

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G750	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/01/2013
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 60680 LILAC RD SOUTH BEND, IN 46614		
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: June 26, 27, 28, and July 1, 2013</p> <p>Facility number: 011765 Provider number: 15G750 AIM number: 200908290</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 5, 2013 by Dotty Walton, QIDP.</p>	W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000249	<p><b>483.440(d)(1) PROGRAM IMPLEMENTATION</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to assure a meal time training objective was implemented for 1 of 2 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2 was observed during the morning observation period on 6/27/13 from 6:12 A.M. until 8:30 A.M. During the observation period, direct care staff #5 retrieved cinnamon buns from the refrigerator, placed them onto a cookie sheet, turned on the oven, and put the unbaked cinnamon buns into the oven. Direct care staff #5 did not assist or prompt client #2 to turn on the oven or put food that needed to be cooked into the oven.</p> <p>Client #2's record was reviewed on 6/27/13 at 10:11 A.M. A review of the client's 4/16/13 IPP (Individual Program Plan) indicated, in part, the following training objective: "[Client #2] will</p>	W000249	<p><b>W249 483.440 Program Implementation</b> All staff working at the site will be retrained on each person's goals and objectives as identified in their Individual Program Plans. At least weekly for the first month, and then random observations will be conducted by the Program Director or designee to assure that each staff is implementing those goals and objectives. Immediate feedback will be given to the staff during those observations. This will be documented on an Active Treatment Observation form. A copy of those forms will be given to the Area Director for review and follow up. System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p><b>Persons Responsible: Program Director /QMRP or designee, Area Director</b></p>	07/31/2013			

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	<p>preheat the oven and put food in to be cooked."</p> <p>Program Director #1 was interviewed on 6/27/13 at 11:09 A.M. Program Director #1 indicated direct care staff #6 should have assisted or prompted client #2 to participate in his training objective of turning on the oven and putting the food into it to be cooked.</p> <p>9-3-4(a)</p>				

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W000488	<p><b>483.480(d)(4) DINING AREAS AND SERVICE</b> The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 2 sampled clients (client #1), and 2 additional clients (clients #3 and #4), participated in family style dining.</p> <p>Findings include:</p> <p>Clients #1, #3, and #4 were observed at the group home during the 6/27/13 observation period from 6:12 A.M. until 8:30 A.M. During the observation, direct care staff #1 and #5 peeled and cut oranges into eatable sections, removed vine and stems from grapes and placed the grapes into a serving bowl, toasted waffles and placed them onto a serving platter, and retrieved cinnamon buns from the refrigerator, put them onto a cookie sheet and then into the oven. Direct care staff #5 also put milk and juice onto the dining room table along with condiments. Direct care staff #1 and #5 did not prompt or assist clients #1, #3, and/or #4 to participate in the preparation of their morning meal.</p> <p>Client #1's records were reviewed on 6/27/13 at 8:51 A.M. A review of the client's 2/5/13 Life Skills Profile</p>	W000488	<p><b>W488 483.480 Dining Areas and Service</b> All staff at the site will be retrained on the expectation of providing family style dining during meal times. This includes encouraging the men to assist with all parts of the meal preparation. At least weekly for the first month, and then randomly, observations will be conducted by the Program Director or designee to assure that each staff is implementing this expectation. Immediate feedback will be given to the staff during those observations. This will be documented on an Active Treatment Observation form. A copy of those forms will be given to the Area Director for review and follow up. System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p><b>Persons Responsible:</b> <b>Program Director /QMRP or designee, Area Director</b></p>	07/31/2013			

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	<p>(Comprehensive Functional Assessment) indicated client #1 was developmentally capable of assisting with meal preparations and participating in the family style dining.</p> <p>Client #3's records were reviewed on 6/27/13 at 8:24 A.M. A review of the client's 6/21/12 Life Skills Profile (Comprehensive Functional Assessment) indicated client #3 was developmentally capable of assisting with meal preparations and participating in the family style dining.</p> <p>Client #4's records were reviewed on 6/27/13 at 8:28 A.M. A review of the client's 1/23/13 Life Skills Profile (Comprehensive Functional Assessment) indicated client #4 was developmentally capable of assisting with meal preparations and participating in the family style dining.</p> <p>Program Director #1 was interviewed on 6/27/13 at 11:09 A.M. Program Director #1 indicated clients #1, #3, and #4 were developmentally capable of participating in the preparation of their own meals with verbal prompts or hand over hand assistance from direct care staff.</p> <p>9-3-8(a)</p>				

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