

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

PRINTED: 03/12/2021
FORM APPROVED
OMB NO. 0938-0391

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 01/28/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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 predetermined full recertification and state licensure survey.</p> <p>Dates of Survey: January 25, 26, 27, and 28, 2021</p> <p>Facility Number: 012557 Provider Number: 15G791 Aims Number: 201017960A</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/5/21.</p>		W 0000				
W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 5 allegations of abuse, neglect, exploitation, and mistreatment reviewed, the facility failed to report a suspected incident of neglect regarding client #3 to the appropriate state authority within 24 hours of the time of knowledge in accordance with state law.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 1/26/21 at 9:30</p>		W 0153	<p>The Area Director will retrain all Program Director on Dungarvin's policy and procedure regarding Incident Reporting and the Abuse and Neglect policy, including the provision that all allegations of neglect must be reported immediately to the administrator and to BDDS within 24 hours. All trainings will be documented on a P5-15 and made available for review. The Area Director will monitor</p>		03/01/2021	

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.

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W 0154 Bldg. 00	<p>am.</p> <p>1. A BDDS report dated 1/13/21 indicated the following: "Incident Date: 12/31/2020 Date of knowledge: 12/31/2020 Submitted Date: 1/13/2021 [Client #3] was in her room, she came out and ran out the back door of the house. Staff immediately followed her and tried to get her back into the house. After numerous attempts, she eloped and went into the woods. Law Enforcement was called, they found [client #3], she had a metal piece in which she found and was trying to use for SIB (self injurious behavior). [Client #3] was transported to [name of hospital] in [name of city]. From there she was taken to [name of neuro-psych (specializes in patients with intellectual and psychiatric needs) hospital] where is currently (sic). Plan to Resolve (Immediate and Long Term). Staff should continue to follow her BSP (Behavior Support Plan), monitoring her to ensure health and safety at all times upon her return."</p> <p>Area Director (AD) #1 was interviewed on 1/27/21 at 10:20 am. AD #1 stated, "Incidents should be reported to BDDS within 24 hours."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 3 of 7 allegations of abuse, neglect, exploitation, and mistreatment reviewed, the facility failed to</p>			W 0154	<p>the implementation of our policies by monitoring and ensuring correction actions are complete for reportable incidents not complete within 24 hours.</p> <p>The Program Director/QIDP were all retrained on this standard and the expectations of ensuring all investigation are detailed, clears,</p>		02/18/2021

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	<p>conduct thorough investigations regarding 2 separate incidents of self-injurious behavior for client #3 and 1 incident of elopement requiring police assistance for client #1.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 1/26/21 at 9:30 am.</p> <p>1. A BDDS report dated 11/22/20 indicated the following: "[Client #3] was called to her bedroom door for her snack after dinner, she refused it. She later stated she felt like running. Staff asked why she wanted to run she said I don't know (sic). Staff offered her if a snack again (sic), she refused then closed the door. Moments later staff heard a loud noise coming out of her room, staff went in (sic) [client #3] was hitting her bedroom window with a orthopedic boot attempting to break the window. Staff went in (sic) tried to stop her from hitting the window, she turned and tried to hit staff with the boot. Staff attempted to take the boot as [client #3] tried to grab it back staff put her in a one person HWC (Handle With Care) HRC (Human Rights Committee) approved hold (sic). She immediately slid to the floor and was let go. Staff sat at the door way to be sure [client #3] did not try to do any SIB's (self injurious behavior). However she grabbed a shoe string and tried tied (sic) it around her neck. Staff came towards her to take it, she snatched it off her neck and threw it. [Client #3] then began to kick her bed then the walls, and she pulled down the blinds in her room. She then started screaming she was going to kill staff and then the whole house. [Client #3] refused her meds</p>				<p>concludes and identifies follow actions.</p> <p>The QIDP is expected to utilize the new training going forward in efforts to create thorough investigations.</p> <p>The management team will review all investigations to ensure all components are thoroughly complete and the appropriate outcome is achieved.</p>		

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	<p>(medications), but she soon calmed down. There were no further incidents to report. Plan to Resolve (Immediate and Long Term). Staff should continue to follow her BSP (Behavior Support Plan), monitoring her to ensure health and safety at all times."</p> <p>A Hold Investigation Witness Statement dated 11/21/20 did not include a summary of the investigation, a review of client #3's BSP, or a statement of findings.</p> <p>2. A BDDS report dated 1/13/21 indicated the following: "[Client #3] was in her room, she came out and ran out the back door of the house. Staff immediately followed her and tried to get her back into the house. After numerous attempts, she eloped and went into the woods. Law Enforcement was called, they found [client #3], she had a metal piece in which she found and was trying to use for SIB (self injurious behavior). [Client #3] was transported to [name of hospital] in [name of city]. From there she was taken to [name of neuro-psych (specializes in patients with intellectual and psychiatric needs) hospital] where is currently (sic). Plan to Resolve (Immediate and Long Term). Staff should continue to follow her BSP (Behavior Support Plan), monitoring her to ensure health and safety at all times upon her return."</p> <p>A Hold Investigation Witness Statement dated 1/8/21 did not include a summary of the investigation, a review of client #3's BSP, or a statement of findings.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 1/27/21 at 10:09</p>						

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	<p>am. QIDP #1 stated, "Based on the information I gathered from the interviews, I should have written a summary. I just didn't do it."</p> <p>3. A BDDS report dated 10/20/20 indicated the following: "On 10/19/20 while attending the Dungarvin Community Based Day Program [client #1] eloped. Staff was looking at different boats with the individuals when staff realized [client #1] was no longer with the group. Staff searched the entire store and had the employees of the store to make an announcement to try and locate [client #1]. When staff realized [client #1] was not in the store, staff then began to drive around the parking lot to find [client #1] while contacting the police for assistance. Prior to the elopement [client #1] appeared to be in good spirits.</p> <p>[Client #1] was located at the hospital near [name of store]. She alleged she was feeling suicidal and needed medical help. [Client #1] was transferred to [name of behavioral hospital] and admitted.</p> <p>Plan to Resolve (Immediate and Long Term). Staff will continue to follow the BSP ensuring she is in line of sight at all times." - The review did not indicate an investigation was completed for this incident.</p> <p>Area Director (AD) #1 was interviewed on 1/27/21 at 10:20 am. AD #1 stated, "Investigations should be completed within 5 business days. An investigation should include how the client got out of the house. Did staff have to physically intervene. We need to make sure staff are following the protocol and plans to try to prevent it to begin with. There should be a statement of findings discussing what should be</p>						

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W 0268 Bldg. 00	<p>corrected or if staff did all they could."</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review, and interview for 1 of 2 sampled clients (client #2), the facility failed to promote client #2's dignity by ensuring positive interactions between staff and clients.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/25/21 from 3:45 pm through 6:20 pm, on 1/26/21 from 7:45 am through 10:00 am, and on 1/26/21 from 10:25 am through 12:30 pm. Clients #1, #2, #3, and #4 were present in the group home for the duration of the observation period.</p> <p>On 1/25/21 at 3:45 pm, clients #1 and #4 were sitting at the dining table playing a card game with Direct Support Professionals (DSPs) #1, #2, and #3. Client #2 was sitting on an exercise ball with her back to the table. Client #2 was wearing headphones and listening to music. Client #4 stated, "[Name of child] is spoiled. She gets whatever she wants. She throws a tantrum, and they give it to her. She gets [name of fast food restaurant] whenever she wants." DSP #1 stated, "So, basically [client #2]?" Clients #1 and #4, and DSPs #1, #2, and #3 laughed. Client #4 stated, "Yeah, she's a 5 year old [client #2]."</p>		W 0268	<p>The Program Director will ensure corrective is implemented with the said staff person regarding to inappropriate interaction with individuals served. The Program Director will retrain all staff on how to appropriately interact with individuals served.</p> <p>After retraining has been complete this will be monitored weekly by the Program Director during site visits.</p> <p>The Area Director will monitor this quarterly during site visits.</p>		03/01/2021	

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	<p>At 5:40 pm, clients #1, #3, and #4 were seated at the dining table coloring with DSPs #1, #2, and #4. Client #2 was seated on her exercise ball with her back to the dining table. Client #2 had headphones on and was listening to music. Client #2 took her headphones off, stood up, and walked to the bathroom. DSP #4 yelled from the table, "[Client #2] where are you going?" DSP #1 stated, "She's going to the bathroom. She said, 'Poop.'" DSP #2 stated, "It's potent. When I'm not wearing a mask, it's bad." Clients #1, #3, and #4 and DSPs #1, #2, and #4 all laughed. At 5:43 pm, DSP #4 stated, "I'm going to go check this young lady out." DSP #4 got up from the table and walked toward the bathroom. DSP #1 stated, "She definitely pooped." Clients #1, #3, and #4 and DSPs #1 and #2 all laughed.</p> <p>DSP #2 was interviewed on 1/25/21 at 6:05 pm. DSP #2 stated, "The others don't make fun of [client #2]. If staff saw them saying or doing something inappropriate, they would tell the others to leave her alone and to give her some space. We sometimes tell [client #2] to go to her bedroom, sit on her bed, and count until she's calm."</p> <p>DSP #4 was interviewed on 1/25/21 at 6:17 pm. DSP #4 stated, "The others think [client #2] is cute. They're not trying to make fun of her. Staff shouldn't discuss behaviors or personal habits in front of the other clients."</p> <p>Client #2 was interviewed on 1/26/21 at 8:45 am. Client #2 did not respond to questions.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 1/27/21 at 10:09 am. QIDP #1 stated, "Staff should intervene and tell the [clients] it's not appropriate to talk that</p>						

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W 0436 Bldg. 00	<p>way. They have to get along in the house. That type of behavior is not appropriate from staff. Staff should not participate in those discussions. Staff should not discuss personal habits of one client in front of the other clients."</p> <p>Area Director (AD) #1 was interviewed on 1/27/21 at 10:20 am. AD #1 stated, "Staff have to intervene immediately to redirect the conversation when one client starts to talk about another. Staff should try to educate clients on how to be appropriate."</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview for 1 of 2 sampled clients (client #1), the facility failed to ensure client #1's glasses were available for her use.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/25/21 from 3:45 pm through 6:20 pm, on 1/26/21 from 7:45 am through 10:00 am, and on 1/26/21 from 10:25 am through 12:30 pm. Client #1 was present in the group home for the duration of the observation period.</p> <p>On 1/25/21 at 3:45 pm, client #1 was playing a card game with her house mates and staff. At</p>		W 0436	<p>The agency has corrected this citation by obtaining the eye glasses for the individual served. The staff person responsible for ensuring medical compliance will also be retrained on Dungarvin's expectations for ensuring all medical necessities are complete. The Program Director, Nurse and BC will continue to meet every Friday to ensure all medical gaps have been closed.</p>		02/12/2021	

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	<p>4:05 pm, client #1 was talking on the phone. At 4:10 pm, client #1 returned to the card game. At 4:17 pm, client #1 was pacing through the house. At 5:15 pm, client #1 was observed pacing through the living and dining room. At 5:40 pm, client #1 was playing a game with her housemates and staff. At 5:51 pm, client #1 washed her hands and began eating dinner.</p> <p>On 1/26/21 at 8:54 am, client #1 was in the kitchen making toast. At 9:00 am, client #1 was eating breakfast. At 9:45 am, client #1 was exercising with her housemates and staff. At 12:00 pm, client #1 was eating lunch with her housemates.</p> <p>Throughout the observation period, client #1 was not wearing her prescribed eye glasses.</p> <p>Client #1's record was reviewed on 1/26/21 at 10:05 am.</p> <p>A Consultation Form dated 6/16/20 indicated the following: "Reason for Appointment: Eye Exam - eye appt (appointment). Findings/Recommendations: Glasses prescribed with prism for refractive error of intermittent diplopia (seeing two images of a single object)."</p> <p>Client #1 was interviewed on 1/26/21 at 11:49 am. Client #1 stated, "My glasses broke a few months ago. I have an astigmatism (causes distorted or blurred vision). I see double sometimes. I haven't gotten them fixed, yet."</p> <p>House Manager (HM) #1 was interviewed on 1/26/21 at 10:25 am. HM #1 stated, "[Client #1] is supposed to wear glasses. They've been broken for about 2 months."</p>						

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	<p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 1/27/21 at 10:09 am. QIDP #1 stated, "When we did attempt to take [client #1] to get glasses, she refused to go. There have been a few plans to get the glasses without Dungarvin's assistance. They have fallen through. At this point, Dungarvin is going to have to step in. They've been broken for 3 or 4 months."</p> <p>Area Director (AD) #1 was interviewed on 1/27/21 at 10:20 am. AD #1 stated, "We would expect the glasses to be fixed or to have new ones within one or two weeks. There are some things that haven't been turned over to Dungarvin. We could get them repaired or get new ones. Even if she refuses to wear them, we should have them available for her."</p> <p>9-3-7(a)</p>						