

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/01/2013
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 24, 25, 26, 29, 30, and May 1, 2013.</p> <p>Facility number: 001015 Provider number: 15G501 AIM number: 100245120</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects state findings in accordance with and 460 IAC 9.</p> <p>Quality review completed May 3, 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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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility's specially constituted committee failed to ensure written client consent and written guardian consent were obtained prior to implementing restrictive behaviors program for 2 of 4 sampled clients (clients #1 and #4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #1's records were reviewed on 4/30/13 at 9:59 A.M. The review indicated client #1 was emancipated. Review of the client's 1/29/13 Behavior Intervention Program indicated the client was receiving Lexapro (anti-depression medication), Risperdal (anti-psychotic medication), and Cymbalta (mood stabilizer medication) for the management of targeted behaviors of Compulsions, Non-compliance, and Physical Aggression. Further review of client #1's Behavior Support Program failed to indicate the client had provided written consent for the use of the plan. Client #4's records were reviewed on 4/30/13 at 10:27 A.M. The review 	W000263	<p>W263 Program Monitoring and Change</p> <p>The Program Director/QMRP will be retrained on assuring that the emancipated person served or their guardian approves the Behavior Intervention Plan that is restrictive in nature, prior to implementing the plan.</p> <p>Quarterly, Program Director/QMRP's will conduct audits of the client files. This audit will include assuring that approvals by the Person Served or their Guardian is obtained for any restrictive Behavior Plans. These audits will be reviewed by the Area Director for follow up assurance.</p> <p>System wide, all Program Director/QDDP's will review this standard and the need to assure that this concern is being addressed at all Dungarvin ICF-DD's.</p> <p>Persons Responsible: Program Director/ QDDP, Area Director</p>	05/16/2013			

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	<p>indicated client #4 was adjudicated incompetent and received the services of a guardian. Review of the client's 1/29/13 Behavior Intervention Program indicated the client was receiving Paxil (anti-depression medication) and Aricept (mood and memory enhancement medication) for the management of targeted behaviors of Obsessive Compulsive Disorder. Further review of client #4's Behavior Support Program failed to indicate the client's guardian had provided written consent for the use of the plan.</p> <p>Program Director #1 was interviewed on 4/30/13 at 10:59 A.M. Program Director #1 indicated client #1 often refused to sign for her programs and that he had sent client #4's Behavior Intervention Program to client #4's guardian for approval, but had not received it back from the guardian.</p> <p>9-3-4(a)</p>				