

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

PRINTED: 10/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G452		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/15/2023	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 52812 HIGHLAND DR SOUTH BEND, IN 46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 7/25/23.</p> <p>Dates of survey: September 12, 13, 14 and 15, 2023.</p> <p>Facility Number: 000966 Provider Number: 15G452 Aims Number: 100244770</p> <p>These deficiencies also reflect state finding in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 9/26/23.</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 observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair and to ensure client F did not pay for haircuts.</p> <p>Findings include:</p> <p>A) Observations were conducted on 9/12/23 from 3:51 pm to 6:30 pm. Clients A, B, C, D, E, F and G were present throughout the observation period. The following environmental issues were noted affecting clients A, B, C, D, E, F, and G:</p>			W 0104	<p>W 104 <u>Governing Body (Standard)</u> – The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair and to ensure client F did not pay for haircuts. <u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID FY4812 will be fully implemented, including the following specifics:</p>		10/15/2023

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

TITLE

(X6) DATE

Susan Gichohi

Area Director

10/09/2023

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>1) In the Jack and Jill bathroom between clients B and E's bedroom and clients A and D's bedroom, the ceiling of the shower was flaking off. The bottom of the bathroom door was separated and coming apart.</p> <p>2) In the Jack and Jill bathroom between clients C and F's bedroom and client G's bedroom half of the seal along the bottom of the shower was missing. When staff #2 was assisting client C with her shower, water was coming under the door into client G's bedroom.</p> <p>3) In client C and F's bedroom a spot on the wall measuring 9 inches by 2 inches did not have paint on it.</p> <p>4) In client G's bedroom the closet doorknob was hanging from the door.</p> <p>5) The metal strip between the kitchen and the front living room was sticking up and not secure to the floor.</p> <p>An interview with the Program Director (PD) was conducted on 9/14/23 at 1:13 pm. The PD stated, "The home should be livable and cleaned. Water should not be leaking under the door when using the shower. Maintenance should take care of any issues."</p> <p>An interview with the Area Director (AD) was conducted on 9/14/23 at 11:57 am. The AD stated, "The home should be in good repair and maintenance issues addressed promptly."</p> <p>B. Client F's record was reviewed on 9/13/23 at 2:15 pm. Client F's bank statement dated 9/13/23 indicated</p>				<p>All facility staff re-trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms.</p> <p>Remaining maintenance concerns have been addressed through the completion of needed repairs by the Maintenance department.</p> <p>Lead DSP and QIDP are responsible to note any broken items or maintenance needs during daily and weekly observations at the home. Lead DSP is to document concerns on monthly Site Risk Management Checklist. Maintenance Department is required to conduct a monthly inspection and note needed repairs or safety concerns. QIDP visits several times per week and is to report these concerns to Maintenance as needed. Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed.</p> <p>All facility staff retrained on the expectation that Dungarvin must pay for all haircuts for the individuals. The staff responsible for the haircut purchased for client F was identified and retrained. Client F occasionally purchases hair coloring services in addition to the haircuts she gets. The new Lead DSP has been trained that she must document very clearly which costs are for the haircuts and which costs are for</p>		

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	<p>the following: 9/8/23 - [Store Name] Haircut, \$36.19</p> <p>Client F's bank statement indicated client F paid \$36.19 for a haircut.</p> <p>An interview with the Program Director (PD) was conducted on 9/14/23 at 1:13 pm. The PD stated, "Individuals should not be paying for their own haircuts."</p> <p>An interview with the Area Director (AD) was conducted on 9/14/23 at 11:57 am. The AD stated, "Clients should not be paying for their own haircuts."</p> <p>This deficiency was cited on 7/25/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>				<p>supplemental services. Client F has been reimbursed for the funds spent.</p> <p>- <u>How facility will identify other residents potentially affected & 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> Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor for the overall quality of the maintenance and cleanliness of the home and in order to coach staff on active treatment implementation at all naturally occurring opportunities. In addition, Maintenance is to tour the home monthly for any concerns and the Area Director is to conduct look behind visits to verify that concerns are being reported appropriately and that staff demonstrate competency in monitoring the cleanliness and safety of the home. All Program Directors and Lead DSPs are to receive training on personal fund spending vs. facility spending, including the expectation that personal haircuts are to be paid for by the facility.</p>		

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (client A), plus 2 additional clients (F and G) the facility failed to assure a full and complete accounting of clients A, F and G's finances.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/12/23 at 4:37 pm. A review of client A's ledger at the house indicated: Client A's money credit card tracking ledger was dated September 2023. The ledger had an entry dated 9/2/23 with a balance of \$0.07. Staff #4 counted cash on hand and there was a balance of \$0.26.</p> <p>2. Client F's record was reviewed on 9/12/23 at 4:37 pm. A review of client F's ledger at the house indicated: Client F's money credit card tracking ledger was dated September 2023. The ledger had an entry dated 9/2/23 with a starting balance of \$136.86. An entry on 9/2/23, \$9.41 was spent at [restaurant] with a new balance of \$127.45, 9/2/23 another entry of \$1.59 spend at [restaurant] with a new balance of \$125.86. On 9/5/23, \$36.19 was spend [store name], \$10.87 spend at [restaurant], and \$24.02 was spend at [store name]. The balance was never reconciled after 9/2/2.</p> <p>3. Client G's record was reviewed on 9/12/23 at 4:37 pm. A review of client G's ledger at the house indicated:</p>			W 0140	<p>W 140 <u>Client Finances (Standard)</u> – The facility failed to assure a full and complete accounting of clients A, F and G's finances. <u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID FY4812 will be fully implemented, including the following specifics: All facility staff retrained on the proper documentation expected when assisting individuals in spending their personal funds. Program Director retrained on the expectation that ledgers must match the funds available completely at all times. A new Lead DSP has been hired and has gone through training on the monthly financial packets to be prepared for each individual with their monthly ledgers audited and balanced. Client F was reimbursed for the cost of the haircut from last month. The staff responsible for the haircut purchased for client F was identified and retrained. Client F occasionally purchases hair coloring services in addition to the haircuts she gets. The new Lead DSP has been trained that she</p>		10/15/2023

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W 0488 Bldg. 00	<p>Client G's money credit card tracking ledger was dated September 2023. The ledger had an entry dated 9/2/23 with a deposit of \$100.00 and an entry on 9/2/23 indicating \$13.33 was spent at [restaurant] and balance of \$96.67. The balance on the ledger should have been \$86.67.</p> <p>An interview with the Program Director (PD) was conducted on 9/14/23 at 1:13 pm. The PD stated, "Ledgers should be recorded accurately. All finances are reconciled every month."</p> <p>An interview with the Area Director (AD) was conducted on 9/14/23 at 11:57 am. The AD stated, "Finances are reconciled monthly. All ledgers should be accurate. Receipts should be recorded on the ledger whenever money is accessed."</p> <p>This deficiency was cited on 7/25/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 2 of 3 sampled clients (A and B) plus 4 additional clients (D, E, F and G), the facility failed to ensure the clients assisted with meal preparation, setting the table for dinner, and participate in serving themselves.</p> <p>Findings include:</p>			W 0488	<p>must document very clearly which costs are for the haircuts and which costs are for supplemental services.</p> <p><u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>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></p> <p>Going forward, all Program Directors and Lead DSPs are to receive training on Dungarvin systems for monitoring and auditing the use of client personal funds. Monthly financial packets are to be completed and submitted to the office for auditing by the client finance coordinator by the 15th of each month.</p> <p>W 488 <u>Dining Areas and Service (Standard)</u> - Facility failed to ensure the clients assisted with meal preparation, setting the table for dinner, and participate in serving themselves.</p> <p><u>Corrective action for resident(s)</u></p>		10/15/2023

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	<p>Observations were conducted on 9/12/23 from 3:51 pm to 6:30 pm. Clients A, B, D, E, F and G were present throughout the observation period. Client C did not eat anything by mouth.</p> <p>On 9/12/23 at 4:26 pm staff #1 was in the kitchen and placed a pot of water on the stove. Client A was sitting in the front room. Clients E and F were at the kitchen table.</p> <p>At 4:31 pm staff #1 put the vegetables in the pot of water and placed the sausage in the oven. Client A was sitting in the chair in the front room. Client F was sitting on the couch in the front living room. Client E was sitting in the recliner in the living room. Client D was in his bedroom watching the television.</p> <p>At 4:55 pm clients B and G were sitting in the kitchen at the table. Staff #2 prepared coffee for clients B and G.</p> <p>At 5:01 pm staff #1 got out the plates and the silverware from the cabinets and set them on the table.</p> <p>At 5:12 pm staff #1 was making macaroni and cheese.</p> <p>At 5:20 pm staff #1 pureed client B's sausage, macaroni and cheese and vegetables and placed all the food in a bowl.</p> <p>At 5:30 pm staff #3 got cups out of the cupboard and placed them on the table.</p> <p>At 5:32 pm staff #1 served clients F and G their food.</p> <p>At 5:35 pm staff #1 asked client E if he wanted help with getting his food. Client E asked for staff #1 to put his food on his plate. Staff #1 gave client E his plate of food. Staff #1 placed sausage, macaroni and cheese and vegetables on plate for client A and gave it to him.</p> <p>Clients were not prompted to assist with preparing dinner, setting the table or serving themselves</p>				<p><u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID FY4812 will be fully implemented, including the following specifics:</p> <p>All facility staff have received retraining on this finding and on the expectations of family style dining. Training covered ways each individual could participate in the preparation, serving, and cleanup of meals according to their individual strengths and needs.</p> <p>The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to continue conducting active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on implementation of family style dining. Initially these observations will be conducted 4 times per week for the first two weeks. These observations must occur at varied times to include all meals and ensure all staff demonstrate competency. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other</u></p>		

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W 9999 Bldg. 00	<p>their food by the staff.</p> <p>An interview with staff #1 was conducted on 9/12/23 at 5:50 pm. Staff #1 stated, "We try to have clients help cook dinner. No one helped today. [Client F] doesn't ever serve herself. [Client B] can't serve himself because he eats pureed. [Client E] will serve himself most of the time but today he didn't want to. Usually, they are relaxing and chilling before dinner, so they don't cook the food."</p> <p>An interview with the Program Director (PD) was conducted on 9/14/23 at 1:13 pm. The PD stated, "Individuals should be participating in meal preparation with staff assistance. Individuals can be involved in setting the table. Meals should be served family style where staff can assist and sit at table with individuals. Individuals should be serving themselves. Staff can assist if help is needed."</p> <p>An interview with the Area Director (AD) was conducted on 9/14/23 at 11:57 am. The AD stated, "Clients should all assist in the preparation, serving and cleanup of meals."</p> <p>This deficiency was cited on 7/25/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(a)</p>			W 9999	<p><u>residents potentially affected & what measures taken</u></p> <p>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></p> <p>All new employees are trained on the the expectations of family style dining and active treatment and participation of all individuals in mealtimes. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to staff on active treatment at mealtimes and family style dining.</p>		10/15/2023