

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2023
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385		
(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 #IN00398086.</p> <p>Complaint #IN00398086: Substantiated, A Federal and state deficiency related to the allegation is cited at: W104.</p> <p>This visit was done in conjunction with a post certification revisit (PCR) to the investigation of complaint #IN00396588 completed on 1/6/23.</p> <p>Dates of survey: February 21 and 22, 2023.</p> <p>Facility Number: 012557 Provider Number: 15G791 AIMS Number: 201017960A</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 3/6/23.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 2 sample clients (A and B), plus 2 additional clients (C and D), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the propane bill was paid and heat was provided in clients A, B, C, and D's home.</p> <p>Findings include:</p>	W 0104	<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> <ul style="list-style-type: none"> <li>Communication with Accounts Payable occurred and</li> </ul>	03/16/2023

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

TITLE

(X6) DATE

Greta Goins

Area Director

03/16/2023

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>The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 2/22/23 at 10:25 am.</p> <p>A BDDS report dated 12/23/22 indicated the following: "Staff called and reported that there was no heat or hot water in the home. The ladies have been (sic) relocated to a hotel until fuel/propane is delivered to the site."</p> <p>The facility's propane bills were reviewed on 2/22/23 at 11:00 am.</p> <p>An invoice dated 10/16/22 indicated the following: "Previous balance: \$1,170.82. Payment: \$0.00. New charges: \$935.63. Total balance: \$2,106.45"</p> <p>A past due notice dated 10/31/22 indicated the following: "9/30/22: \$1,007.64, 31 to 60 days overdue. 10/31/22: \$36.00, late fee."</p> <p>An invoice dated 11/9/22 indicated the following: "Previous balance: \$2,106.45. Payment: \$0.00. New charges: \$874.74. Total balance: \$3,017.19."</p> <p>A payment receipt dated 12/23/22 indicated a payment of \$910.74 was made.</p> <p>An invoice dated 12/29/22 indicated the following: "Previous balance: \$3,017.19. Payment: \$3,017.19. New charges: \$2,157.25. Total balance: \$2,157.25."</p>		<p>invoices are now being routed to the correct person for authorization of payment.</p> <ul style="list-style-type: none"> <li>Invoices will be submitted for payment within 48 hours of receipt by the Area Director in the Accounts Payable service system.</li> <li>All invoices will be paid monthly to ensure that all utilities are kept in working order.</li> <li>Going forward, Area Director will review all invoices for any unpaid and/or carried over balances from prior months and initiate follow up with the Accounts Payable Department at the Dungarvin National Office.</li> </ul> <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> Accounts Payable staff have been trained on invoice distribution and accounts management is providing additional oversight in Dungarvin owned properties to ensure health and safety of all individuals. Area Director will continue to review and track all invoices for any balances carried over from month to month and ensure Accounts Payable is processing payment requests</p>	

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	<p>The review indicated the facility did not pay the propane bill in October and November 2022 resulting in service being canceled in December 2022.</p> <p>Client A was interviewed on 2/21/23 at 8:50 am and stated, "There was no heat and no hot water. We went to a hotel. It was almost a week."</p> <p>House Manager (HM) #1 was interviewed on 2/21/23 at 9:00 am and stated, "I came into work on 12/23/22, and it was cold in the house. The thermostat said 68 degrees. It was something like -2 degrees outside. I called [Qualified Intellectual Disabilities Professional (QIDP) #1]. I checked the propane, and it read 0. We were out of propane. We got a hotel room the same day."</p> <p>Area Director (AD) #1 was interviewed on 2/22/23 at 10:55 am and stated, "On December 23rd, the staff reported to [QIDP #1], and she reported to me. I contacted our maintenance manager. The propane ran out. The propane company is supposed to come every month. Apparently there was a billing issue. The bill goes to our office in Minnesota. They were scanning them to the maintenance department for payment, and the payment wasn't made." AD #1 stated, "On 12/23/22, maintenance called [the gas company]. They said they'd come that day. There was a balance due, and because of the holiday, it wasn't filled until 12/27/22." AD #1 stated, "Dungarvin expects clients to be provided with heat in the winter." AD #1 stated, "Dungarvin is expected to pay utilities and bills for the home." AD #1 stated, "It was very, very cold at the time. There were high winds. With the wind chill, it was in the negative degrees."</p>		<p>timely.</p> <p>Person Responsible: Area Director, Accounts Payable</p>	

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	This federal tag relates to complaint #IN00398086.  9-3-1(a)			