

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

PRINTED: 03/20/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G377		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/17/2025	
NAME OF PROVIDER OR SUPPLIER  CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP COD 52549 MYRTLE ST SOUTH BEND, IN 46637			
(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
W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 2/11, 2/12, 2/13, 2/14 and 2/17/25.</p> <p>Facility Number: 000891 Provider Number: 15G377 AIMS Number: 100244320</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/28/25.</p>			W 0000			
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), plus one additional client (#7), the governing body failed to exercise operating direction over the facility to prevent clients #1, #3 and #7 from paying for paper checks for their bank accounts.</p> <p>Findings include:</p> <p>On 2/12/25 at 11:07 am bank statements were reviewed for clients #1 and #3 and indicated the following:</p> <p>a. The review included the following charge client #1 paid for:</p> <p>11/6/24 check order \$33.88</p>			W 0104	W104 Corvilla will purchase checks for clients. We are testing debit cards at one of our homes now based on feedback from the surveyor.		03/12/2025

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

TITLE

(X6) DATE

Michele A Lofton

Director of Residential Services

03/12/2025

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 disclosable 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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W 0140	<p>Total: \$33.88</p> <p>b. The review included the following charge client #3 paid for:</p> <p>4/10/24 check order \$35.15</p> <p>Total: \$35.15</p> <p>c. The review included the following charge client #7 paid for:</p> <p>4/10/24 check order \$35.15</p> <p>Total: \$35.15</p> <p>An interview with the House Manager (HM) was conducted on 2/14/25 at 2:35 pm. The HM stated, "I don't know why the clients have to pay for their checks."</p> <p>An interview with Finance was conducted on 2/14/25 at 10:37 am. Finance stated, "The clients don't have debit cards, they use checks. They write checks for their liability. If we decide that we use checks then I think Corvilla should pay for the cost of checks."</p> <p>An interview with the Chief Financial Officer (CFO) was conducted on 2/14/25 at 10:52 am. The CFO stated, "We use checks to pay for their liability and shopping. I was always under the impression they should have cards. It's their bills so they should be responsible for paying for their own checks."</p> <p>9-3-1(a)</p> <p>483.420(b)(1)(i)</p> <p>CLIENT FINANCES</p>						

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Bldg. 00	<p>Based on record review and interview for 1 additional client (#5), the facility failed to ensure a complete accounting of client #5's finances.</p> <p>Findings include:</p> <p>Client #5's record was reviewed on 2/11/25 at 4:53 pm. A review of client #5's envelope dated 1/31/25 that held his money at the house indicated: Client #5's ledger with the last date of 1/31/25 indicated client had \$31.37. When staff #1 counted client #5's cash on hand there was \$10.47.</p> <p>An interview with the House Manager (HM) was conducted on 2/11/25 at 4:43 pm. The HM stated, "I keep track of all their transactions when clients give me their receipts. I turn in everything to Finance once a month to be audited."</p> <p>An interview with Finance was conducted on 2/14/25 at 10:37 am. Finance stated, "The ledgers should be kept up at all times. It should be accurate. On the third Monday of the month the HM brings them in to be reconciled."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "The HM has a money pouch for each client and there is a ledger that is turned into Finance monthly. The ledgers should be accurate."</p> <p>9-3-2(a)</p>			W 0140	W140 House managers will hand in a monthly accounting of petty cash and emergency funds to the finance department to be reviewed. QIDP or Residential Director will audit the cash envelopes in homes one time per quarter.		03/12/2025
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN			W 0227	W227 Nurse will update risk plans		03/12/2025

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W 0312  Bldg. 00	<p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to develop plans to address client #1's Hyperlipidemia (high levels of any or all lipids or lipoproteins in the blood), Insomnia and Psoriasis.</p> <p>Findings include:</p> <p>Client #1's record review was conducted on 2/12/25 at 9:13 am. Client B's MAR (Medication Administration Record) dated 1/1/25 -1/31/25 indicated client #1's diagnoses included, but were not limited to, Hyperlipidemia, alcohol dependence, Nicotine Dependence, Insomnia, Psoriasis, and behavioral disturbance. Client #1's high risk plans were reviewed and did not include plans for Psoriasis, Hyperlipidemia and Insomnia.</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/14/25 at 9:30 am. The RN stated, "[Client #1] should have risk plans for Psoriasis, Hyperlipidemia and sleep disorder. He has those diagnoses and is getting treatment so there should be plans."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "We should have risk plans for Psoriasis, Hyperlipidemia and his sleep disorder. The staff need to know what to do for these diagnoses."</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE</p>			W 0312	<p>to for client 1 as directed in the survey. RN and LPN will evaluate client risk plans quarterly, and update based on current diagnosis and updates from physicians. The residential director will review risk plans and compare to documentation of diagnosis, quarterly, after the nursing review.</p>		03/12/2025
	<p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's BSP (Behavior Support Plan) included the use of psychotropic medications and a</p>				<p>W312 Health and Wellness Coordinators will provide QIDP with the psychotropic review form immediately after returning from</p>		

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W 0322  Bldg. 00	<p>reduction plan.</p> <p>Findings include:</p> <p>A record review was completed on 2/12/25 at 10:35 am. Client #3's record indicated a BSP (Behavior Support Plan) dated 10/2024. Client #1's BSP did not indicate the use of any psychotropic medications.</p> <p>Client #3's PO (Physician Order) dated 2/13/25 indicated client #1 took the following psychotropic medications: Invega Sustenna inject 1 syringe 234 mg (milligrams)/1.5 ml (milliliters) IM (Intramuscular) every 4 weeks, Depakote 500 MG 1 tablet twice daily and Seroquel 200 mg 1 tablet by mouth three times daily. Client #1's BSP did not contain a current list of psychotropic medications or a reduction plan.</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/14/25 at 9:30 am. The RN stated, "I don't add anything to the BSP. I think the Qualified Intellectual Disability Professional (QIDP) adds the medication to the plan."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "I don't see any medications listed on [client #3's] BSP. There was also not a reduction plan. Anytime there are changes to a client's medications we notify the Behavioral Consultant of the changes, and they should add them to the plan."</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p>				<p>any psychiatric visit. QIDP will update BSP and submit it to Human Rights Commission for approval. QIDP will communicate with Behavior Support Professional to ensure there are medication reduction plans included in all BSPs. The residential director will review these reports quarterly.</p>		

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W 0323  Bldg. 00	<p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure a physical was completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/12/25 at 9:13 am. Client #1 was admitted to the group home on 9/7/24. There was no physical completed within 30 days of admission.</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/14/25 at 9:30 am. The RN stated, "Individuals should be seen annually and within the first 30 days of placement."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "A physical should have been completed within the first 30 days of placement."</p> <p>9-3-6(a)</p>			W 0322	<p>W322 Health and Wellness Coordinators will keep a flow chart for all individuals living in group home. The chart will contain the name of the client, the specific specialists and PCP's the client sees, when they are due for their next appointment, and a notation for when the appointment is scheduled. The RN or LPN will review these flow charts monthly ensuring appointments are scheduled and that documentation is complete for appointments that have been run. Any new residents will have a flow chart made immediately when they move in, and all appointments will be scheduled within the first five business days of the resident's move in date. QIDP and nurse will evaluate the flow chart for new residents on day 5 to ensure appointments are scheduled and appropriate for the individual.</p>		03/12/2025
	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure a hearing exam was completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/12/25 at 9:13 am. Client #1 was admitted to the group home on 9/7/24. There was no hearing exam completed within 30 days of admission.</p>			W 0323	<p>W323 All new residents will have a flow chart made immediately when they move in, and all appointments will be scheduled within the first five business days of the resident's move in date. QIDP and nurse will evaluate the flow chart for new residents on day 5 to ensure appointments are scheduled and appropriate for the individual.</p>		03/12/2025

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W 0331  Bldg. 00	<p>An interview with the Registered Nurse (RN) was conducted on 2/14/25 at 9:30 am. The RN stated, "Hearing exams should be completed within the first 30 days of placement."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "A hearing should be scheduled within the first 30 to 60 days of placement and followed up on."</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure the clients were provided with nursing services in accordance with their needs. The nurse failed to ensure a physical was completed within 30 days of admission. The nurse failed to ensure a hearing exam was completed within 30 days of admission. The nurse failed to ensure clients #1, #2 and #3's nursing quarterlies were completed in a timely fashion. The nurse failed to failed to ensure client #1 had a dental exam within 30 days of admission.</p> <p>Findings include:</p> <p>1. Please see W322. The facility's nursing services failed to ensure a physical for client #1 was completed within 30 days of admission.</p> <p>2. Please see W323. The facility's nursing services failed to ensure a hearing exam for client #1 was completed within 30 days of admission.</p>			W 0331	<p>W331 Any new residents will have a flow chart made immediately when they move in, and all appointments will be scheduled within the first five business days of the resident's move in date. QIDP and nurse will evaluate the flow chart for new residents on day 5 to ensure appointments are scheduled and appropriate for the individual. The nurses will conduct quarterly evaluations of all clients and enter them within one week of evaluation. Nursing quarterlies will be scheduled in our outlook calendar. Residential Director will review the nursing quarterlies the following week to ensure documentation has been completed.</p>		03/12/2025

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W 0336  Bldg. 00	<p>3. Please see W336. The facility's nursing services failed to ensure clients #1, #2 and #3's nursing quarterlies were documented in a timely fashion.</p> <p>4. Please see W351. The facility's nursing services failed to ensure client #1 had a dental exam within 30 days of admission.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3's nursing quarterlies were documented in a timely fashion.</p> <p>Findings include:</p> <p>1) Client #1's record was reviewed on 2/12/25 at 9:13 am. The review indicated a nursing quarterly review for 1/18/25 was documented on 2/11/25. Client #1 was admitted to the group home on 9/7/24. There was not a nursing review for September 2024 (Quarter 3), and October, November, and December 2024 (Quarter 4) available for review.</p> <p>2) Client #2's record was reviewed on 2/12/25 at 10:12 am. The review indicated client #2's quarterly review from October, November and December 2024 (Quarter 4) was completed on 12/13/24 and documented on 2/11/25.</p> <p>3) Client #3's record was reviewed on 2/12/25 at 10:35 am. The review indicated nursing quarterly</p>			W 0336	W336 The nurses will conduct quarterly evaluations of all clients and enter them within one week of evaluation. Nursing quarterlies will be scheduled in our outlook calendar. The Residential Director will review the nursing quarterlies the following week to ensure documentation has been completed.		03/12/2025



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W 0351  Bldg. 00	<p>reviews for April, May and June 2024 (Quarter 2) was completed on 6/17/24 and documented on 2/11/25, July, August and September 2024 (Quarter 3) was completed on 9/13/24 and documented on 2/11/25, October, November and December 2024 (Quarter 4) was completed on 12/13/24 and documented on 2/11/25.</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/14/25 at 9:30 am. The RN stated, "We do nursing assessments every quarter. I did the assessments and wrote them in my book, but I did not document them on the computer like I am supposed to do."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "A nursing assessment should be done quarterly. They should be documented no later than a week after it is completed."</p> <p>9-3-6(a)</p> <p>483.460(f)(1)</p> <p>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 had a dental exam within 30 days of admission.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/12/25 at 9:13 am. Client #1 was admitted to the group home on 9/7/24. There was no dental exam to review.</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/14/25 at 9:30 am. The RN stated, "Dental exams should be completed within the</p>			W 0351	<p>W351 Health and Wellness Coordinators will keep a flow chart for all individuals living in group home. The chart will contain the name of the client, the specific specialists and PCP's the client sees, when they are due for their next appointment, and a notation for when the appointment is scheduled. The flow chart will also include vision, dental, and hearing. The RN or LPN will review these flow charts monthly ensuring appointments are</p>		03/12/2025

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W 0440  Bldg. 00	<p>first 30 days of placement."</p> <p>An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "A dental exam should be scheduled with the first 30 to 60 days of placement."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>Based on record review and interview for 3 of 3 sample clients (#1, #2 and #3), plus 4 additional clients (#4, #5, #6 and #7), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 2/12/25 at 9:00 am for clients #1, #2, #3, #4, #5, #6 and #7 and indicated the following:</p> <p>-During the day shift (7:00 am to 3:00 pm) the facility did not conduct evacuation drills from 2/11/24 to 6/8/24.</p> <p>-During the evening shift (3:00 pm to 11:00 pm) the facility did not conduct evacuation drills from 7/10/24 to 11/13/24.</p> <p>-During the night shift (11:00 pm to 7:00 am) the facility did not conduct evacuation drills from</p>		W 0440	<p>scheduled and that documentation is complete for appointments that have been ran. Any new residents will have a flow chart made immediately when they move in, and all appointments will be scheduled within the first five business days of the resident's move in date. QIDP and nurse will evaluate the flow chart for new residents on day 5 to ensure appointments are scheduled and appropriate for the individual.</p> <p>W440 Evacuation drills will be conducted as they are scheduled by the CCQA. CCQA will review ensure he receives a copy of the drill within 24 business hours from the time the drill was completed. QIDP or Residential director will review the drill schedule and ensure that paperwork was completed monthly.</p>		03/12/2025	

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NAME OF PROVIDER OR SUPPLIER  CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP COD 52549 MYRTLE ST SOUTH BEND, IN 46637			
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	4/26/24 to 9/23/24.  An interview with the Residential Director (RD) was conducted on 2/14/25 at 10:07 am. The RD stated, "Evacuation drills in the home should be completed monthly."  9-3-7(a)						