

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 05/02/2012	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 30, and May 1 and 2, 2012.</p> <p>Facility number: 001015 Provider number: 15G501 AIM number: 100245120</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on May 2, 2012 by Dotty Walton, Medical Surveyor III.</p>			W0000			

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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</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 record review, observation, and interview, the facility failed to assure implementation of a health care plan for falls for 1 of 4 sampled clients' (client #3) who was at risk for falls.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/30/12 at 1:00 P.M. A review of incident reports from 10/30/11 to 4/30/12 indicated client #3 fell on two occasions. On 1/17/12 client #3 fell when he slipped on the ice which resulted in a scraped knee, and on 2/20/12 when the client slipped and fell in the shower with no resulting injuries.</p> <p>Client #3 was observed during the group home observation period on 4/30/12 from 3:50 P.M. until 7:00 P.M.. From 5:45 P.M. until 7:00 P.M., client #3 walked throughout the facility with his shoes untied. Direct care staff #1, #2, and #3 did not prompt or assist the client in tying his shoes.</p>	W0249	<p>W249 483.440 Program Implementation</p> <p>All staff working at the site will be retrained on each person's health care risk plans 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 plans. 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 Program Coordinator for review and follow up.</p> <p>System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 6-1-2012 Persons Responsible: Program Coordinator, Program Director /QMRP</p>	06/01/2012			

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	<p>Client #3's record was reviewed on 5/1/12 at 9:53 A.M. The review indicated a 3/11/12 "Health Care Plan for Risk of Falls and Injury." The 3/11/12 Health Care Plan indicated client #3 was "at risk for falls and injury related to poor balance and medications, and potential seizure activity." Client #3's Health Care Plan further indicated, in part, direct care staff were to "Be sure [client #3's] shoes are tied at all times."</p> <p>Nurse #1 was interviewed on 5/1/12 at 11:17 A.M. Nurse #1 stated, "Staff are to follow [client #3's] Health Care Plan to assure he doesn't have the opportunity to fall."</p> <p>9-3-4(a)</p>						

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to assure medications were locked when staff was not in the medication area for 1 of 1 client (client #6), who was in the medication area.</p> <p>Findings include:</p> <p>Client #6 was observed during the group home observation period on 4/30/12 from 3:50 P.M. until 7:00 P.M. At 5:20 P.M., direct care staff #1 prepared to test client #6's blood glucose and administer the client's medications. Direct care staff #1 placed a box of medications on the medication table and proceeded to test client #6's blood sugar level. Direct care staff #1 walked into the dining room of the facility, leaving the medication area, to ask direct care staff #3 for assistance in operating the glucometer (blood sugar testing device). Client #6 was left alone in the medication area with medications laying about the table.</p> <p>Nurse #1 was interviewed on 5/1/12 at 11:17 A.M. Nurse #1 stated, "Medications are to remained locked except when staff are administering them."</p> <p>9-3-6(a)</p>	W0382	<p>W382 483.460 Drug Storage and Recordkeeping</p> <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 on 4-30-12, as well as with all 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.</p> <p>System wide, all Program</p>	06/01/2012	

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			<p>Director/QMRPs and nurses will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 6-1-2012 Persons Responsible: Program Director/ QMRP, Facility Nurse</p>		

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 1 client with diabetes (client #6), received her prescribed diet.</p> <p>Findings include:</p> <p>Client #6 was observed during the group home observation period on 4/30/12 from 3:50 P.M. until 7:00 P.M. At 6:07 P.M., direct care staff #3 assisted client #3 in serving herself two cups of cooked noodles, one piece of chicken, and a bowl of lettuce salad. Direct care staff sat next to client #3 as the client ate the aforementioned foods.</p> <p>The facility's records were reviewed on 4/30/12 at 6:29 P.M.. A review of the facility's menu for the 4/30/12 evening meal indicated client #3 was diabetic and listed a single portion size for potatoes, rice, or noodles as 1/2 cups per single serving.</p> <p>Direct care staff #1 and #2 were interviewed on 4/30/12 at 6:34 A.M. Direct care staff #1 and #2 indicated they were not aware of what portion sizes of foods client #6 was to receive for her</p>	W0460	<p>W460 483.480 Food and Nutrition Services</p> <p>All staff at the site has been retrained on the use of the menu, including client #6's diabetic diet requirements. At least weekly for the first month, and then randomly, observations will be conducted by the Program Director, Facility Nurse, or designee to assure that each staff is implementing the menu choices. 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 Program Coordinator for review and follow up.</p> <p>System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Completion Date: 6-1-2012 Persons Responsible: Program Coordinator, Program Director /QMRP, Facility Nurse</p>	06/01/2012	

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	<p>meals.</p> <p>Client #6's record was reviewed on 5/1/12 at 9:03 A.M. Client #6's 4/26/12 physician's orders indicated the following prescribed diabetic diet: "No concentrated sweets, single portions."</p> <p>House manager #1 was interviewed on 4/30/12 at 11:17 A.M.. House manager #1 stated, "[Direct care staff] were to prompt and assist [client #6] to serve herself single servings of high carbohydrate food such as potatoes, rice, or noodles."</p> <p>9-3-8(a)</p>						