

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 04/23/2025
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 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 a post certification revisit (PCR) to the recertification and state licensure survey completed on 2/17/25.</p> <p>Dates of survey: April 17, 22, and 23, 2025.</p> <p>Facility Number: 000891 Provider Number: 15G377 Aims Number: 100244320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 4/28/25.</p>	W 0000		
W 0312  Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <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 reduction plan.</p> <p>Findings include:</p> <p>A record review was completed on 4/17/25 at 2:12 pm. Client #3's record indicated a BSP (Behavior Support Plan) dated 10/2024. Client #3's BSP did not indicate the use of any psychotropic medications.</p> <p>Client #3's PO (Physician Order) dated 3/6/25 indicated client #3 took the following psychotropic medications: Invega Sustenna inject</p>	W 0312	<p><b>W 312</b> When contracting with a behaviorist, Corvilla will ensure that psychotropic medications are listed as well as a medication reduction plans are noted in the contract. As the behavior consultant the client was seeing is no longer practicing with the company the contract is with, the QIDP will rewrite behavior plans with a list of medications and a medication reduction plan for clients seen by previous contracted behaviorist. This process will be implemented for all group homes when warranted. The Residential Director will follow up</p>	05/30/2025

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

TITLE

(X6) DATE

Michele A Lofton

Director of Residential Services

05/13/2025

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 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.

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

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W 0323  Bldg. 00	<p>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 #3's BSP did not contain a current list of psychotropic medications or a reduction plan.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 4/22/25 at 12:22 pm. The QIDP stated, "I spoke with his current behaviorist from an outside agency and was told we need to renegotiate the contract before she could add medications and reduction plan to his BSP, his current behaviorist now has resigned so I will have to redo his BSP. The BSP should include his current medications and a reduction plan."</p> <p>An interview with the Registered Nurse/Director of Corporate Compliance and Quality Assurance (RN/DCCQA) was conducted on 4/22/25 at 12:27 pm. The RN/DCCQA stated, "I would think the BSP should have current medications listed."</p> <p>An interview with the Residential Director was conducted on 4/22/25 at 12:39 pm. The RD stated, "The BSP should have medications listed with a reduction plan. We are currently working on renegotiating the contract with the behavior company."</p> <p>This deficiency was cited on 2/17/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p>		on completion. The QIDP and Residential Director will review new behavior plans from outside behavior consultants to ensure psychotropic medications are listed and ensure a reduction plan is embedded in the behavior plan.	

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	<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 4/17/25 at 1:01 pm. Client #1 was admitted to the group home on 9/7/24. There was no hearing exam completed within 30 days of admission.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 4/22/25 at 12:22 pm. The QIDP stated, "The hearing exam should have been scheduled by now."</p> <p>An interview with the Registered Nurse/Director of Corporate Compliance and Quality Assurance (RN/DCCQA) was conducted on 4/22/25 at 12:27 pm. The RN/DCCQA stated, "We dropped the ball, the appointment has been scheduled for May 22, 2025."</p> <p>This deficiency was cited on 2/17/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>	W 0323	<p><b>W323</b></p> <p><b>All clients will have vision appointments scheduled within 30 days of being admitted to a facility. Going forward, all medical appointments will be scheduled and documented prior to the client moving in the residential setting during the intake process and will be tracked by the facility nurses and DCCQA for compliance with state guidelines. This includes, but is not limited to, primary care, vision, dental, and hearing. The DCCQA or Residential Director will provide support, corrective action and retraining if clients are not scheduled for appointments within 30 days of admission. Supervision and compliance of appointments will occur for all Corvilla clients by the DCCQA. The DCCQA and Nurses will review all client records to ensure compliance quarterly, and upon admission of a new client.</b></p>	05/30/2025