injuries on the other individual (client H). Staff intervened and finally redirected him and he finally calmed down and sit (sic) in the living room. Both individuals went to day program and resume (sic) their daily routines. Plan to Resolve: All staff are trained of (sic) [client A's]</p>		<p>documented on Site Observation forms and turned in to the Area Director weekly for oversight and monitoring. The Program Director / QIDP will taper these visits/observations to at least one time weekly after six weeks and once compliance has been demonstrated. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>		

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	<p>behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>- "Date: 03/19/16, Narrative: On Saturday March 19, 2016 at about 7:00pm, staff reported that [client H] was slapped by his roommate [client A] 2-3 times on the head while [client H] was sleeping on the couch. Staff intervened and prevented him (client H) from being hurt. There were no bruises or any injuries apart from being woken up from sleep. Staff followed protocol and informed the Program Director on call. [Client H] continued with his evening routine with no issues. Plan to Resolve: Staff followed protocol and informed the PD (Program Director) on call. Staff intervened and prevented [client H's] roommate from hurting him (client H). [Client H] was not injured during the incident apart from being woken from sleep. [Client H] is doing fine and nothing unusual has been noticed. The team will continue to monitor him (client</p>						

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	<p>H) closely and ensure his safety and wellbeing (sic) at all times."</p> <p>- Date: 03/23/2106, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served lunch and started pacing right after he was done. [Client A] suddenly run (sic) into one other individual (client H) and slapped him on the head several times. There was no indication that he was either upset or depressed. He then started clapping his hands and started laughing at himself. There were no injuries on the other individual (client H). Staff intervened and finally redirected him (client A) and he finally calmed down and sit (sic) in the living room. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Behavior Specialist is collecting information to have a baseline and adjust</p>			

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	<p>the Behavior Plan as of now. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>Confidential Informant #1 was interviewed on 4/19/16. Confidential Informant #1 stated, "The people who lived at the group home (clients B, C, D, E, F, G, and H) were hit by [client A] more times than were documented. It would happen so often (client A hitting or slapping other clients) that staff would not document all of the incidents of [client A] hitting the other individuals (clients). [Client H and client C] were terrified of him (client A)."</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was 18 years of age and was admitted to the facility on 2/19/16. Further review indicated the client A had a history of hitting and slapping others.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "I don't know of any staff not documenting any other aggressive incidents by [client A]."</p> <p>This federal tag relates to complaint #IN00197532.</p>			

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W 0157 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview, the Condition of Participation of Client Protections is not met as the facility failed to implement effective corrective action to prevent 1 of 1 sampled client, with a history of physical aggression (client A), from physically aggressing toward 1 of 4 sampled clients (client C) and 1 of 4 additional clients (client H).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/18/16 at 1:39 P.M. A review of facility investigations and incident reports from 1/1/16 to 4/18/16 indicated the following:</p> <p>- "Date: 02/25/2016, Narrative: [Client H] was sitting on his recliner when a new individual to this group home (client A)</p>	W 0157	<p>Client A had a behavior plan in place prior to moving into the home to address physical aggression. The plan did not call for one-on-one, line of sight supervision. Following each incident of peer-to-peer aggression an investigation is completed and recommendations are made in an effort to ensure the health and safety of all persons served in maintained. As a result of these investigations, Dungarvin immediately put one-on-one staffing in place for Client A and a new behavior plan was developed by Dungarvin's Behavior Consultant which outlines line of sight supervision requirements and one-on-one staff during waking hours. Dungarvin's HRC has approved this plan and all staff working in the home have been trained on the plan. To date,</p>	05/26/2016

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	<p>run (sic) and started hitting him (client H) in the back of his head. Staff redirected the new individual and removed (client H) to his room until the new client calmed down. [Client H] was assessed and there were no injuries as the staff intervened quickly. Plan to Resolve: All staff are trained of (sic) the new client behavior plan. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the other client (client A) is new, staff are trained to make sure to provide safety for other clients. Staff will make sure to be arms length and monitor the new client closely. Staff will make sure to intervene the new client before he reaches other individuals."</p> <p>- "Date: 02/27/2016, Narrative: [Client A] was upset he had to wait for chips. He hit and slapped [client C], another client. Staff intervened."</p> <p>- "Date: 03/15/2016, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served breakfast and he sat on the couch getting ready to go to day program and there was no indication that he was either</p>		<p>there have been no further incidents of peer-to-peer aggression from Client A since March 29, 2016. Program Director/ QIDP for the home is no longer employed with Dungarvin. The interim Program Director / QIDP will receive retraining by 5/26/16 on the expectation that all incidents of peer-to-peer aggression be investigated and any resulting recommendations or plans be implemented immediately in an effort to ensure the health and safety of all persons served. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	

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	<p>upset or depressed. [Client A] suddenly run (sic) into other individual (client H) and slapped him on the head. He then started clapping his hands and started laughing at himself. There ware (sic) no injuries on the other individual (client H). Staff intervned and finally redirected him and he finally calmed down and sit (sic) in the living room. Both individuals went to day program and resume (sic) their daily routines. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>- "Date: 03/19/16, Narrative: On Saturday March 19, 2016 at about 7:00pm, staff reported that [client H] was slapped by his roommate [client A] 2-3 times on the head while [client H] was sleeping on the couch. Staff intervned and prevented him (client H) from being hurt. There were no bruises or any injuries apart from being woken up from sleep. Staff followed protocol and</p>			

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	<p>informed the Program Director on call. [Client H] continued with his evening routine with no issues. Plan to Resolve: Staff followed protocol and informed the PD (Program Director) on call. Staff intervened and prevented [client H's] roommate from hurting him (client H). [Client H] was not injured during the incident apart from being woken from sleep. [Client H] is doing fine and nothing unusual has been noticed. The team will continue to monitor him (client H) closely and ensure his safety and wellbeing (sic) at all times."</p> <p>- Date: 03/23/2106, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served lunch and started pacing right after he was done. [Client A] suddenly run (sic) into one other individual (client H) and slapped him on the head several times. There was no indication that he was either upset or depressed. He then started clapping his hands and started laughing at himself. There were no injuries on the other individual (client H). Staff intervened and finally redirected him (client A) and he finally calmed down and sit (sic) in the living room.</p>				

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	<p>Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Behavior Specialist is collecting information to have a baseline and adjust the Behavior Plan as of now. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>Client A was observed at the group home during the 4/18/16 observation period from 3:18 P.M. until 5:45 P.M. Upon entering the group home, client A was continually walking throughout the group home, running into the walls and doorways and then pushing himself off the walls and doorways. Client A continued to rapidly walk throughout the group home. Direct care staff #2 was constantly within arms reach of client A. Client A wandered into client D's bedroom and client D yelled at client A, "Get out of my room!" Direct care staff #2 occasionally prompted client A to sit. Client A would sit on the couch for a minute or two and then proceed to rapidly</p>			

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	<p>walk through out the house and clapping his hands.</p> <p>Direct care staff #2 was interviewed on 4/18/16 at 5:46 P.M. Direct care staff #2 stated, "He (client A) hasn't hit or slapped another person (client) or staff in the past three weeks since we now have him on one on one (one staff to stay constantly with client A)."</p> <p>Client B was interviewed on 4/18/16 at 5:55 P.M. Client B stated, "I'm afraid of him (client A). I'm afraid he might hit me."</p> <p>Client D was interviewed on 4/18/16 at 6:07 P.M. Client D stated, "I'm not afraid of him (client A). I have this." Client D opened his dresser drawer and showed the surveyor a tennis racket shaped fly swatter. Client D stated, "I'll use this (tennis racket shaped fly swatter) if he ever gets close to me."</p> <p>Confidential Informant #1 was interviewed on 4/19/16. Confidential Informant #1 stated, "The people who lived at the group home (clients B, C, D, E, F, G, and H) were hit by [client A] more times than were documented. [Client H and client C] were terrified of him (client A).</p>			

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W 0159  Bldg. 00	<p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was 18 years of age and was admitted to the facility on 2/19/16. Further review indicated the client A had a history of hitting and slapping others.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) hasn't aggressed toward anyone since March 29th. We are working on a new behavior plan and it should be ready any day. [Client A] has a one on one staff now and that is really helping."</p> <p>This federal tag relates to complaint #IN00197532.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review, and interview, the facility's QIDP (Qualified</p>			W 0159	Prior to the exit of the survey aComprehensive Functional		05/26/2016

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	<p>Intellectual Disabilities Professional): 1. Failed to assure 1 of 4 sampled clients received guardian services (client A), 2. Failed to perform a comprehensive functional assessment within 30 days of admission for 1 of 4 sampled clients (client A), 3. Failed to prepare an Individual Program Plan within 30 days of admission for 1 of 4 sampled clients (client A), 4. Failed to assure the facility's Human Rights Committee reviewed and approved the use of a restrictive behavior management plan which included the administration of psychotropic medications for 1 of 4 sampled clients (client A), 5. Failed to assure 1 of 4 sampled client (client A) had a guardian to approve the use of a restrictive behavior management plan which included the use of physical redirection and the administration of psychotropic medications, 6. Failed to assure the vision and hearing for 1 of 4 sampled clients (client A) was evaluated, 7. Failed to assure a physical examination was completed for 1 of 4 sampled clients (client A), and 8. Failed to assure a diet prepared after admission for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review</p>		<p>Assessment and IPP were completed for Client A and HRC approvals were obtained for his restrictive Behavior Support Plan and Psychotropic medications. Copies of these documents were provided to the surveyor.</p> <p>All Program Director / QIDPs are trained at the time of hire and as needed thereafter that a Comprehensive Function Assessment must be completed and an IPP must be implemented and staff trained within 30 days of admitting new persons served to Dungarvin ICF-IDs and reviewed regularly thereafter. Program Director / QIDPs are also trained that HRC approvals must be obtained for existing psychotropic medications and/or Behavior Support Plans prior to admitting a new person served. The findings of this review resulted in the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrained on these expectations by 5/26/16. Quarterly, the Program Director / QIDP will conduct audits of the client files. This audit will include assuring that Comprehensive Functional Assessments &amp; IPPs are in place for all persons served within 30 days of being admitted and that approvals from the Human Rights Committee and Person Served or their Guardian are obtained for any restrictive</p>	

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	<p>indicated client A was 18 years of age and was admitted to the facility on 2/19/16. A review of client A's Behavior management plan, implemented on 2/19/16, indicated client A's diagnoses included, but were not limited to: "Autism, requiring very substantial support, Disruptive Mood Disorder." Client A's behavior plan further indicated personality traits which may affect treatment were listed as: "Aggressive, non-verbal, non-compliant." Further review indicated client A had the services of a guardian at his previous placement prior to 2/19/16.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) had a guardian but we received a letter from the guardian shortly after he (client A) was admitted here. The guardian stated she was no longer going to provide services for [client A]. When asked if the facility had obtained or sought guardianship services for client A since his 2/19/16 placement at the facility, Area Director #1 stated, "No."</p> <p>2. Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate a Comprehensive Functional</p>		<p>Behavior Plans and/or psychotropic medications. These audits will be reviewed by the Area Director for follow up assurance. Client A was placed in Dungarvin Indiana's Highland ICF-ID on 2/19/16. At the time of placement Client A was under the guardianship of DCS. During Client A's transition meeting his DCS guardian stated that she would remain his guardian for an undetermined length of time to ensure Client A's transition went smoothly and to facilitate Client A's mother obtaining guardianship. However, shortly after his placement, Client A's guardian contacted Dungarvin and informed the Program Director/QIDP that DCS was discontinuing guardianship for Client A effective immediately. Upon notification, Dungarvin immediately completed a referral for Client A for guardianship services through Logan Center's Protective Services Board. Efforts to obtain a guardian for Client A are in effect and Dungarvin will continue to follow up on and facilitate these efforts until guardianship has been obtained or Client A transitions to another provider. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	

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	<p>Assessment had been completed for client A.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there is an assessment completed (Comprehensive Functional Assessment) it would be in his (client A's) file."</p> <p>3. Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate an Individual Program Plan had been prepared for client A.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there is a Program Plan (Individual Program Plan) was written it would be in his (client A's) file."</p> <p>4. Client A records were reviewed on 4/20/16 at 8:33 A.M. A review of the client's record indicated the client was admitted to the facility on 2/19/16. Upon admission, the facility continued the implementation of the client's behavior management plan from a previous placement. The behavior plan addressed</p>			

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	<p>behaviors of physical aggression, elopement, self-injurious behaviors, hyperactive behaviors, and inappropriate toileting. Reactive techniques included, but were not limited to, physical redirection, one on one supervision (one staff to supervised the client) and administration of the following psychotropic medications: Thiothixene (medication for Schizophrenia), Divalproex (mood stabilizer medication), and Clonidine (medication for anxiety). Further review of the client's record failed to indicate the facility's Human Rights Committee reviewed and approved the use of these medications upon client A's admission to the facility.</p> <p>Program Director #2 was interviewed on 4/20/16 at 8:22 A.M. Program Director #2 stated, "Our HRC (Human Rights Committee) did not review [client A's] psych (psychotropic) meds (medications)."</p> <p>5. Client A records were reviewed on 4/20/16 at 8:33 A.M. A review of the client's record indicated the client was admitted to the facility on 2/19/16. Upon admission, the facility continued the implementation of the client's behavior management plan from a previous placement. The behavior plan addressed behaviors of physical aggression,</p>			

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	<p>elopement, self-injurious behaviors, hyperactive behaviors, and inappropriate toileting. Reactive techniques included, but were not limited to, physical redirection, one on one supervision (one staff to supervised the client) and administration of the following psychotropic medications: Thiothixene (medication for Schizophrenia), Divalproex (mood stabilizer medication), and Clonidine (medication for anxiety). Further review indicated client A had the services of a guardian at his previous placement prior to 2/19/16 and the guardian had not approved the use of the plan at his present placement.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) had a guardian but we received a letter from the guardian shortly after he (client A) was admitted here. The guardian stated she was no longer going to provide services for [client A]." When asked if the facility had obtained guardian approval for the use of the client's restrictive behavior plan, Area Director #1 stated, "No."</p> <p>6. Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate the client's vision and hearing</p>				

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	<p>was evaluated since his admission to the facility.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there was a vision and hearing eval (evaluation) done it would be in his (client A's) file."</p> <p>7. Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate client A had had a physical examination since his admission to the facility.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If it was done (physical examination) it would be in his (client A's) file."</p> <p>8. Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate a diet had been prepared for client A.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1</p>			

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W 0210 Bldg. 00	<p>stated, "The Program Director for that group home is on leave. If there is one (diet order) it would be in his (client A's) file."</p> <p>Area Director #1 was further interviewed on 4/22/16 at 9:36 A.M. Area Director #1 indicated the aforementioned were part of the job duties of the facility's QIDP.</p> <p>This federal tag relates to complaint #IN00197532.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview, the facility failed to perform a comprehensive functional assessment within 30 days of admission for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p>	W 0210	<p>Prior to the exit of the survey aComprehensive Functional Assessment was completed for Client A and a copy wasprovided to the surveyor. All Program Director / QIDPs are trained at the timeof hire and as needed thereafter that a Comprehensive Functional Assessment mustbe in place within 30 days of admitting</p>	05/26/2016			

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W 0226 Bldg. 00	<p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate a Comprehensive Functional Assessment had been completed for client A.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there is an assessment completed (Comprehensive Functional Assessment) it would be in his (client A's) file."</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. Based on record review and interview, the facility failed to prepare an Individual Program Plan within 30 days of admission for 1 of 4 sampled clients (client A).</p>	W 0226	<p>new persons served to Dungarvin ICF-IDsand reviewed at least annually thereafter. The findings of this review resultedin the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrainedon assuring that a Comprehensive Functional Assessment is in place within 30days of admitting new persons served to Dungarvin ICF-IDs. Quarterly, the Program Director / QIDPwill conduct audits of the client files. This audit will include assuringthat Comprehensive Functional Assessments are in place for all persons servedwithin 30 days of being admitted. These audits will be reviewed by the AreaDirector for follow up assurance. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>Prior to the exit of the survey an IPPwas developed and implemented for Client A and a copy was provided to the surveyor. All Program Director / QIDPs are trained at the time of hire that anIPP must be</p>	05/26/2016			

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W 0262  Bldg. 00	<p>Findings include:</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate an Individual Program Plan had been prepared for client A.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there is a Program Plan (Individual Program Plan) was written it would be in his (client A's) file."</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p>		<p>implemented and staff trained within 30 days of admitting new persons served to Dungarvin ICF-IDs and reviewed at least quarterly thereafter. The findings of this review resulted in the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrained on assuring that an IPP is in place within 30 days of admitting new persons served to Dungarvin ICF-IDs.</p> <p>Quarterly, the Program Director / QIDP will conduct audits of the client files. This audit will include assuring that IPPs are in place for all persons served within 30 days of being admitted. These audits will be reviewed by the Area Director for follow up assurance. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	

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	<p>Based on record review and interview, the facility failed to assure the facility's Human Rights Committee reviewed and approved the use of a restrictive behavior management plan which included the administration of psychotropic medications for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>Client A's records were reviewed on 4/20/16 at 8:33 A.M. A review of the client's record indicated the client was admitted to the facility on 2/19/16. Upon admission, the facility continued the implementation of the client's behavior management plan from a previous placement. The behavior plan addressed behaviors of physical aggression, elopement, self-injurious behaviors, hyperactive behaviors, and inappropriate toileting. Reactive techniques included, but were not limited to, physical redirection, one on one supervision (one staff to supervised the client) and administration of the following psychotropic medications: Thiothixene (medication for Schizophrenia), Divalproex (mood stabilizer medication), and Clonidine (medication for anxiety). Further review of the client's record failed to indicate the facility's Human Rights Committee reviewed and</p>	W 0262	<p>Human Rights Committee approval has been obtained for Client A's Behavior Support Plan and psychotropic medications. The findings of this review resulted in the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrained on assuring that the Human Rights Committee approvals for BSPs and psychotropic medications are obtained prior to admitting new persons served to Dungarvin ICF-IDs. Quarterly, the Program Director / QIDP will conduct audits of the client files. This audit will include assuring that approvals by the Human Rights Committee and Person Served or their Guardian are obtained for any restrictive Behavior Plans and/or psychotropic medications. These audits will be reviewed by the Area Director for followup assurance. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	05/26/2016	

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W 0263 Bldg. 00	<p>approved the use of these medications upon client A's admission to the facility.</p> <p>Program Director #2 was interviewed on 4/20/16 at 8:22 A.M. Program Director #2 stated, "Our HRC (Human Rights Committee) did not review [client A's] psych (psychotropic) meds (medications)."</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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's Human Rights Committee failed to assure 1 of 4 sampled client's (client A's) guardian approved the use of a restrictive behavior management plan which included the use of physical redirection and the administration of psychotropic medications.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 4/20/16 at 8:33 A.M. A review of the client's record indicated the client was</p>	W 0263	<p>Prior to the exit of this survey, Human Rights Committee approval was obtained for Client A's Behavior Support Plan and psychotropic medications and copies of the approvals were provided to the surveyor. The findings of this review resulted in the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrained on assuring that the Human Rights Committee approvals for BSPs and psychotropic medications are obtained prior</p>	05/26/2016

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	<p>admitted to the facility on 2/19/16. Upon admission, the facility continued the implementation of the client's behavior management plan from a previous placement. The behavior plan addressed behaviors of physical aggression, elopement, self-injurious behaviors, hyperactive behaviors, and inappropriate toileting. Reactive techniques included, but were not limited to, physical redirection, one on one supervision (one staff to supervised the client) and administration of the following psychotropic medications: Thiothixene (medication for Schizophrenia), Divalproex (mood stabilizer medication), and Clonidine (medication for anxiety). Further review indicated client A had the services of a guardian at his previous placement prior to 2/19/16 and the guardian had not approved the use of the plan at his present placement.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "He (client A) had a guardian but we received a letter from the guardian shortly after he (client A) was admitted here. The guardian stated she was no longer going to provide services for [client A]." When asked if the facility had obtained guardian approval for the use of the client's restrictive behavior plan, Area Director #1 stated, "No."</p>		<p>toadmitting new persons served to Dungarvin ICF-IDs. Quarterly, the Program Director / QIDP will conduct audits of the client files. This audit will include assuring that approvals by the Human Rights Committee and Person Served or their Guardian are obtained for any restrictive Behavior Plans and/or psychotropic medications. These audits will be reviewed by the Area Director for followup assurance. Client A was placed in Dungarvin Indiana's Highland ICF-ID on 2/19/16. At the time of placement Client A was under the guardianship of DCS. During Client A's transition meeting his DCS guardian stated that she would remain his guardian for an undetermined length of time to ensure Client A's transition went smoothly and to facilitate Client A's mother obtaining guardianship. However, shortly after his placement, Client A's guardian contacted Dungarvin and informed the Program Director/QIDP that DCS was discontinuing guardianship for Client A effective immediately. Upon notification, Dungarvin immediately completed a referral for Client A for guardianship services through Logan Center's Protective Services Board. Efforts to obtain a guardian for Client A are in effect and Dunagrvin will continue to follow up on and facilitate these efforts until guardianship has been</p>		

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W 0322 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to provide a physical examination for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate client A had had a physical examination since his admission to the facility.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If it was done (physical examination) it would be in his (client A's) file."</p> <p>9-3-6(a)</p>	W 0322	<p>obtained or Client A transitions to another provider. System wide, all Program Director / QIDPs willreview this standard and will ensure that this concern is being addressed atall Dungarvin ICF-IDs.</p> <p>Client A had a physical on 2/29/16 withDr Murphy, his Primary Care Physician. The record of this appointment wasmaintained within Dungarvin's electronic documentation system and the surveyorwas given access to this information. A print out of the appointment resultshas been attached to this Plan of Correction.</p> <p>Client A was admitted on 2/19/16 and wasnot able to see a doctor for a physical until 2/29/16, which is outside of theprescribed timeframe. In South Bend, Indiana it is becoming increasinglydifficult to find PCPs which are taking new patients. An attempt was made totake Client A to Urgent Care for a physical upon admission in an effort to bein compliance and he was turned away.</p> <p>Going forward, Program Director / QIDPswill be trained by 5/26/16 to schedule appointments with Primary Care Physiciansin advance of admission to ensure compliance. Dungarvin will also</p>	05/26/2016	

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W 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to evaluate vision and hearing for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate the client's vision and hearing were evaluated since his admission to the facility.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there was a vision and hearing eval (evaluation) done it would be in his (client A's) file."</p>	W 0323	<p>continue to ensure the individual served's records are complete and accessible to the surveyor. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>Client A has been scheduled for a hearing evaluation on 5/26/16. Staff will schedule a vision evaluation by 5/26/16. All Program Director / QIDPs are trained at the time of hire and as needed thereafter that hearing and vision evaluations must be completed within 30 days of admitting new persons served to Dungarvin ICF-IDs. The findings of this review resulted in the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrained on assuring that hearing and vision evaluations must be completed within 30 days of admitting new persons served to Dungarvin ICF-IDs. Within the first 30 days of admission and at least quarterly thereafter, the nurse, Program Director / QIDP, and DirectCare staff will conduct audits of the</p>	05/26/2016	

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W 0407 Bldg. 00	<p>9-3-6(a)</p> <p>483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.</p> <p>Based on record review, observation, and interview, the facility failed to assure 1 of 1 sampled clients with physically aggressive behaviors (client A) was appropriately placed based on age and behavioral needs.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/18/16 at 1:39 P.M. A review of facility investigations and incident reports from 1/1/16 to 4/18/16 indicated the following:</p> <p>- "Date: 02/25/2016, Narrative: [Client H] was sitting on his recliner when a new</p>	W 0407	<p>client files. This audit will include assuring that that hearing and vision evaluations have been must be completed within 30 days of admitting new persons served to Dungarvin ICF-IDs. These audits will be reviewed by the Area Director for follow up assurance. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>At the time Client A was conducting visits to the home he did not display physically aggressive behaviors, nor were his behaviors adequately reported by his previous residential provider. At the time of the exit of this survey Dungarvin contacted the local BDDS office and informed of the findings of the survey. The BDDS office has responded that a plan of correction can be developed to address the concerns noted by ISDH, however Dungarvin does not feel that a plan of correction can address Client A's age and behavioral needs. Dungarvin will continue to work with BDDS to ensure appropriate placement for Client A. Dungarvin will continue to ensure that Client A's</p>	05/26/2016	

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	<p>individual to this group home (client A) run (sic) and started hitting him (client H) in the back of his head. Staff redirected the new individual and removed (client H) to his room until the new client calmed down. [Client H] was assessed and there were no injuries as the staff intervened quickly. Plan to Resolve: All staff are trained of (sic) the new client behavior plan. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the other client (client A) is new, staff are trained to make sure to provide safety for other clients. Staff will make sure to be arms length and monitor the new client closely. Staff will make sure to intervene the new client before he reaches other individuals."</p> <p>- "Date: 02/27/2016, Narrative: [Client A] was upset he had to wait for chips. He hit and slapped [client C], another client. Staff intervened."</p> <p>- "Date: 03/15/2016, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served breakfast and he sat on the couch getting ready to go to day program and</p>		<p>Behavior Support Plan is implemented in an effort to maintain the health and safety of persons served in the home. Going forward, the Program Director / QIDP and Area Director will continue to review all referrals from BDDS and conduct meetings and visits for potential new admits to the home in an effort to ensure adequate placement. System wide, all Program Director / QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p>	

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	<p>there was no indication that he was either upset or depressed. [Client A] suddenly run (sic) into other individual (client H) and slapped him on the head. He then started clapping his hands and started laughing at himself. There ware (sic) no injuries on the other individual (client H). Staff intervned and finally redirected him and he finally calmed down and sit (sic) in the living room. Both individuals went to day program and resume (sic) their daily routines. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>- "Date: 03/19/16, Narrative: On Saturday March 19, 2016 at about 7:00pm, staff reported that [client H] was slapped by his roommate [client A] 2-3 times on the head while [client H] was sleeping on the couch. Staff intervned and prevented him (client H) from being hurt. There were no bruises or any injuries apart from being woken up from</p>			
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	<p>sleep. Staff followed protocol and informed the Program Director on call. [Client H] continued with his evening routine with no issues. Plan to Resolve: Staff followed protocol and informed the PD (Program Director) on call. Staff intervened and prevented [client H's] roommate from hurting him (client H). [Client H] was not injured during the incident apart from being woken from sleep. [Client H] is doing fine and nothing unusual has been noticed. The team will continue to monitor him (client H) closely and ensure his safety and wellbeing (sic) at all times."</p> <p>- Date: 03/23/2106, Narrative: [Client A] was admitted to [Name of Facility] several weeks ago. He is diagnosed with autism and borderline intellectual functioning. [Client A] has a behavior plan that addressed him being aggressive when there is food. [Client A] was served lunch and started pacing right after he was done. [Client A] suddenly run (sic) into one other individual (client H) and slapped him on the head several times. There was no indication that he was either upset or depressed. He then started clapping his hands and started laughing at himself. There were no injuries on the other individual (client H). Staff intervened and finally redirected him (client A) and he finally calmed</p>				

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	<p>down and sit (sic) in the living room. Plan to Resolve: All staff are trained of (sic) [client A's] behavior plan. [Client A] is to be redirected and staff is to monitor him every time. Staff are trained to make sure to redirect him and will report any behavior and health concern as soon as possible. Since the sudden slapping is increasing, staff are monitoring closely and document so that the behavior plan could be reassessed. Behavior Specialist is collecting information to have a baseline and adjust the Behavior Plan as of now. Staff will make sure to stay close to other individuals to make sure to provide safety."</p> <p>Client A was observed at the group home during the 4/18/16 observation period from 3:18 P.M. until 5:45 P.M. Upon entering the group home, client A was continually walking throughout the group home, running into the walls and doorways and then pushing himself off the walls and doorways. Client A continued to rapidly walk throughout the group home. Direct care staff #2 was constantly within arms reach of client A. Client A wandered into client D's bedroom and client D yelled at client A, "Get out of my room!" Direct care staff #2 occasionally prompted client A to sit. Client A would sit on the couch for a</p>			

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	<p>minute or two and then proceed to rapidly walk through out the house and clapping his hands.</p> <p>Direct care staff #2 was interviewed on 4/18/16 at 5:46 P.M. Direct care staff #2 stated, "He (client A) hasn't hit or slapped another person (client) or staff in the past three weeks since we now have him on one on one (one staff to stay constantly with client A)."</p> <p>Client B was interviewed on 4/18/16 at 5:55 P.M. Client B stated, "I'm afraid of him (client A). I'm afraid he might hit me."</p> <p>Client D was interviewed on 4/18/16 at 6:07 P.M. Client D stated, "I'm not afraid of him (client A). I have this." Client D opened his dresser drawer and showed the surveyor a tennis racket shaped fly swatter. Client D stated, "I'll use this (tennis racket shaped fly swatter) if he ever gets close to me."</p> <p>Client E was interviewed on 4/18/16 at 6:12 P.M. Client E stated, "Man, you got to do something. He (client A) is my roommate and he stays up all night and he's always walking around hitting on others. You got to do something. He just doesn't fit here. I'm not afraid of him but he bothers me."</p>			

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	<p>Confidential Informant #1 was interviewed on 4/19/16. Confidential Informant #1 stated, "The people who lived at the group home (clients B, C, D, E, F, G, and H) were hit by [client A] more times than were documented. It would happen so often (client A hitting or slapping other clients) that staff would not document all of the incidents. [Client H and client C] were terrified of him (client A). He just doesn't fit in the group home with the individuals (clients) who live there. He is the only Individual who has behaviors. Everyone else (clients at the group home) is sedentary and the mix of the home is not working now. All of the individuals are afraid of him (client A). He is sometimes up all night and his roommate (client E) is frustrated that he can't sleep."</p> <p>Program Director #2 was interviewed on 4/20/16 at 8:22 A.M.. Program Director #2 stated, "He (client ) is the youngest person at the house (facility). He is eighteen and the other individuals' (clients) ages are 31, 54, 60, 63, 69, and 71." They have their routines and get along amongst themselves. It is hard having [client A] living there (at the facility)."</p> <p>Behavior Clinician #1 was interviewed</p>						

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	<p>on 4/20/16 at 8:45 A.M. Behavior Clinician #1 stated, "He (client A) is challenging and his behaviors do bother the other people who live at the group home. There is only one other person at the group home that I work with that has a behavior plan. He (client A) is not the best fit."</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was 18 years of age and was admitted to the facility on 2/19/16. Further review indicated the client A had a history of hitting and slapping others. A review of client A's Behavior management plan, implemented on 2/19/16, indicated client A's diagnoses included, but were not limited to: "Autism, requiring very substantial support, Disruptive Mood Disorder." Client A's behavior plan further indicated personality traits which may affect treatment were listed as: "Aggressive, non-verbal, non-compliant."</p> <p>Client A's record was further reviewed on 4/20/16 at 9:12 A.M. Review of the client's available behavioral data (March, 2016) indicated the following number of documented behaviors displayed during the month:</p> <p>1. Five incidents of physical aggression</p>			

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	<p>(defined as hitting, slapping, kicking, striking, punching, biting and throwing objects).</p> <p>2. Five incidents of self-injurious behavior (defined as hitting, slapping, hitting side of head with fists).</p> <p>3. Four incidents of disruptive behavior (defined as screaming, yelling, spitting on self and others).</p> <p>4. One incident of inappropriate sexual behavior (defined as displaying genital area in front of other people or pulling his pants down in inappropriate locations).</p> <p>5. Four incidents of social skill deficits (defined as poor boundary space, taking items that belong to peers, yanking items out of someone's hand).</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "We are continually assessing how [client A] is integrating with the other individuals. He (client A) is challenging and we know the other individuals are affected by his (client A's) behaviors."</p> <p>This federal tag relates to complaint #IN00197532.</p> <p>9-3-7(a)</p>				

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W 0460 Bldg. 00	<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 record review and interview, the facility failed to have a diet prepared after admission for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 4/20/16 at 8:33 A.M. The review indicated client A was admitted to the facility on 2/19/16. Further review failed to indicate a diet had been prepared for client A.</p> <p>Area Director #1 was interviewed on 4/22/16 at 9:25 A.M. Area Director #1 stated, "The Program Director for that group home is on leave. If there is one (diet order) it would be in his (client A's) file."</p> <p>9-3-8(a)</p>	W 0460	<p>A dietary assessment will be requested from the Dietician by 5/26/16. All Program Director / QIDPs are trained at the time of hire that a dietary assessment must be completed within 30 days of admitting new persons served to Dungarvin ICF-ID's and reviewed regularly thereafter. The findings of this review resulted in the termination of the Program Director/QIDP for the home for failing to fulfill his job duties. The interim Program Director / QIDP will be retrained on assuring that a dietary assessment is in place within 30 days of admitting new persons served to Dungarvin ICF-ID's. Quarterly, the Program Director / QIDP will conduct audits of the client files. This audit will include assuring that dietary assessments are in place for all persons served within 30 days of being admitted. These audits will be reviewed by the Area Director for followup assurance.</p>	05/26/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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