

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G460	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/15/2012
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 55693 ASH RD OSCEOLA, IN 46561		
(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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey. This visit included the investigation of Complaint #IN00112927.</p> <p>Complaint #IN00112927: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Dates of Survey: August 13, 14, and 15, 2012.</p> <p>Facility number: 000974 Provider number: 15G460 AIM number: 100244830</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed August 17, 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.

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

PRINTED: 09/07/2012

FORM APPROVED

OMB NO. 0938-0391

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS 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 facility failed to assure 1 of 1 client (client #5) did not wear the same clothing for two days.</p> <p>Findings include:</p> <p>Client #5 was observed during the 8/13/12 observation period from 3:30 P.M. until 7:00 P.M. As client #5 exited the van from the workshop, she was wearing blue pants and a pink shirt. Client #5 was noted to wear these clothes through out the 8/13/12 observation period.</p> <p>Client #5 was observed during the 8/14/12 observation period from 6:30 A.M. until 8:00 A.M. Client #5 wore the same blue pants and pink shirt which she wore on 8/13/12. Direct care staff #2, #4, and #5 did not prompt or assist client #5 to change clothing.</p> <p>Program Director #1 was interviewed on 8/14/12 at 11:07 A.M. Program Director #1 indicated direct care staff should have assured client #5 wore different clothing</p>	W0137	<p>All staff will be retrained on the expectation of assuring that each individual is appropriately dressed in clean and dry clothing at all time. Random 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.</p> <p>Proof of the staff training and random observations will be submitted by 9-14-12.</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>Persons Responsible: Program Director/ QMRP</p>	09/14/2012			

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	on 8/14/12. 9-3-2(a)			