

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 10/13/2011
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 52812 HIGHLAND DR SOUTH BEND, IN46635
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W0000	<p>This visit was for a post certification revisit to an annual fundamental recertification survey completed on September 9, 2011.</p> <p>Dates of survey: October 12, 13, 2011.</p> <p>Facility number: 000966 Provider number: 15G452 AIM number: 100244770</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/25/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0137	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the</p>	W0137	All staff will be retrained on the expectation of assuring that each	11/18/2011

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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W0369	<p>facility failed to assure 1 of 7 clients residing in the home (client #6) wore appropriate clothing to encourage safe mobility.</p> <p>Findings include:</p> <p>During observation at the group home on 10/12/11 from 4:32 PM until 5:50 PM, client #6 wore jeans with a cuff that was 4 inches too long, causing client #6 to walk on the cuff as he walked around the group home.</p> <p>The Program Director was interviewed on 10/13/11 at 2:25 PM and indicated client #6 should have worn jeans that fit him.</p> <p>9-3-2(a)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 1 client who received medication (client # 1) to ensure staff administered his medication without error.</p> <p>Findings included:</p>	W0369	<p>individual is appropriately dressed in clothing that fits them. At least monthly observations will be conducted by the Program Director/QMRP or designee to ensure that this expectation is being carried out. Immediate feedback will be given to staff during these observations in regards to this issue. 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. Persons Responsible: Program Director/ QMRP</p> <p>The staff person responsible for the medication error has been retrained on the specific concerns noted in the survey report. All staff at the home has reviewed this standard as well. The Program Director, facility nurse, and designee's will conduct random medication passing observations at the home with various staff to</p>	11/18/2011	

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	<p>During observation at the group home on 10/12/11 from 4:32 PM until 5:50 PM, client #1 received 1 tablet of Ibuprofen 200 mg (milligrams) at 4:45 PM for complaints of a headache. The label indicated he was to receive 2 tablets every 6 hours as needed.</p> <p>Client #1's 10/11 Medication Administration Record (MAR) was reviewed on 10/13/11 at 4:46 PM. The record indicated client #1 was to receive 2 tablets of 200 mg Ibuprofen every 6 hours as needed for inflammation/menstrual discomfort.</p> <p>Staff #5 was interviewed on 10/12/11 at 4:50 PM. He indicated client #1 should have received 2 tablets of Ibuprofen.</p> <p>The Program Coordinator was interviewed on 10/13/11 at 12:30 PM. She indicated after checking with the nurse, client #1 should have received 2 tablets of Ibuprofen.</p> <p>This deficiency was cited on 9/9/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>		<p>ensure consistency in the medication passing system.</p> <p>All ICF Program Directors will review this standard and assure that this issue is being evaluated as a possible concern in all ICF-MR's.</p> <p>Persons Responsible: Program Director /QMRP, Facility Nurse</p>		

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W0382	<p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 3 of 4 sampled clients (clients #2, #3, #4), and 2 additional clients (clients #6 and #7), the facility failed to ensure medications were kept locked when staff left the medication area.</p> <p>Findings include:</p> <p>During observation at the group home on 10/12/11 from 4:32 PM until 5:50 PM, client #1 received 1 tablet of Ibuprofen 200 mg (milligrams) at 4:45 PM for complaints of a headache. After administering client #1's medication, staff #5 left his medication on the table with the door open while he went to get client #1 to give him another tablet. Client #2 was standing outside the medication room door and clients #2, #3, #4, #6 and #7 were in other parts of the house.</p> <p>Staff #5 was interviewed on 10/12/11 at 4:50 PM. He indicated medications should be locked at all times when not being administered.</p> <p>The Program Director was interviewed on 10/13/11 at 12:250 PM. She indicated medications should be locked when not</p>	W0382	<p>All direct care staff at the site will be retrained in medication passing guidelines, which include ensuring that all drugs and biologicals are locked except during times of preparation for administration. Retraining will be completed with the staff observed to not follow this practice by 11-17-11, as well as with staff working at this home. Observations during med-passing times will be completed by the Program Director/ QMRP, facility nurse, or other designee. Immediate feedback is given during these observations for any concerns noted. Medication errors including concerns of violations to the standard of ensuring all drugs and biologicals are to be locked except during times of preparation for administration will be handled through retraining and disciplinary action according the Dungarvin policy and procedure on Medication Administration. The sites Program Director/QMRP and facility nurse will be retrained on this standard. System wide, all Program Director/QMRPs and nurses will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director/ QMRP, Facility Nurse</p>	11/18/2011	

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

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FORM APPROVED

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	being administered. 1.1-3-6(a)				