

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G573	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2023
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN 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 the investigation of complaint #IN00401134.</p> <p>Complaint #IN00401134: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W104, W149, W154, W156, W262 and W263.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 2/21/23, 2/22/23, 2/23/23, 2/24/23 and 2/27/23.</p> <p>Facility Number: 001087 Provider Number: 15G573 AIMS Number: 100239960</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 3/3/23.</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 and interview for 3 of 3 sampled clients (A, B and C), plus 2 additional clients (D and E), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair.</p> <p>Findings include:</p>	W 0104	<p>W 104</p> <p><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.</p> <p><u>Corrective action for resident(s)</u></p>	03/27/2023

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

TITLE

(X6) DATE

Susan Ranaghan Gichohi

Area Director

03/19/2023

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>Observations were conducted on 2/21/23 from 3:30 pm to 6:00 pm. Clients A, B, C, D and E were present throughout the observation period. The following environmental issues were noted affecting clients A, B, C, D and E:</p> <p>1) In the bathroom on the left side of the home there were small black bugs flying around the trash can.</p> <p>2) The bottom dresser drawer in client B and D's bedroom was broken and did not have a front board.</p> <p>3) The stovetop in the kitchen was not working. Staff was using a hot plate to cook dinner.</p> <p>An interview with staff #3 was conducted on 2/21/23 at 4:15 pm. Staff #3 stated, "Stove top does not work. Maintenance tried to fix it, but it did not work."</p> <p>4) In client B and D's bedroom there was a strong smell of urine.</p> <p>An interview with staff #5 was conducted on 2/21/23 at 5:04 pm. Staff #5 stated, "[client D's] bed smells. He is supposed to clean it daily."</p> <p>An interview with the Program Director (PD) was conducted on 2/23/23 at 2:02 pm. The PD stated, "The home should be clean, tidy and neat. The stove should be working. We are getting a new stove, but maintenance did come out and fix it. There should not be bugs flying around in the bathroom. The bedroom should not smell like urine. Even after a deep clean in the room it still smells like urine. Dressers should be in good repair."</p>		<p><u>found to have been affected</u> All parts of the POC for the survey with event ID HJ0W11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> - All facility staff re-trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms. All maintenance concerns reported are being addressed through deep cleaning as well as the completion of needed repairs by the Maintenance department. - 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. - <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. 	

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W 0149 Bldg. 00	<p>An interview with the Area Director (AD) was conducted on 2/23/23 at 1:15 pm. The AD stated, "The home should be clean and in good repair. The stove should be working, we have ordered a new one. There should not be gnats flying around in the bathroom. Staff should be emptying the trash at least 2 times a day. When we see gnats, we put bleach down the drain. There should not be a smell of urine in bedrooms. Staff should be doing cleaning regularly."</p> <p>This federal tag relates to complaint #IN00401134.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 6 incident reports affecting clients B, C, D, E and F, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights to prevent a pattern of client-to-client incidents of physical aggression.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/21/23 at 1:42 pm. The review indicated the following:</p>		W 0149	<p><u>Measures or systemic changes</u> <u>facility put in place to ensure no</u> <u>recurrence</u></p> <p>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. 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.</p> <p>W 149 <u>Staff Treatment of Clients</u> (Standard) – Facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights to prevent a pattern of client-to-client incidents of physical aggression.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey</p>

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	<p>1. BDDS report dated 11/18/22 indicated, "This writer was notified that [client B] threw a clipboard at [client C] (it did not hit [client C]), due to a conflict, [client C] charged at [client B] and began striking him multiple times and finishing with (sic) kick to the face (he was wearing socks). Staff was able to separate [client C] by asking him to stop and removing him from the area, per his Behavior Support Plan (BSP), [client C] complied. Client C remained in the dining room with staff with no further incidents."</p> <p>Investigation summary dated 11/21/22 indicated, "Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? unknown. D) Are any revisions to the BSP or High-Risk Plans indicated and why? Not at this time. E) Is there any evidence of Abuse, Neglect or Exploitation related to the incident? no. F) What actions should be taken to prevent future incident? a. Is there a plan for the Individual Support Team (IST) to meet or otherwise review this incident? Team meets ongoing. b. Are any changes recommended to program or support plans? yes BSP. c. Is staff training indicated? If so, when is it scheduled? ongoing."</p> <p>2. BDDS report dated 12/13/22 indicated, "Staff reported to this writer on 12/13/22, [client B] woke up in a negative mood. While He (sic) and his housemates were in the van and were picking up [client C] and staff from an appointment. [Client B] became verbally aggressive in which incited aggression from [client E]. [Client B] threw trash at [client E], which ultimately angered [client E], who then attempted to go after [client B]. [Client E]</p>			<p>with event ID HJ0W11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> · All facility staff are reviewing this standard and are being retrained on Dungarvin's policies B-2 regarding Abuse, Neglect & Exploitation and B-6 regarding Client Rights. This training will focus on the role of proactive interventions in safeguarding each individual's right to be free of peer to peer aggression. · Behavior Clinician has reviewed the BSPs at the home and training is being completed to ensure all staff are competent to implement the BSPs as written to prevent incidents of peer to peer aggression. · QIDP receiving retraining on the role of the investigation of significant incidents and resulting team discussion with the Behavior Clinician in the prevention of incidents of physical aggression. <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> QIDP or Area Director as well as</p>

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	<p>stood up to go after [client B], but before any physical altercation happened between the housemates, [client D] threw his phone and started hitting [client E] to get him to stop going after [client B]. [Client E] turned around and punched [client D] in the face. [Client D] sustained a reddened are (sic) on the left side of his face and under his eye. Staff intervened and separated [client B] from his housemates. [Client B] continued to escalate, became aggressive against staff, and ultimately staff called the police. The police declined to arrest [client B] and the Behavior Clinician (BC) came to the location and assisted with transporting [client B] home separate from his housemates and assisted with de-escalation back at the site. [Client B] has been experiencing increase in mood swings and impulse control and the new BC and the Qualified Intellectual Disabilities Professional (QIDP) are working with his psychiatrist to assess what changes may be needed to support him moving forward."</p> <p>Investigation summary dated 12/14/22 indicated, "Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? unknown. D) Are any revision to the BSP or High-Risk Plans indicated and why? Not at this time. E) Is there any evidence of Abuse, Neglect or Exploitation related to the incident? no. F) What actions should be taken to prevent future incident? a. Is there a plan for the IST to meet or otherwise review this incident? ongoing. b. Are any changes recommended to program or support plans? not yet. c. Is staff training indicated? If so, when is it scheduled? ongoing."</p>			Behavior Clinician to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation at all naturally occurring opportunities, and review staff competency on how to prevent and respond to incidents that may occur in accordance with the BSPs and ISPs in place at the home.

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	<p>3. BDDS report dated 1/15/23 indicated, "Around 5 pm on 1/15/2023, there was a misunderstanding between [client C] and [client F]. The two individuals were separated by staff so they could calm down. Around 6 pm just after dinner, a fight occurred between [client C] and [client F]. [Client C] ended punching [client F] in the nose. Staff was able to separate the two individuals and [client F] called 911. The police came and took statements from the guys, but no charges are pending at this time. [Client C] was calm for the remainder of the night."</p> <p>Investigation summary dated 1/16/23 indicated, "Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes - they were following the plans though one of the staff should probably have been nearer considering there had just been an escalation before the outing. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? It could have gone better only if one of the staff had stayed near to [client C] especially as that hallway is narrow and that made it easier for [client F] to be cornered. D) Are any revision to the BSP or High-Risk Plans indicated and why? No E) Is there any evidence of Abuse, Neglect or Exploitation related to the incident? Yes - [Client F] was physically abused by [client C]. No staff ANE (Abuse, Neglect and Exploitation). F) What actions should be taken to prevent future incident? a. Is there a plan for the IST to meet or otherwise review this incident? [Client C's] team will meet as preliminary conversations occurred about the home not being the best match for his needs. [Client F's] team is also already in discussion about another home that he wants to visit and will be meeting to discuss a possible transfer. b. Are any changes</p>			

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	<p>recommended to program or support plans? not at this time. c. Is staff training indicated? If so, when is it scheduled? Just conversations with [staff #8] and [staff #2] about staying closer to [client C] when there have been verbal escalations in order to be able to intervene quickly."</p> <p>4. BDDS report dated 1/28/23 indicated, "On 1/28/23, [client B] was involved in multiple episodes of property damage, threats, and inciting physical altercations with [clients C and E]. At approximately 8:45 am [client B] was involved in a physical altercation with [client E] over changing the channel. [Client B] started throwing things around the home. Staff directed [client B] away from the area, but on the way to his room [client B] incited [client E] who punched [client B] in the face. Staff ran to intervene, however [client B] also hit [client F] in the left arm. Staff was again able to separate them and assisted [client B] to his room to calm down. Approximately, 10 minutes later, [client B] came out of his room, ran into the kitchen and started throwing items in the kitchen around the house, including pots, pans, cans, and food out of the refrigerator. [Client C] was hit by a pot, which led to [client C] retaliating against [client B] and punching him in the face and head. [Client B] bit [client C] on his left hand between his thumb and index finger. Staff was attempting to break up the fight and then called the police. Police assessed the situation and took a report. Emergency Medical Services (EMS) was at the scene and [client B] was taken to be assessed. Supervisor met [client B] at the Emergency Room (ER). [Client B] was released within an hour and a half. No treatment was given, no follow up needed. They did not address any psychiatric or psychological issues despite the supervisor asking for support in this area. Later that evening, approximately 6:00 pm, [client B] threw a cup of</p>				

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	<p>juice on [client E], which led to [client E] punching [client B] in the face again before staff could get between them. Police and EMS were called. [Client B] was sent to the ER and staff accompanied [client B] to the hospital. This time he received 3 stitches to his right eye lid. Other than receiving stitches, [client B] was discharged home with no treatment or assessment. "</p> <p>Investigation summary dated 1/29/23 indicated, "Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? unknown. D) Are any revision to the BSP or High-Risk Plans indicated and why? YES (sic) to [client B]. E) Is there any evidence of Abuse, Neglect or Exploitation related to the incident? no. F) What actions should be taken to prevent future incident? a. Is there a plan for the Individual Support Team (IST) to meet or otherwise review this incident? Team meets ongoing. b. Are any changes recommended to program or support plans? yes BSP. c. Is staff training indicated? If so, when is it scheduled? ongoing."</p> <p>An interview with the Program Director (PD) was conducted on 2/23/23 at 2:02 pm. The PD stated, "Staff should be protecting clients from aggression by their peers."</p> <p>An interview with the Area Director (AD) was interviewed on 2/23/23 at 1:15 pm. The AD stated, "Our policy is to ensure peer to peer abuse does not occur. Staff are to safeguard individuals from abuse."</p> <p>A review of Abuse Neglect Policy, not dated, was</p>			

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	<p>conducted on 02/23/23 at 11:18 am indicated: "...PURPOSE: Dungarvin believes that each individual has the right to be free from mental, emotional, and physical abuse in his/her daily life. This policy establishes Dungarvin's procedures to prevent abuse, neglect, or exploitation and identifies specific actions to be taken if abuse, neglect, or exploitation occurs or is suspected. ...I.</p> <p>Definitions</p> <p>A. Physical abuse is defined as any act which constitutes a violation of the assault, prostitution, or criminal sexual conduct statutes, including intentionally touching another person in a rude, insolent or angry manner; willful infliction of injury; unnecessary restraint/confinement resulting from physical or chemical intervention; any sexual contact between staff and an individual including rape, molestation, coercion and exploitation. Unnecessary restraint/confinement is defined as any physical intervention that limits the movement or mobility of an individual that is not outlined in an individual's behavior support plan. ...III.</p> <p>Organizational Proactive and Reactive Practices regarding Abuse, Neglect, or Exploitation ... 8. To minimize the risk of abuse by other individuals served, Dungarvin will work with the IST to carefully choose prospective housemates and will monitor the interactions between housemates and peers carefully. Staff will intervene in the least obtrusive manner required to avert individual to individual abuse. Dungarvin will work with the IST to protect the individual from further abuse with corrective action based on the needs of the individuals and the circumstances of the situation. ..."</p> <p>This federal tag relates to complaint #IN00401134.</p>			

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W 0154 Bldg. 00	<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. Based on record review and interview for 3 out of 4 allegations of abuse and neglect reviewed, the facility failed to conduct thorough investigations for 3 allegations of peer to peer abuse for clients B, C, D, E and F.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/21/23 at 1:42 pm. The review indicated the following:</p> <p>1. BDDS report dated 11/18/22 indicated, "This writer was notified that [client B] threw a clipboard at [client C] (it did not hit [client C]), due to a conflict, [client C] charged at [client B] and began striking him multiple times and finishing with (sic) kick to the face (he was wearing socks). Staff was able to separate [client C] by asking him to stop and removing him from the area, per his Behavior Support Plan (BSP), [client C] complied. Client C remained in the dining room with staff with no further incidents."</p> <p>Investigation summary dated 11/21/22 indicated the following: 'What happened just prior to the incident: [Client C's] housemate attempted to throw a clipboard at him and [client C] went after housemate, kicking him in the face. Location of each staff member at the time of the incident: Staff were in the kitchen and living room. Location of each person serviced at the time of the incident: Bedrooms and Living</p>	W 0154	<p>W 154 <u>Staff Treatment of Clients</u> <u>(Standard)</u> – Facility failed to conduct thorough investigations for 3 allegations of peer to peer abuse for clients B,C, D, E and F.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey with event ID HJ0W11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> Program Director/QIDP is receiving re-training on the thorough and timely completion of investigations. Training to include a review of types of incidents that require investigations, including peer to peer aggression. Area Director is reviewing actions taken to fully implement this plan of correction during weekly supervision with the Program Director/QIDP. All issues reviewed and action taken are reviewed during this supervision meeting so that the Area Director can verify that appropriate measures are being taken to thoroughly investigate all allegations of abuse, neglect, and mistreatment at the facility. Area Director will be 	03/27/2023

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	<p>room. What happened during the incident? [Client C] went after [client B] after he attempted to throw a clipboard at him. Emotional wellbeing of individual(s) after the incident: [Client C] was mad (sic) [client B] was crying and apologetic. Were there any injuries? no. Interventions used based on Behavior Support Plans or High-Risk Plans for individual (s): yes. Were interventions successful? no. Interviews: Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff #1-I saw it happen and tried to separate them before [client C] kicked [client B]. [Client B] wasn't hurt, he just started asking [client C] to forgive him.' Addition Evidence: List any other evident reviewed (related risk plans, ISP, BSP, staff documentation, Therap (computer system), pictures, medical reports, police reports, diagrams, etc.) IR (incident report). What is the supervision level required for each individual? 24 hour supervision. In the case of an elopement, summarize the individual's community and traffic safety skills. n/a. In the case of a choking event, summarize the individuals ordered diet, including any modifications indicated in the dining plan. (no response indicated). Were there injuries? Was any medical intervention required? If yes, what medical intervention was provided? (No response indicated). Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year. [Client B] has intermittent explosive disorder as does [Client C]. Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? unknown. D) Are any revisions to the BSP or High-Risk Plans indicated and why? Not at this time. E) Is there</p>		<p>responsible to ensure that all investigations are thorough by signing off on all investigations within 5 working days.</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> All Program Director/QIDPs are trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including allegations of peer-to-peer aggression and property destruction. Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</p>	

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

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	<p>any evidence of Abuse, Neglect or Exploitation related to the incident? no. F) What actions should be taken to prevent future incident? a. Is there a plan for the Individual Support Team (IST) to meet or otherwise review this incident? Team meets ongoing. b. Are any changes recommended to program or support plans? yes BSP. c. Is staff training indicated? If so, when is it scheduled? ongoing."</p> <p>The investigation did not include where the individuals and the staff were located prior to the incident and what activities were taking place. The investigation did not include interviews with the staff and the individuals in the home at the time of the incident. The investigation did not review the interventions from the BSP (Behavior Support Plan) and/ or High Risk Plans used during the incident and why the intervention(s) were or were not successful. The investigation did not include interventions not used in the incident that could have assisted during the incident. The investigation did not include what the team was working on to decrease the incidents of physical aggressive behaviors. The investigation did not indicate the staff training completed to enhance staff's abilities with working with the clients and their behaviors.</p> <p>2. BDDS report dated 12/13/22 indicated, "Staff reported to this writer on 12/13/22, [client B] woke up in a negative mood. While He (sic) and his housemates were in the van and were picking up [client C] and staff from an appointment. [Client B] became verbally aggressive in which incited aggression from [client E]. [Client B] threw trash at [client E], which ultimately angered [client E], who then attempted to go after [client B]. [Client E] stood up to go after [client B], but before any physical altercation happened between the</p>				

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

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	<p>housemates, [client D] threw his phone and started hitting [client E] to get him to stop going after [client B]. [Client E] turned around and punched [client D] in the face. [Client D] sustained a reddened are (sic) on the left side of his face and under his eye. Staff intervened and separated [client B] from his housemates. [Client B] continued to escalate, became aggressive against staff, and ultimately staff called the police. The police declined to arrest [client B] and the Behavior Clinician (BC) came to the location and assisted with transporting [client B] home separate from his housemates and assisted with de-escalation back at the site. [Client B] has been experiencing increase in mood swings and impulse control and the new BC and the Qualified Intellectual Disabilities Professional (QIDP) are working with his psychiatrist to assess what changes may be needed to support him moving forward."</p> <p>Investigation summary dated 12/14/22 indicated the following:</p> <p>'What happened just prior to the incident: [Client B] woke up in a bad mood. Location of each staff member at the time of the incident: (no response indicated). Location of each person serviced at the time of the incident: kitchen/ van. What happened during the incident? [Client B] became upset in the van and punched a housemate in the face and another in the back. Also punched staff. Emotional wellbeing of individual(s) after the incident: apologetic. Were there any injuries? no. Interventions used based on Behavior Support Plans or High-Risk Plans for individual (s): yes. Were interventions successful? no. Interviews: Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. [Client B] woke up in a bad mood, which led to physical aggression toward his housemates and</p>			

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

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	<p>staff while in the van on an outing. The police needed to be called due to staff being unable to get [client B] away from her. [Client E] -'he went after staff, I warned him and [client D] got scared I guess and he tried to hit me, so I hit him.' [Client C]-'I just wanted to stay out of the whole thing. [Client B] just keeps doing this stuff and iy (sic) makes me mad [Program Director].' [Client F]-' I think he was mad at me from before and he just couldn't let it go,' Addition Evidence: List any other evident reviewed (related risk plans, ISP, BSP, staff documentation, Therap, pictures, medical reports, police reports, diagrams, etc.) IR (incident report). What is the supervision level required for each individual? 24 hour supervision. In the case of an elopement, summarize the individual's community and traffic safety skills. n/a. In the case of a choking event, summarize the individuals ordered diet, including any modifications indicated in the dining plan. (no response indicated). Were there injuries? Was any medical intervention required? If yes, what medical intervention was provided? no. Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year. [Client B] has intermittent explosive disorder and often unable to control his agitation/anxiety/anger. He did not get his way and was not able to control his anger. He help(sic) on to his anger due to his paranoia (sic) that the housemates are talking about him and he got aggressive. Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? unknown. D) Are any revision to the BSP or High-Risk Plans indicated and why? Not at this time. E) Is there any evidence of Abuse, Neglect or Exploitation</p>			

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

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	<p>related to the incident? no. F) What actions should be taken to prevent future incident? a. Is there a plan for the Individual Support Team (IST) to meet or otherwise review this incident? ongoing. b. Are any changes recommended to program or support plans? not yet. c. Is staff training indicated? If so, when is it scheduled? ongoing."</p> <p>The investigation did not include where the individuals and the staff were located prior to the incident and what activities were taking place. The investigation did not include interviews with the staff and the individuals in the home at the time of the incident. The investigation did not review the interventions from the BSP (Behavior Support Plan) and/ or High Risk Plans used during the incident and why the intervention(s) were or were not successful. The investigation did not include interventions not used in the incident that could have assisted during the incident. The investigation did not include what the team was working on to decrease the incidents of physical aggressive behaviors. The investigation did not indicate the staff training completed to enhance staff's abilities with working with the clients and their behaviors.</p> <p>3. BDDS report dated 1/28/23 indicated, "On 1/28/23, [client B] was involved in multiple episodes of property damage, threats, and inciting physical altercations with [clients C and E]. At approximately 8:45 am [client B] was involved in a physical altercation with [client E] over changing the channel. [Client B] started throwing things around the home. Staff directed [client B] away from the area, but on the way to his room [client B] incited [client E] who punched [client B] in the face. Staff ran to intervene, however [client B] also hit [client F] in the left arm. Staff was again able to</p>			

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

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	<p>separate them and assisted [client B] to his room to calm down. Approximately, 10 minutes later, [client B] came out of his room, ran into the kitchen and started throwing items in the kitchen around the house, including pots, pans, cans, and food out of the refrigerator. [Client C] was hit by a pot, which led to [client C] retaliating against [client B] and punching him in the face and head. [Client B] bit [client C] on his left hand between his thumb and index finger. Staff was attempting to break up the fight and then called the police. Police assessed the situation and took a report. Emergency Medical Services (EMS) was at the scene and [client B] was taken to be assessed. Supervisor met [client B] at the Emergency Room (ER). [Client B] was released within an hour and a half. No treatment was given, no follow up needed. They did not address any psychiatric or psychological issues despite the supervisor asking for support in this area. Later that evening, approximately 6:00 pm, [client B] threw a cup of juice on [client E], which led to [client E] punching [client B] in the face again before staff could get between them. Police and EMS were called. [Client B] was sent to the ER and staff accompanied [client B] to the hospital. This time he received 3 stitches to his right eye lid. Other than receiving stitches, [client B] was discharged home with no treatment or assessment. . . ."</p> <p>Investigation summary dated 1/29/23 indicated the following:</p> <p>"What happened just prior to the incident: [Client B] had a really rough day. He antagonized his housemates, which led to physical altercations, property destruction and chaos. Both [client E and C] punched [client B] in the face numerous time (sic) pin the AM and PM (as a result of him antagonizing them.) [Client C] went to hospital due to a bite on his hand and [Client B] ended up</p>			

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

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	<p>in the hospital twice that day and received stitches to the his eye. Location of each staff member at the time of the incident: Staff were monitoring the situation and attempting to keep all the individuals separated, but as [client B's] escalated, staff was with them safe. They went from the bedrooms, hallway (sic)kitchen. Location of each person serviced at the time of the incident: Bedrooms and Living room. What happened during the incident? [Client B] was antagonizing his housemates. Physical peer to peer aggression ensued. Emotional wellbeing of individual(s) after the incident: [Client B] was crying and apologetic, [client C] was angry, [client E] was angry. Were there any injuries? yes, black eyes [client B], bite to hand [client C]. Interventions used based on Behavior Support Plans or High-Risk Plans for individual (s): yes. Were interventions successful? no. Interviews: Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. [Client E] - He pissed me off, he was yelling and screaming and saying stuff about my mom. I warned him and he wouldn't stop! So I went after him. [Client C] -I told [client B] he better stop, he made me dad(sic) and he kept yelling and saying staff, I got made [PD]. I know I shouldn't have, but I just did it and he bit me when I had my hand on his face.' Staff #1-'it's been rough. We have all been on high alert. Every time we thought [client B] was calm, he wasn't. He was throwing things, yelling, cussing, crying, going after [client E] and [client C]. They were also antagonizing him even when he was trying to calm down. We finally had to call the police twice that day.' Addition Evidence: List any other evident reviewed (related risk plans, ISP, BSP, staff documentation, Therap, pictures, medical reports, police reports, diagrams, etc.) IR (incident report). What is the supervision level required for each individual? 24 hour supervision.</p>				

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

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	<p>In the case of an elopement, summarize the individual's community and traffic safety skills.</p> <p>n/a. In the case of a choking event, summarize the individuals ordered diet, including any modifications indicated in the dining plan. (no response indicated). Were there injuries? Was any medical intervention required? If yes, what medical intervention was provided? (no response indicated). Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year.</p> <p>[Client B] has intermittent explosive disorder and often unable to control his agitation/ anxiety/ anger. [Client E] and [client C] antagonize him when he is agitated. Summary findings and recommendations: A) were staff present following all Behavior Support Plans/ High Risk Plan Interventions per the plans? If no, why? Yes. B) Was appropriate staffing in place? yes. C) Could the incident have been prevented? unknown. D) Are any revision to the BSP or High-Risk Plans indicated and why? YES (sic) to [client B]. E) Is there any evidence of Abuse, Neglect or Exploitation related to the incident? no. F) What actions should be taken to prevent future incident? a. Is there a plan for the Individual Support Team (IST) to meet or otherwise review this incident? Team meets ongoing. b. Are any changes recommended to program or support plans? yes BSP. c. Is staff training indicated? If so, when is it scheduled? ongoing."</p> <p>The investigation did not include where the individuals and the staff were located prior to the incident and what activities were taking place.</p> <p>The investigation did not include interviews with the staff and the individuals in the home at the time of the incident. The investigation did not review the interventions from the BSP (Behavior Support Plan) and/ or High Risk Plans used during</p>			

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

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W 0156 Bldg. 00	<p>the incident and why the intervention(s) were or were not successful. The investigation did not include interventions not used in the incident that could have assisted during the incident. The investigation did not include what the team was working on to decrease the incidents of physical aggressive behaviors. The investigation did not indicate the staff training completed to enhance staff's abilities with working with the clients and their behaviors.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/23 at 2:02 pm. The PD stated, "I interview all key people involved, staff and clients. I write on the investigation sheet. I should be more thorough in my investigations."</p> <p>An interview with the Area Director (AD) was conducted on 2/23/23 at 1:15 pm. The PD stated, "Investigations should review what happened during the incident. The who, what, where, when and why with the staff and clients. The client's Individuals Behavior Support Plan (BSP) and Individual Support Plan (ISP) should be reviewed and discuss if it was implemented during the incident." The PD indicated these investigations need to have more details.</p> <p>This federal tag relates to complaint #IN00401134.</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 3 of 4</p>		W 0156	W 156
				03/27/2023

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	<p>allegations of abuse and neglect reviewed, the facility failed to ensure the results of 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients B, C, D and E.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/21/23 at 1:42 pm. The review indicated the following:</p> <p>1. BDDS report dated 11/18/22 indicated, "This writer was notified that [client B] threw a clipboard at [client C] (it did not hit [client C]), due to a conflict, [client C] charged at [client B] and began striking him multiple times and finishing with (sic) kick to the face (he was wearing socks). Staff was able to separate [client C] by asking him to stop and removing him from the area, per his Behavior Support Plan (BSP), [client C] complied. Client C remained in the dining room with staff with no further incidents."</p> <p>Investigation summary dated 11/21/22 did not indicate it had been reviewed by an administrator.</p> <p>2. BDDS report dated 12/13/22 indicated, "Staff reported to this writer on 12/13/22, [client B] woke up in a negative mood. While He (sic) and his housemates were in the van and were picking up [client C] and staff from an appointment. [Client B] became verbally aggressive in which incited aggression from [client E]. [Client B] threw trash at [client E], which ultimately angered [client E], who then attempted to (sic) after [client B]. [Client E] stood up to go after [client B], but before any physical altercation happened between the housemates, [client D] threw his phone and</p>		<p><u>Staff Treatment of Clients</u> <u>(Standard)</u> – Facility failed to ensure the results of 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients B, C, D, and E.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID HJ0W11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> Program Director/QIDP is receiving re-training on the timely completion of investigations including the requirement that each investigation be reviewed and approved by the Area Director. Training to include a review of types of incidents that require investigations, including peer to peer aggression. Area Director is reviewing actions taken to fully implement this plan of correction during weekly supervision with the Program Director/QIDP. All issues reviewed and action taken are reviewed during this supervision meeting so that the Area Director can verify that appropriate measures are being taken to thoroughly investigate all allegations of abuse, neglect, and mistreatment at the facility. Area Director will be responsible to ensure that all investigations are thorough by 	

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

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	<p>started hitting [client E] to get him to stop going after [client B]. [Client E] turned around and punched [client D] in the face. [Client D] sustained a reddened area (sic) on the left side of his face and under his eye. Staff intervened and separated [client B] from his housemates. [Client B] continued to escalate, became aggressive against staff, and ultimately staff called the police. The police declined to arrest [client B] and the Behavior Clinician (BC) came to the location and assisted with transporting [client B] home separate from his housemates and assisted with de-escalation back at the site. [Client B] has been experiencing increase in mood swings and impulse control and the new BC and the Qualified Intellectual Disabilities Professional (QIDP) are working with his psychiatrist to assess what changes may be needed to support him moving forward."</p> <p>Investigation summary dated 12/14/22 did not indicate it had been reviewed by an administrator.</p> <p>3. BDDS report dated 1/28/23 indicated, "On 1/28/23, [client B] was involved in multiple episodes of property damage, threats, and inciting physical altercations with [clients C and E]. At approximately 8:45 am [client B] was involved in a physical altercation with [client E] over changing the channel. [Client B] started throwing things around the home. Staff directed [client B] away from the area, but on the way to his room [client B] incited [client E] who punched [client B] in the face. Staff ran to intervene, however [client B] also hit [client F] in the left arm. Staff was again able to separate them and assisted [client B] to his room to calm down. Approximately, 10 minutes later, [client B] came out of his room, ran into the kitchen and started throwing items in the kitchen around the house, including pots, pans, cans, and</p>			<p>signing off on all investigations within 5 working days.</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> All Program Director/QIDPs are trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including allegations of peer-to-peer aggression and property destruction. Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</p>	

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

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637		
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	<p>food out of the refrigerator. [Client C] was hit by a pot, which led to [client C] retaliating against [client B] and punching his in the face and head. [Client B] bit [client C] on his left hand between his thumb and index finger. Staff was attempting to break up the fight and then called the police. Police assessed the situation and took a report. Emergency Medical Services (EMS) was at the scene and [client B] was taken to be assessed. Supervisor met [client B] at the Emergency Room (ER). [Client B] was released within an hour and a half. No treatment was given, no follow up needed. They did not address any psychiatric or psychological issues despite the supervisor asking for support in this area. Later that evening, approximately 6:00 pm, [client B] threw a cup of juice on [client E], which led to [client E] punching [client B] in the face again before staff could get between them. Police and EMS were called. [Client B] was sent to the ER and staff accompanied [client B] to the hospital. This time he received 3 stitches to his right eye lid. Other than receiving stitches, [client B] was discharged home with no treatment or assessment."</p> <p>Investigation summary dated 1/29/23 did not indicate it had been reviewed by an administrator.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/23 at 2:02 pm. The PD stated, "The Area Director (AD) should review and sign off on my investigations."</p> <p>An interview with the AD was conducted on 2/23/23 at 1:15 pm. The AD stated, "The Area Director should be reviewing all investigations and signing off of them."</p> <p>This federal tag relates to complaint #IN00401134.</p>				

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

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W 0227 Bldg. 00	<p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 1 of 3 sample clients (client A), the facility failed to develop a plan to promote client A eating with utensils.</p> <p>Findings include:</p> <p>An observation was conducted on 2/21/23 from 3:30 pm to 6:00 pm. Client A was present throughout the observation period.</p> <p>At 5:43 pm client A was sitting at the dining room table. Client A picked up his fried egg with his fingers and ate it. Client A picked up rice and hamburger with his fingers and ate it. Client A picked up rice off of the table and ate it. Staff did not prompt client A to use utensils when he was eating.</p> <p>An interview with staff #5 was conducted on 2/21/23 at 5:52 pm. Staff #5 stated, "[Client A] does not have a goal to use silverware when he is eating."</p> <p>Client A's record was reviewed on 2/22/23 at 2:45 pm. Client A's record did not indicate a goal to address using utensils when eating.</p> <p>Client #1's ISP (Individual Program Plan Summary) dated 2/15/23 did not include a goal of using</p>	W 0227	<p>W 227 <u>Individual Program Plan (Standard)</u> - Facility failed to develop a plan to promote client A eating with utensils.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID HJ0W11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> QIDP retrained on the requirement that all ISPs must outline the specific objectives necessary to meet the client's needs, as identified by the CFA, including goals to promote dining skills such as eating with utensils. A dining goal to use appropriate utensils has been implemented for client A in conjunction with his completed CFA. Audit completed for all individuals residing at the facility to ensure that appropriate dining goals are in place in the ISPs for each individual. 	03/27/2023

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

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W 0262 Bldg. 00	<p>utensils when eating.</p> <p>An interview with the Program Director was conducted on 2/23/23 at 2:02 pm. The PD stated, "Individuals should have a plan in place if they are not using silverware when they are eating."</p> <p>An interview with the Area Director was conducted on 2/23/23 at 1:15 pm. The AD stated, "Clients should be using silverware when eating." The AD indicated a goal should be in the plan to address using silverware.</p> <p>9-3-4(a)</p>	W 0262	<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>QIDP to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation and review staff competency on providing active treatment during family style dining. QIDP is to continuously monitor and assess individual skills to identify any previously unidentified areas which should be addressed with a learning plan.</p>	03/27/2023

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	<p>10:56 am.</p> <p>Client B's 1/4/23 Behavior Support Plan (BSP) indicated client B had targeted behaviors of Property Destruction, Verbal Aggression and Physical Aggression. The BSP indicated the restrictive components of Locked Sharps, including knives, kitchen knives, cooking knives, forks and other cutlery that can cause harm, Basement door locked at all times, Alarms on door and windows, Crisis Intervention, Room sweeps, Psychotropic Medications, Mobility Restriction, Search of person and possessions, Financial Restitution and Locked Mailbox.</p> <p>There were no records from the Human Rights Committee (HRC) minutes to review from the time client B was admitted on 7/3/21.</p> <p>2. Client C's record was reviewed on 2/22/23 at 11:11 am.</p> <p>Client C's BSP dated 12/26/22 indicated client C had target behaviors of Physical Aggression, Untrustworthy Behavior/ Theft, Verbal aggression, Historical Behaviors to continue to monitor for: Suicidal Ideations, Elopement, Noncompliance, and Inappropriate Sexual Behavior. The BSP indicated the restrictive components of Locked Sharps, including knives, kitchen knives, cooking knives, forks and other cutlery that can cause harm, Basement door locked at all times, Alarms on door and windows, Crisis Intervention, Limited internet access, Psychotropic Medications, Room and locker sweeps, Search of person and possessions, Line of sight supervision, Financial Restitution, mobility restriction, Alarm on bedroom door and bedroom window and Locked Mailbox.</p>		<p><u>found to have been affected</u> All parts of the POC for the survey with event ID HJ0W11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> · HRC requests to review and approve all restrictive programs in place for clients B and C submitted to Dungarvin's Human Rights Committee. The QIDP is also auditing all files to ensure the approvals are in place for all individuals impacted by the restrictions. · QIDP retrained on the expectation that all restrictions in place in the home need to be included in the plans for each individual affected by the restriction and that the restriction needs to be reviewed, approved, and monitored by the Human Rights Committee. · The QIDP is to check that HRC approvals are in place for all restrictions during quarterly file audits. <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> A simplified audit tool was implemented to ensure that</p>	

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

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W 0263 Bldg. 00	<p>There were no records from Human Rights Committee (HRC) minutes to review from the time client C was admitted on 7/1/21.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/23 at 2:02 pm. The PD stated, "HRC needs to approve any restrictions before the restrictions are in place."</p> <p>An interview with the Area Director (AD) was conducted on 2/23/23 at 1:15 pm. The AD stated, "Guardians and HRC should approve all restrictions in an individual's BSP before the restriction is implemented."</p> <p>This federal tag relates to complaint #IN00401134.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 2 of 2 sampled clients (B and C) with restrictive programs, the facility failed to ensure written informed consent from the clients' legal representatives prior to the implementation of restrictive programs.</p> <p>Findings include:</p> <p>1. Client #B's record was reviewed on 2/22/23 at 10:56 am.</p> <p>Client B's 1/4/23 Behavior Support Plan (BSP) indicated client B had targeted behaviors of Property Destruction, Verbal Aggression and</p>	W 0263	<p>needed HRC approvals are in place for each individual. Program Director/QIDP will be responsible to ensure that all restrictions are reviewed and approved by the HRC before implementation and at least yearly after the initial approval.</p> <p>W 263 <u>Program Monitoring & Change (Standard)</u> – The facility failed to ensure written informed consent from the clients' legal representatives prior to the implementation of restrictive programs.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID HJ0W11 will be fully implemented, including the following specifics:</p>	03/27/2023

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	<p>Physical Aggression. The BSP indicated the restrictive components of Locked Sharps, including knives, kitchen knives, cooking knives, forks and other cutlery that can cause harm, Basement door locked at all times, Alarms on door and windows, Crisis Intervention, Room sweeps, Psychotropic Medications, Mobility Restriction, Search of person and possessions, Financial Restitution and Locked Mailbox.</p> <p>Client B's Individual Support Plan (ISP) dated 4/11/22 indicated client B's father served as client B's legal representative/guardian.</p> <p>Client B's record indicated no written informed consent from client B's legal representative for the restrictive interventions.</p> <p>2. Client C's record was reviewed on 2/22/23 at 11:11 am.</p> <p>Client C's BSP dated 12/26/22 indicated client C had target behaviors of Physical Aggression, Untrustworthy Behavior/ Theft, Verbal aggression, Historical Behaviors to continue to monitor for: Suicidal Ideations, Eloquence, Noncompliance, and Inappropriate Sexual Behavior. The BSP indicated the restrictive components of Locked Sharps, including knives, kitchen knives, cooking knives, forks and other cutlery that can cause harm, Basement door locked at all times, Alarms on door and windows, Crisis Intervention, Limited internet access, Psychotropic Medications, Room and locker sweeps, Search of person and possessions, Line of sight supervision, Financial Restitution, mobility restriction, Alarm on bedroom door and bedroom window and Locked Mailbox.</p> <p>Client C's ISP dated 8/18/22 indicated client C's</p>		<ul style="list-style-type: none"> The revised plans for all clients are being submitted to the clients' legal representatives for written informed consent. The QIDP is also auditing all files to ensure informed consent is in place for all individuals impacted by any restrictions in the home. QIDP retrained on the expectation that all restrictions in place in the home need to be included in the plans for each individual affected by the restriction and that the restriction needs to receive written informed consent from the individual or their legal representative prior to implementation. The QIDP is to check that informed consent is place for all restrictions during quarterly file audits. <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> A simplified audit tool was implemented to ensure that needed written informed consent is in place for each individual. Program Director/QIDP will be</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>mother served as client C's legal representative/guardian.</p> <p>Client C's record indicated no written informed consent from client C's legal representative for the restrictive interventions.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/23 at 2:02 pm. The PD stated, "Parent/ Guardians should approve any restrictions. I am not involved in getting any signatures."</p> <p>This federal tag relates to complaint #IN00401134.</p> <p>9-3-4(a)</p>		<p>responsible to ensure that all restrictions receive written informed consent from the client's legal representative before implementation and at least yearly after the initial approval.</p>	