

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G748	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 821 SUNSET DR FLORA, IN 46929		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00442497.</p> <p>Complaint #IN00442497: Federal and state deficiency related to the allegation(s) was cited at W154.</p> <p>This visit was in conjunction to the Post Certification Revisit (PCR) to the pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: 10/16/24, 10/17/24 and 10/21/24.</p> <p>Facility Number: 011602 Provider Number: 15G748 AIMS Number: 200903760</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 and #27547 on 10/29/24.</p>	W 0000		
W 0154  Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B) and 1 additional client (C), the facility failed to conduct investigations for incidents of elopement with police involvement, alleged client to client abuse, an injury of unknown origin and physical aggression toward staff resulting in an arrest.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services)</p>	W 0154	<p><u>Corrective action for resident(s)</u> <u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <p>QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities.</p> <p>QIDP will be trained on 11/13/24 on conducting thorough</p>	11/13/2024

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

TITLE

(X6) DATE

Greta Goins

Area Director

11/07/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>reports and investigations were reviewed on 10/16/24 at 7:37 PM.</p> <p>1. A BDS report dated 9/1/24 indicated, "[Client A] had taken a PRN (as needed) medication for agitation earlier in the day and was in his bedroom watching TV and listening to music. At 2:30 pm he brought his tablet and phone to the staff to put in the office so he would not break them, which is part of his BSP (Behavior Support Plan) when he is upset. He went back to his bedroom and when staff went to check on him a few minutes later, he was no longer in the house. Staff stated that they heard a door close when he said he went to his bedroom but did not hear any window alarms. Staff searched the house and immediate outside area but were unable to locate him. Local police were contacted and staff drove around looking for him. [Client A] was located by police at 4:30 pm and evaluated by EMS (Emergency Medical Services). He (client A) was not injured and returned to the house with the police officers. The police officers left and went to his room. He immediately went out of his window to elope a second time. Staff followed him and he was agreeable to return to the house after 10 minutes. Plan to Resolve (Immediate and Long Term). Staff will continue to follow HRC (Human Rights Committee) approved BSP for proactive and reactive measures. IST (Individual Support Team) will meet to discuss BSP revisions for elopement. Staff were instructed to keep him in line of sight at all times and to remain outside of (sic) bedroom door to monitor his safety and wellbeing (sic) when in his bedroom. Staff will be trained on any BSP revisions once HRC approval is received...."</p> <p>An investigation for the incident on 9/1/24 was not available for review.</p>		<p>investigations of significant incidents, including elopements, falls, peer-to-peer aggression, police intervention, and hospitalization. QIDP will also be trained on the importance of critically analyzing all possible causes when investigating significant incidents, to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated.</p> <p>QIDP will be trained on 11/13/24 on BDS policy on Reportable Incidents including the requirement that all reportable incidents must be reported within 24 hours in accordance with state law.</p> <p>QIDP will be trained on 11/13/24 on importance of reviewing GERs (internal incident reports) and staff daily shift logs in Therap every business day so that anything staff documented and failed to notify the Program Director or on-call supervisor to report is caught and reported immediately.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident</p>	

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	<p>2. A BDS report dated 9/2/24 indicated, "[Client A] refused his morning medications and staff continued about the morning routine. He became upset when he did not receive additional attention for it and took the toilet paper holder from the bathroom and proceeded to break two windows in the common living area and then targeted a housemate. Staff blocked his access and view of housemate and he went into his bedroom and used it to break his bedroom window. As he went to climb through, staff attempted to place to him in a physical restraint per his HRC approved behavior support plan. [Client A] turned before the hold was implemented and struck staff several times with the toilet paper holder causing injury. Police were called to assist with managing the situation and [client A] calmed down upon their arrival. He was assessed by EMS for any injury and none were noted. [Client A] was then arrested and transported by police to the [name] County Jail.</p> <p>Plan to Resolve (Immediate and Long Term). Staff will continue to follow HRC approved BSP for proactive and reactive techniques. [Client A's] medications were brought to the jail to be administered until his bail is determined and his court appearance is set. IST (Individual Support Team) will meet to discuss BSP revisions for his safety...."</p> <p>An investigation for the incident on 9/2/24 was not available for review.</p> <p>3. A BDS report dated 9/19/24 indicated, "[Client B] came out of his room for his morning routine and his right hand was swollen. [Provider] nurse was contacted and he was taken to the emergency room to be evaluated. An x-ray was taken and it was determined that his index finger was broken and he was put in a temporary cast and prescribed</p>		<p>currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</p> <p>Area Director will review Therap documentation at least twice weekly to ensure staff are following Dungarvin policy.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u> All facility staff have been trained on reportable incidents, BSPs and proactive measures to ensure health and safety of all individuals. All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report</p>	

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	<p>Tylenol for pain as needed.</p> <p>Plan to Resolve:</p> <p>A follow up appointment with an ortho (orthopedic) specialist is scheduled for 9/20/24. Additional follow up is requested from ortho as initial treating physician stated the break was old and he had somehow aggravated it to cause that much swelling. Incident investigation has been initiated into the injury of unknown origin. All staff will continue to follow BSP/ISP (Behavior Support Plan/Individual Support Plan) for supervision and wellbeing (sic) of [client B]...."</p> <p>An investigation for the incident on 9/19/24 was not available for review.</p> <p>4. A BDS report dated 9/20/24 indicated, "[Client C] was upset that a (sic) [client B] was going to the hospital for an injury. [Client C] reported to staff that he was worried that he caused the injury to [client B] because he ran up to him and pushed him off the deck to the ground about a week ago while staff were in the kitchen.</p> <p>Plan to Resolve (Immediate and Long Term). Incident was reported and incident investigation initiated to obtain additional details. Staff will continue to follow ISPs and BSPs and provide appropriate level of supervision to all individuals in the home...."</p> <p>An investigation for the incident on 9/20/24 was not available for review.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD indicated she was responsible for completing investigations. The QIDP/AD indicated investigations should be completed for incidents of elopement involving the police, arrests, injury of unknown origin and</p>		<p>them according to state law. Area Director and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been reported as required. QIDP will review Therap documentation daily for appropriate reporting and follow-up. Area Director will review Therap at least twice per week to ensure appropriate documentation, implementation, and reporting.</p> <p>Persons responsible: QIDP, Area Director</p>	

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	<p>episodes of client to client aggression. The QIDP/AD indicated the team met to review and update plans following the incidents. The QIDP/AD indicated she did not complete investigations for these incidents.</p> <p>This federal tag relates to complaint #IN00442497.</p> <p>9-3-2(a)</p>			