

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

PRINTED: 05/03/2024

FORM APPROVED

OMB NO. 0938-039

|   |  |  |  |   |  |  |                            |
|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15G573 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                              |  | X3) DATE SURVEY<br>COMPLETED<br>03/27/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>DUNGARVIN INDIANA LLC |  |  |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>51778 TROWBRIDGE LN<br>SOUTH BEND, IN 46637 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
| W 0000<br><br>Bldg. 00                                    | This visit was for a predetermined full annual recertification and state licensure survey.<br><br>Dates of Survey: 3/18, 3/19, 3/20, 3/21, 3/25, 3/26 and 3/27/24.<br><br>Facility Number: 001087<br>Provider Number: 15G573<br>AIMS Number: 100239960<br><br>These deficiencies also reflect state findings in accordance with 460 IAC 9.<br><br>Quality Review of this report completed by #27547 on 4/9/24.   |  |  | W 0000  |  |  |                            |
| W 0102<br><br>Bldg. 00                                    | 483.410<br>GOVERNING BODY AND MANAGEMENT<br>The facility must ensure that specific governing body and management requirements are met.<br>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2 and #3), plus 5 additional clients (#4, #5, #6, #7 and #8), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair. The governing body failed to ensure clients #5 and #6 had window coverings on their bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 14 allegations of peer to peer aggression, staff abuse, physical restraint and property destruction for clients #1, #4, #5, #7 and #8, to conduct thorough investigations for 14 incidents of peer to peer abuse, staff abuse, |  |  | W 0102  | <u>Corrective action for resident(s) found to have been affected</u><br>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:<br>Window coverings have been installed on the window in the bedroom for clients #5 and #6.<br>All QIDPs (of the facility surveyed and on-call Program Directors) were retrained on 4/8/24 on Dungarvin policy A-7 pertaining to Incident Reporting and the BDS policy on Incident Reporting, including timelines, |  | 04/24/2024                 |

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

TITLE

(X6) DATE

Greta Goins

Area Director

04/19/2024

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>physical restraint and property destruction for clients #1, #4, #5, #7 and #8, to ensure 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair. Please see W104.</p> <p>2. The governing body failed to ensure clients #5 and #6 had window coverings on their bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 14 allegations of peer to peer aggression, staff abuse, physical restraint and property destruction for clients #1, #4, #5, #7 and #8, to conduct thorough investigations for 14 incidents of peer to peer abuse, staff abuse, physical restraint and property destruction for clients #1, #4, #5, #7 and #8, to ensure 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5. Please see W122.</p> <p>9-3-1(a)</p> |   |  |   | <p>documentation, and notifications. It is uploaded with this submission.</p> <p>All QIDPs were retrained on 4/3/24 on conducting thorough investigations of significant incidents, including physical and chemical restraints, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDPs were trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated, and that the investigation must be reviewed by an Area Director within 5 business days. This training is uploaded with this submission.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director and or Area Manager, 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</p> |  |                            |

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|   |   |   | <p>plans are timely, thorough, and effective.</p> <p><u>How facility will identify other residents potentially affected &amp; 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 facility staff have been trained on reportable incidents to ensure health and safety of all individuals. All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report them according to state law. Area Manager and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been reported as required. Area Manager, Area Director, QIDP, and Quality Assurance Coordinator will meet bi-weekly to review incident investigations,</p> |                            |  |

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| W 0104<br><br>Bldg. 00                                    | <p>483.410(a)(1)<br/>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 sample clients (#1, #2 and #3), plus 5 additional clients (#4, #5, #6, #7 and #8), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair; for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients had the right to due process in regard to locking the food in the basement; for 2 additional clients (#5 and #6), the facility failed to ensure clients #5 and #6 had window coverings in their bedroom to provide personal privacy; for 2 of 3 sampled clients (#1 and #3), the facility failed to assure a full and complete accounting of clients #1 and #3's finances; for 14 of 25 allegations of abuse and neglect reviewed, the facility neglected to implement its written policy and procedure to prevent 14 incidents of peer-to-peer aggression, physical restraints, staff abuse and property destruction for clients #1, #4, #5, #7 and #8; for 14 of 25 allegations of abuse and neglect reviewed, the facility failed to conduct thorough investigations for allegations of abuse for clients #1, #4, #5, #7 and #8; and for 3 of 14 allegations of abuse and neglect reviewed, the facility failed to ensure 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5.</p> | W 0104  | <p>completed and outstanding, and implementation of any active plans of correction.</p> <p>Persons responsible: QIDP, Area Manager, Area Director</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <p>All facility staff have been trained on approved restrictions and food is not an approved restriction in this facility. All food has been removed from the basement area and placed in the pantry and kitchen.</p> <p>Going forward, QIDP, Area Manager or designated supervisory personnel will conduct observations at varying times of the day to ensure that food is accessible and available.</p> <p>Window coverings have been installed on the window in the bedroom for clients #5 and #6.</p> <p>All facility staff will be retrained by 4/24/24 on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms and thoroughly</p> | 04/24/2024                 |  |

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|   | <p>Findings include:</p> <p>1. Observations were conducted on 3/18/24 from 3:44 pm to 6:00 pm, 3/19/24 from 6:38 am to 9:30 am and 3/19/24 from 1:44 pm to 2:45 pm. Clients #1, #2, #3, #4, #5, #6, and #8 were present throughout the observation periods. Client #7 was on leave with his mother throughout the observation period and not present in the home. The following environmental issues were noted affecting clients #1, #2, #3, #4, #5, #6, #7 and #8:</p> <p>1a. The overhead fan in the kitchen had a gray substance covering the fan blades.</p> <p>1b. The bathroom on the left side of the house had a green and yellow substance on the wall.</p> <p>1c. The dishwasher was not working.</p> <p>1d. There were two unpainted areas in the hallway by the bedrooms measuring 10 1/2 inches x 13 1/2 inches and 4 1/2 inches by 5 inches.</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "The home should be neat and clean. Walls should all be painted."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "The home should be clean and organized and not in disrepair. Staff should complete maintenance requests and send them to PD or AD."</p> <p>2. For 3 of 3 sampled clients (#1, #2 and #3), the governing body failed to ensure the clients had the right to due process in regard to locking the food in the basement. Please see W125.</p> |   |  |   | <p>cleaning surface areas throughout their shifts. All maintenance concerns reported are being addressed by the Maintenance department and will be monitored weekly for progress until resolved.</p> <p>Lead DSP will be retrained by 4/24/24 of monthly site risk management checklist.</p> <p>The dishwasher has been repaired and is functioning appropriately. A maintenance request was completed for the painting of the hallway.</p> <p>All facility staff have been trained on financial accountability for all supported individuals. The Lead DSP will do a financial training, including monitoring and tracking funds, receipts, and financial packet deadlines for auditing by the consumer finance coordinator on 5/3/24 with other Lead DSPs and the QIDPs.</p> <p>Going forward, the QIDP will monitor supported individuals' funds during weekly site visits and audit petty cash counts, receipts and my money credit card ledgers.</p> <p>All QIDPs (of the facility surveyed and on-call Program Directors) were retrained on 4/8/24 on Dungarvin policy A-7 pertaining to Incident Reporting and the BDS policy on Incident Reporting, including timelines, documentation, and notifications. It is uploaded with this submission.</p> |  |                            |

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|   | <p>3. For 2 additional clients (#5 and #6), the governing body failed to ensure clients #5 and #6 had window coverings in their bedroom to provide personal privacy. Please see W129.</p> <p>4. For 2 of 3 sampled clients (#1 and #3), the governing body failed to assure a full and complete accounting of clients #1 and #3's finances. Please see W140.</p> <p>5. For 14 of 25 allegations of abuse and neglect reviewed, the governing body neglected to implement its written policy and procedure to prevent 14 incidents of peer-to-peer aggression, physical restraints, staff abuse and property destruction for clients #1, #4, #5, #7 and #8. Please see W149.</p> <p>6. For 14 of 25 allegations of abuse and neglect reviewed, the governing body failed to conduct thorough investigations for allegations of abuse for clients #1, #4, #5, #7 and #8. Please see W154.</p> <p>7. For 3 of 14 allegations of abuse and neglect reviewed, the governing body failed to ensure 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5. Please see W156.</p> <p>9-3-1(a)</p> |   |  |   | <p>All QIDPs were retrained on 4/3/24 on conducting thorough investigations of significant incidents, including physical and chemical restraints, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDPs were trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated, and that the investigation must be reviewed by an Area Director within 5 business days. This training is uploaded with this submission.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director and or Area Manager, 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> |  |                            |

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|   |   |   | <p><u>How facility will identify other residents potentially affected &amp; 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 Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report them according to state law. Area Manager and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been reported as required. Area Manager, Area Director, QIDP, and Quality Assurance Coordinator will meet bi-weekly to review incident investigations, completed and outstanding, and implementation of any active plans of correction.</p> <p>All facility staff have been trained on maintenance request procedures and the monthly site risk management checklist. All</p> |                            |  |

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| W 0122<br><br>Bldg. 00                                    | 483.420(a)<br>CLIENT PROTECTIONS<br>The facility must ensure the rights of all<br>clients. Therefore the facility must<br>Based on observation, record review, and<br>interview for 1 of 3 sample clients (#1), plus 4<br>additional clients (#4, #5, #7 and #8), the facility<br>failed to meet the Condition of Participation: Client<br>Protections. The facility failed to ensure clients<br>#5 and #6 had window coverings on their<br>bedroom to provide personal privacy, neglected<br>to implement its written policy and procedure to<br>prevent 14 incidents of peer to peer aggression,<br>staff abuse, physical restraint and property | W 0122  | new Program Director/QIDPs have<br>been trained to maintenance<br>requests and the procedure for<br>submitting requests to the<br>maintenance department. Going<br>forward, the QIDP is to maintain a<br>regular presence in the home<br>through scheduled and<br>unscheduled visits multiple times<br>per week, to monitor for the overall<br>quality of the maintenance and<br>cleanliness of the home. In<br>addition, Maintenance is to tour<br>the home monthly for any<br>concerns and the Area Director is<br>to conduct look behind visits to<br>verify that concerns are being<br>reported appropriately and that<br>staff demonstrate competency in<br>monitoring the cleanliness and<br>safety of the home.<br><br>Persons responsible: QIDP, Area<br>manager, maintenance manager,<br>Area Director<br><br><u>Corrective action for resident(s)</u><br><u>found to have been affected</u><br>All parts of the POC for the survey<br>with event ID will be fully<br>implemented, including the<br>following specifics:<br>All facility staff have been<br>trained on approved restrictions<br>and food is not an approved<br>restriction in this facility. All food | 04/24/2024                 |  |



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|   | <p>destruction for clients #1, #4, #5, #7 and #8, conduct thorough investigations for 14 incidents of peer to peer abuse, staff abuse, physical restraint and property destruction for clients #1, #4, #5, #7 and #8, and 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure clients #1, #2 and #3 food was not restricted from them. Please see W125.</li> <li>2. The facility failed to ensure clients #5 and #6 had window coverings in their bedroom to provide personal privacy. Please see W129.</li> <li>3. The facility failed to assure a full and complete accounting of clients #1 and #3's finances. Please see W140.</li> <li>4. The facility neglected to implement its written policy and procedure to prevent 14 incidents of peer to peer aggression and property destruction for clients #1, #4, #5, #7 and #8. Please see W149.</li> <li>5. The facility failed to conduct thorough investigations for 14 incidents of peer to peer abuse, staff abuse, physical restraints and property destruction for clients #1, #4, #5, #7 and #8. Please see W154.</li> <li>6. The facility failed to ensure 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5. Please see W156.</li> </ol> <p>9-3-2(a)</p> |  |  |   | <p>has been removed from the basement area and placed in the pantry and kitchen.</p> <p>Going forward, QIDP, Area Manager or designated supervisory personnel will conduct observations at varying times of the day to ensure that food is accessible and available.</p> <p>Window coverings have been installed on the window in the bedroom for clients #5 and #6.</p> <p>All facility staff have been trained on financial accountability for all supported individuals. The Lead DSP will do a financial training, including monitoring and tracking funds, receipts, and financial packet deadlines for auditing by the consumer finance coordinator on 5/3/24 with other Lead DSPs and the QIDPs.</p> <p>Going forward, the QIDP will monitor supported individuals' funds during weekly site visits and audit petty cash counts, receipts and my money credit card ledgers.</p> <p>All QIDPs (of the facility surveyed and on-call Program Directors) were retrained on 4/8/24 on Dungarvin policy A-7 pertaining to Incident Reporting and the BDS policy on Incident Reporting, including timelines, documentation, and notifications. It is uploaded with this submission.</p> <p>All QIDPs were retrained on 4/3/24 on conducting thorough</p> |  |                            |

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|   |   |   | <p>investigations of significant incidents, including physical and chemical restraints, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDPs were trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated, and that the investigation must be reviewed by an Area Director within 5 business days. This training is uploaded with this submission.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director and or Area Manager, 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> <p><u>How facility will identify other residents potentially affected &amp;</u></p> |  |  |

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|   |   |   | <u>what measures taken</u><br>All residents potentially are affected, and corrective measures address the needs of all clients.<br><br><u>Measures or systemic changes facility put in place to ensure no recurrence:</u><br>All facility staff have been trained on reportable incidents to ensure health and safety of all individuals. All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report them according to state law. Area Manager and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been reported as required. Area Manager, Area Director, QIDP, and Quality Assurance Coordinator will meet bi-weekly to review incident investigations, completed and outstanding, and implementation of any active plans of correction.<br><br>Persons responsible: QIDP, Area |                            |  |

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| W 0125<br><br>Bldg. 00                                    | <p>483.420(a)(3)<br/>PROTECTION OF CLIENTS RIGHTS<br/>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients had the right to due process in regard to locking the food in the basement.</p> <p>Findings include:</p> <p>Observations were conducted in the home on 3/18/24 from 3:44 pm to 6:00 pm, 3/19/24 from 6:38 am to 9:30 am and 3/19/24 from 1:44 pm to 2:45 pm. Clients #1, #2 and #3 were present throughout the observations. Staff would go to the basement to get snacks and items needed for the meal being prepared. The refrigerator in the kitchen had bags of frozen vegetables, juice and plastic containers of leftovers. In the cabinet was a container of oatmeal, a jar of peanut butter, jello packages, and bread crumbs. The majority of the food was kept in the basement throughout the observation periods.</p> <p>An interview with client #5 was conducted on 3/19/24 at 6:44 am. Client #5 stated, "All food is kept in basement except frozen items, because we will eat it. We have to ask if you want something to eat. I am used to it by now."</p> <p>At 7:09 am staff #5 went to the basement and</p> |   |  | W 0125  | <p>manager, Area Director</p> <p><u>Corrective action for resident(s)</u><br/><u>found to have been affected</u><br/>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:<br/>All facility staff have been trained on approved restrictions per behavior support plans and food is not an approved restriction in this facility. All food has been removed from the basement area and placed in the pantry and kitchen.<br/>Going forward, QIDP, Area Manager or designated supervisory personnel will conduct observations at varying times of the day to ensure that food is accessible and available.<br/>The QIDP, Area Manager, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on approved restrictive measures and that food</p> |  | 04/24/2024                 |

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|   | <p>brought up cereal and milk.<br/>At 7:18 am staff #5 went to the basement and brought up frozen juice to the kitchen.</p> <p>An interview with staff #1 was conducted on 3/19/24 at 7:20 am. Staff #1 stated, "Food is locked in the basement. We have scheduled meals. Individuals tend to eat more and snack so we bring up meals so they don't overeat. We keep peanut butter and crackers in kitchen. I am not sure if it is anyone's plan to have food locked."</p> <p>An interview with staff #7 was conducted on 3/19/24 at 2:08 pm. Staff #7 stated, "The majority of food is kept down in the locked basement to monitor portions. If they ask for a snack I come down and get it for them."</p> <p>A. Client #1's record was reviewed on 3/19/24 at 12:30 pm. There was no documentation in his Individual Support Plan (ISP) dated 10/12/23 or Behavior Support Plan dated 3/18/24 indicating the food needed to be locked up.</p> <p>B. Client #2's record was reviewed on 3/20/24 at 9:30 am. There was no documentation in his ISP dated 12/12/23 indicating the food needed to be locked up.</p> <p>C. Client #3's record was reviewed on 3/20/24 at 10:56 am. There was no documentation in his ISP dated 10/18/23 indicating the food needed to be locked up.</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "The food should not be locked in the basement. It is not in anyone's plan to have the food restricted."</p> |   |  |   | <p>is available and accessible.<br/>Initially these observations will be conducted 2 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 1 time per week for the next two weeks and then titrate to 1 time per month for 2 months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u><br/>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><br/>All facility staff have been trained on BSPs and approved restrictive measures to ensure health and safety of all individuals. All employees are trained upon hire, annually and as changes are made to BSPs. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Qualified supervisory staff will also report any violations to the QIDP and Area Director for follow up.</p> <p>Persons responsible: QIDP, Area</p> |  |                            |

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| W 0129<br><br>Bldg. 00                                    | <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "The food should not be restricted from individuals. I am not aware of anyone in the home with restriction in their plan."</p> <p>9-3-2(a)</p> <p>483.420(a)(7)<br/>PROTECTION OF CLIENTS RIGHTS<br/>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>Based on observation and interview for 2 additional clients (#5 and #6), the facility failed to ensure clients #5 and #6 had window coverings in their bedroom to provide personal privacy.</p> <p>Findings include:</p> <p>Observations were conducted on 3/18/24 from 3:44 pm to 6:00 pm, 3/19/24 from 6:38 am to 9:30 am and 3/19/24 from 1:44 pm to 2:45 pm.</p> <p>Throughout the observation periods, the window in clients #5 and #6's bedroom did not have any blind, tint or covering on the window. The window was located on the first floor of the home.</p> <p>An interview with client #5 was conducted on 3/18/24 at 4:36 pm. Client #5 stated, "They have never put any covering on the window."</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "Bedroom windows should all have curtains."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated,</p> |  |  | W 0129   | <p>Manager, Area Director</p> <p><u>Corrective action for resident(s) found to have been affected</u><br/>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:<br/>Window coverings have been installed on the window in the bedroom for clients #5 and #6.<br/>The QIDP, Area Manager, Area Director or other qualified supervisory staff will be responsible to conduct observations at varying times of the day to ensure that window furnishings remain in place and in good repair. Any observed concerns will be addressed through immediate retraining and coaching and/or the purchase of alternative window coverings.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u><br/>All residents potentially are</p> |  | 04/24/2024                 |

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|   | "All bedroom windows should have curtains,<br>blinds or a protective film to offer privacy."<br><br>9-3-2(a)  |   | affected, and corrective measures<br>address the needs of all clients.<br><br><u>Measures or systemic changes</u><br><u>facility put in place to ensure no</u><br><u>recurrence:</u><br>All new employees are trained<br>upon hire and annually on<br>individual rights and privacy. QIDP<br>and Area Manager are to maintain<br>a regular, frequent presence in the<br>home and provide direct coaching<br>and redirection to any staff who fail<br>to follow policy and training.<br>Qualified supervisory staff will also<br>report any violations to the QIDP<br>and Area Director for follow up.<br><br>Persons responsible: QIDP, Area<br>Manager, Area Director |                            |  |
| W 0140<br><br>Bldg. 00                                    | 483.420(b)(1)(i)<br>CLIENT FINANCES<br>The facility must establish and maintain a<br>system that assures a full and complete<br>accounting of clients' personal funds<br>entrusted to the facility on behalf of clients.<br>Based on record review and interview for 2 of 3<br>sampled clients (#1 and #3), the facility failed to<br>assure a full and complete accounting of clients<br>#1 and #3's finances.<br><br>Findings include:<br><br>On 3/19/24 at 8:37 am, a review of clients' cash at<br>the house with the House Manager (HM)<br>indicated:<br><br>1. Client #1 did not have a March 2024 ledger and<br>did not have any cash in the house. The HM | W 0140  | <u>Corrective action for resident(s)</u><br><u>found to have been affected</u><br>All parts of the POC for the survey<br>with event ID will be fully<br>implemented, including the<br>following specifics:<br>All facility staff have been<br>trained on financial accountability<br>for all supported individuals. The<br>Lead DSP will do a financial<br>training, including monitoring and<br>tracking funds, receipts, and<br>financial packet deadlines for   | 04/24/2024                 |  |

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|   | <p>indicated client #1 has a mymoney (debit card) card he uses for purchases. Client #1 did not have any ledgers to review from March 2023 to March 2024.</p> <p>2. Client #3 did not have a March 2024 ledger. There was a cardboard box containing \$85.00. Client #3 did not have any ledgers to review between July 2023 to March 2024. Client #3 admission date to the home was 7/27/23.</p> <p>An interview with the HM was conducted on 3/19/24 at 8:37 am. The HM stated, "We don't keep ledgers on anyone. We keep receipts and turn them into the Program Director (PD). [Client #3] gets paid every two weeks and we take him to [store] and cash the check and then we keep his money until he wants to spend it."</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "Money should all be tracked on forms and then at then end of the month turned in. We should be tracking all expenses."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "There are supposed to be ledgers in the home. Anytime any money over \$40.00 should be placed in the individuals mymoney account. All accounts should have ledgers. I don't know why we don't have any ledgers for these individuals."</p> <p>9-3-2(a)</p> |   |  |   | <p>auditing by the consumer finance coordinator on 5/3/24 with other Lead DSPs and the QIDPs.</p> <p>Going forward, the QIDP will monitor supported individuals' funds during weekly site visits and audit petty cash counts, receipts and my money credit card ledgers.</p> <p>The QIDP, Area Manager, Area Director or other qualified supervisory staff will be responsible to conduct financial audits at varying times of the day to ensure that facility staff demonstrate competency on assisting the supported individuals manage their funds through tracking receipts, ledgers, and monitoring petty cash per Dungarvin policy. Initially these observations will be conducted 2 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 1 time per week for the next two weeks and then titrate to 1 time per month for 2 months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; 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</u></p> |  |                            |



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| W 0149<br><br>Bldg. 00                                    | 483.420(d)(1)<br>STAFF TREATMENT OF CLIENTS<br>The facility must develop and implement<br>written policies and procedures that prohibit<br>mistreatment, neglect or abuse of the client.<br>Based on record review and interview for 14 of 25<br>allegations of abuse and neglect reviewed, the<br>facility failed to implement its written policy and<br>procedure to prevent 14 incidents of peer-to-peer<br>aggression, physical restraints, staff abuse and<br>property destruction for clients #1, #4, #5, #7 and<br>#8. | W 0149  | <u>facility put in place to ensure no<br/>recurrence:</u><br>All facility staff have been trained<br>on individual finances, monitoring<br>and reporting. All new Program<br>Director/QIDPs have been trained<br>on Dungarvin's individual finances<br>policies and best practices<br>through our My Money system.<br>QIDP is responsible to be aware of<br>individual spending and petty cash<br>audits. Area Manager and QIDP<br>are responsible to monitor and<br>account for individual funds, petty<br>cash or My Money card, during<br>site visits and monthly when<br>financial packets are submitted by<br>the Lead DSP. The Consumer<br>Finance Coordinator will review<br>and audit all financial packets<br>monthly and report concerns, or<br>packets not submitted, to the<br>Area Director for follow up.<br><br><u>Persons responsible: QIDP,<br/>Area Director, Area Manager</u><br><br><u>Corrective action for resident(s)</u><br><u>found to have been affected</u><br>All parts of the POC for the survey<br>with event ID will be fully<br>implemented, including the<br>following specifics:<br>All facility staff will be<br>retrained by 4/24/24 on reportable | 04/24/2024                 |  |

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|   | <p>Findings include:</p> <p>The facility's Bureau of Disabilities Services (BDS) reports and related investigations were reviewed on 3/19/24 at 10:30 am and indicated the following:</p> <p>1. A BDS report dated 6/21/23 indicated the following:<br/>"[Client #5] was upset with a peer and began making verbal threats while walking toward their bedroom. His verbal intention was to hurt this peer, as he tried to make physical contact. Staff were near and blocked [client #5's] attempt by utilizing a 1 Person Body Hug restraint that took place for less than one minute. [Client #5] left the area for a short time and then returned to the same peer's room. This time, [client #5] threw whatever furniture and bedroom items he could. [Client #5] made verbal threats to kill this peer in his sleep. Nobody was injured at this time and [client #5] was given space but provided different verbal cues in an effort to mitigate the incident. [Client #5] was unable to deescalate and broke staff's cell phone. Right after this, he then pinned the staff member against the wall, while using his body to block the staff from moving. Staff made attempts to break away from [client #5]. The police were called, and the altercation stopped as soon as the police arrived. It was noted that [client #5] had a cut above his eyebrow and he was taken by ambulance to the hospital. [Client #5] required four stitches and returned to the site at 1:00 am. The staff member that [client #5] had pinned to the wall is currently unreachable due to the cell phone breaking during this incident. Staff will follow the ISP and HRC approved BSP for best practice of proactive and reactive strategies."</p> <p>An investigation dated 6/29/23 indicated the following: "...Evidence reviewed/ Obtained: Email</p> |   |  |   | <p>incidents per Dungarvin policy A-7 and the BDS policy on incident reporting. All staff will have to take an Abuse, neglect and exploitation refresher training class upon completion of training.</p> <p>All QIDPs (of the facility surveyed and on-call Program Directors) were retrained on 4/8/24 on Dungarvin policy A-7 pertaining to Incident Reporting and the BDS policy on Incident Reporting, including timelines, documentation, and notifications. It is uploaded with this submission.</p> <p>All QIDPs were retrained on 4/3/24 on conducting thorough investigations of significant incidents, including physical and chemical restraints, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDPs were trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated, and that the investigation must be reviewed by an Area Director within 5 business days. This training is uploaded with this submission.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to</p> |  |                            |

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|   | <p>dated June 25, 2023, from Area Director (AD). Brief conversation with acting Program Director (PD) on Monday, June 26, 2023. Incident Report completed by PD dated June 22, 2023. ISP dated 8/31/2021. Police Report dated 6/21/2023. Finding of Fact: It is clear that an incident transpired between DSP (Direct Support Professional) staff [staff name] and individual served [client #5] resulting in an injury. The accounts vary on how the injury occurred. Reviewing the evidence presented it appears that staff may have injured the individual served while attempting to get out of a headlock and placing him into a hold. Staff was working with another staff member who was on restrictions and unable to assist given the size of the individual served and the DSP. Additionally, DSP has been with Dungarvin for approximately three months and has not received Handle with Care (HWC) training. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence."</p> <p>The investigation was not signed by the investigator or the administrator.</p> <p>The investigation was not thorough as evidenced by:<br/>There was no review of client's ISP and BSP.<br/>There was no conclusion of the investigation.<br/>There were no corrective actions to prevent future incidents.</p> <p>2. A BDS report dated 8/14/23 indicated the following:<br/>"On 8/14/23 around 10:00 am, [client #1] was displaying high levels of anxiety related to limited family visits at this time. Staff was attempting to reassure him which upset him further. He went outside the home and began throwing rocks. Staff</p> |   |  |   | <p>ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director and or Area Manager, 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> <p>All Dungarvin investigators will complete an annual refresher training on 4/30/24 on conducting thorough investigations, including investigation timelines, report writing, gathering witness statements, and the accurate reporting and investigating of additional or secondary allegations of abuse, neglect or exploitation if made during an active investigation.</p> <p>Going forward, during weekly supervision meetings with the Area Manager, 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> <p><u>How facility will identify other</u></p> |  |                            |

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|   | <p>was monitoring to ensure he wasn't damaging property or at risk to hurt himself or others. When [client #1] noted that the staff was not escalating or reacting, he came towards staff and towards the home, attempting to bring a rock from the front lawn into the home. Staff responded, telling [client #1] firmly, 'rocks do not go in the house.' Staff continued to repeat this while holding both of [client #1] forearms in front of him. He struggled for a moment and then dropped to the floor; at which time the staff released the hold on his arms. Staff again told [client #1] that rocks do not come in the home, and he needed to put that rock back in the yard, and he complied with the staff request. [Client #1] was emotional for a time, but his housemate talked with him for a while as staff monitored the interaction and he then came inside and apologized to the staff member and returned to his routine for the day. He completed some of his breathing exercises and sensory routines to calm himself. [Client #1] did not have any injury from the use of the 2 arm standing restraint. Staff reported that the physical hold lasted less than 10 seconds. [Client #1] has an HRC approved BSP which includes the use of Handle with Care techniques. QIDP (Qualified Intellectual Disability Professional) will review the incident to ensure the BSP was followed and that no changes are needed to plans or staff training to prevent recurrence. ..."</p> <p>-The review did not include an investigation.</p> <p>3. A BDS report dated 9/10/23 indicated the following:<br/>"[Client #1] was escalated by another housemate and began to throw nearby objects toward this individual. [Client #1] had been hit multiple times by [client #5]. Staff tried to intervene, but it took a few attempts before staff succeeded to separate them, utilizing Handle with Care techniques.</p> |  |  |  | <p><u>residents potentially affected &amp; what measures taken</u><br/>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><br/>All facility staff are trained on abuse, neglect and exploitation upon hire, annually and as needed. They have also been trained on reportable incidents and documentation expectations upon hire and as needed. All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report them according to state law. Area Manager and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been reported as required. Area Manager, Area Director, QIDP, and Quality Assurance Coordinator will meet bi-weekly to review incident investigations, completed and outstanding, and</p> |  |                            |

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|   | <p>[Client #1] then went to [client #5's] room and broke the TV and damaged the dresser. [Client #1] had bleeding from the inside of his nose and a red mark was noted on his head. Staff checked on him and notified the PD (Program Director), PD on Call, the Nurse on call and the Area Manager about the situation. The EMTs (Emergency Medical Technician) were called, and they talked with him. He said he was fine. Staff cleaned the blood on his nose and put ice on his head, according to the instruction from the Nurse on call. ...."</p> <p>-The review did not include an investigation.</p> <p>4. A BDS report dated 9/11/23 indicated the following:<br/>"On the afternoon of 9/11/23, [client #4] alleged that a Director Support Professional who works within the site he resides in, hit him on the knuckle region of his hand with a phone charging cord. [Client #4] reported this to the Senior Director, who was there for a site visit. [Client #4] was unable to say exactly when this occurred. However, he did explain this took place when the staff member was either moving or unplugging his phone cord. At this time, the staff member was upset while doing so and allegedly then used the item to hit [client #4's] knuckles. [Client #4] did not indicate any pain or follow up required to his knuckles. Due to this, no medical action was taken. [Client #4's] natural supports will ensure support toward his emotional wellbeing by providing time and space to check-in with him, one on one. Along with this, coping strategies will be used to ease anxiety such as breathing techniques, walking outside, and grounding on the site property/lawn. Staff was suspended on the afternoon of 9/11/23, pending an investigation into an allegation of abuse. The PD informed this</p> |  |  |   | <p>implementation of any active plans of correction.</p> <p>Persons responsible: QIDP, Area Manager, Area Director</p>   |  |                            |

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|   | <p>staff member that they are not to be in contact with anyone from Dungarvin. The investigator is completing witness statements at this time. An exit meeting will be held at the end of this week or early next week. Based on witness statements, the allegation outcome will be determined and addressed accordingly."</p> <p>An investigation dated 9/11/23 indicated the following: "...Evidence reviewed/ Obtained: Review of BDS/incident report dated September 12, 2023, completed by Program Director. Finding of Fact: [Client #4] reported to more than 1 person about staff hitting (sic) on his knuckles with phone charger cord. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence.</p> <p>The investigation was not signed by the investigator or the administrator.</p> <p>The investigation was not thorough as evidenced by:<br/>There was no review of client's ISP and BSP.<br/>There was no conclusion of the investigation.<br/>There were no corrective actions to prevent future incidents.</p> <p>5. A BDS report dated 10/12/23 indicated the following:<br/>"Yesterday staff -house manager reported that [client #5] told her that he had been exchanging vapes with staff [previous staff]. He also stated that [previous staff] took him to the store to buy him vape and yet he is underage to be allowed to smoke. [Previous staff] has been suspended pending for investigation for possible exploitation. There are no adverse reactions that have been noted to [client #5] due to this incident.</p> |   |  |   |  |  |                            |

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|   | <p>Dungarvin will continue to investigate all allegations of abuse neglect and exploitation to ensure safety and wellbeing of individuals served. Staff has (sic)been suspended pending investigation."</p> <p>An investigation dated 10/18/23 indicated the following: "...Evidence reviewed/ Obtained: I reviewed Therap (documentation system), BSP, ISP, Tlogs (communication record) and witness statements. Finding of Fact: 1. Staff did admit that he bought the vape for [client #5] in exchange for the remote control for a video game. 2. [Client #5] does have the vape and the remote controller back. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence."</p> <p>The investigation was not signed by the investigator or the administrator.</p> <p>The investigation was not thorough as evidenced by:<br/>There was no conclusion of the investigation.<br/>There were no corrective actions to prevent future incidents.</p> <p>6. A BDS report dated 11/5/23 indicated the following:<br/>"On 11/5/2023 [client #8] and a Dungarvin DSP were cleaning his room and staff was prompting him to get in the shower when finished. [Client #8] stated, what is the point and that he did not care anymore to take care of himself. Staff explained the importance of self-care and prompted [client #8] again. This time [client #8] became extremely frustrated and lunged at the staff attempting to bite her. Staff was able to stop him using handle with care techniques, but no restraints were used. She called the other staff in</p> |   |  |   |  |  |                            |

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|   | to relieve her and went out to the common area. [Client #8] had not calmed down and when he came to the common area he attempted to lunge and bite the staff again. This time [client #7] inserted himself into the confrontation and punched [client #8] in the face to attempt to keep him away from the female staff. This stopped [client #8] and he (client #8) began to grab his face. There was no blood. [Client #8] went back to his room to calm down. Staff checked on him every 10 minutes to make sure he was feeling okay. Staff finished lunch and invited [client #8] out to eat the meal prepared [client #8] complied, but while eating [client #8] vomited. Staff immediately called the on-call nurse. Nurse advised that he go to the hospital for a check to make sure he did not have a concussion from the blow landed by his housemate. By this time the house lead had reported for her shift and was able to take [client #8]. While at the hospital they did a CT Scan (Computed Tomography) and there was no brain damage. However, [client #8] had suffered a break in his orbital bone in his eye. There is no formal care for this type of fracture; the bone heals back on its own. Ibuprofen was given for pain. [Client #8] and house lead returned home and there were no further issues throughout the evening. [Client #8] has a follow up appointment to make sure the orbital bone is healing correctly. PD met with each individual in the home to get their perspective and to make sure they felt safe. No one reported any worries pertaining to the confrontation. PD counseled [client #8] and [client #8] stated, "he had no hard feeling (sic) to his housemate, but felt bad and didn't towards the staff, because he asked to be left alone." [Client #8] did open up to house lead about some emotional turmoil he's been dealing with and is willing to talk to a therapist. Nurse is getting [client #8] into [doctor name] for a referral. |   |  |   |  |  |                            |



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|   | <p>All of the IDT team believes [client #8] would benefit from 1 on 1 therapy. [Client #8] was not complaining of any major pain or issues when PD left the site at 10 pm."</p> <p>-The review did not include an investigation.</p> <p>7. A BDS report dated 10/29/23 indicated the following:<br/>"On 10/29/2023 at 8 pm, [client #1] wanted to talk to the house lead, but staff was busy helping a peer at that moment. Staff did reassure [client #1] that they would talk with them when the task for the peer was complete. [Client #1] said profanities and went to his room slamming the door. While sitting in the room he began to escalate. Staff came to check on him and he was sitting on his bed crying which usually means he is deescalating, staff found [client #1] had broken his roommates (sic) TV, turned over dressers and broke them, and had flipped over his roommates (sic) bed. When he returned to the main living area, he walked out the back door and grabbed a tennis racket and when staff tried to take it from him, he repeatedly hit staff in the leg with the racket. After that [client #1] removed himself for a while back to his room, but eventually came back out to the living room and then attempted to rip the main house TV off the wall, which it did shatter the screen. This led to him going out to the backyard where he begun (sic) to throw a chair through the Kitchen (sic) window. It broke the outside portion of the window but did not break the inside window. [Client #1] also smashed the patio windows with the chair. He did not sustain any injuries through this. I called 911 and the cops responded quickly. They detained [client #1] and took him to [hospital] where he was evaluated, but not admitted. [Client #1] kept mentioning that there were voices in his head and</p> |  |  |  |  |  |                            |

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|   | <p>that is why he could not control his actions.<br/>When we got back from [hospital] [client #1] went to bed and there were no further issues. There were no injuries sustained for any of the behavioral actions. [Client #1] and Program Director will follow up with Psychiatrist, and the Dungarvin nursing staff are working to see if they can get him a referral to Neuro Psych for medication management. His guardian, which is his father is in agreement that it would be best if [client #1] was hospitalized. Program Director and BC are holding a mandatory staff meeting on 11/3/2023 to go over individuals' (sic) BSP. Our plan is to replace all individuals' items that were destroyed during the behavior. All housemates were debriefed and counseled by staff to ensure that they felt safe."</p> <p>-The review did not include an investigation.<br/>-There was no documentation of a meeting on 11/3/23.</p> <p>8. A BDS report dated 11/15/23 indicated the following:<br/>"Around 8 pm [client #4] and staff were joking around. [Client #3] was getting increasingly aggressive and was not responding to prompts. Staff prompted [client #4] to calm down 4 times. On the 4th time [client #4] rushed staff with his shoulder dropped. [Client #4] pushed staff into the corner of the med cart. Staff proceeded to restrain [client #4]. ...Around 7 pm [client #4] and staff were playing games. [Client #4] was getting increasingly aggressive. Staff prompted [client #4] to calm down 4 times. On the 4th time [client #4] rushed staff with his shoulder dropped. [Client #4] pushed staff into the corner of the med cart. Staff proceeded to restrain [client #4]. They engaged in a 2 arm standing hold with his arms at his sides just long enough for him to calm down, less than 2</p> |  |  |  |  |  |                            |

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|   | <p>minutes. [Client #4]calmed down immediately after the restraint. Staff released [client #4] within 2 minutes. Staff sat down with [client #4] and talked about his personal space, and talked about other methods he can use when he is getting frustrated."</p> <p>-The review did not include an investigation.</p> <p>9. A BDS report dated 12/11/23 indicated the following:<br/>"On 12/11/23, [client #1] was upset with his other housemate and upset at the idea that other housemates will be at the home on Christmas Day. [Client #1] went to his room to calm down slamming his door and then returned to the dining room to speak to staff. Staff informed him that other housemates will be home for the holiday and this lead (sic) to [client #1] to walk off and as he walked off he pulled a stocking off the mantle and slammed his bedroom door again. Staff followed him to his room and that is when he started to cry and apologize to staff. [Client #1] asked to call the Program Director and when staff walked with him to the house phone to call the PD, [client #1]threw the house phone to the ground and went to go knock over the black locked cabinet, but Staff put him in a one person two arm restraint and then transitioned into a PRT (primary restraint technique) for 15 minutes. The PD arrived at the ICF (Intermediate Care Facility) and [client #1] was calm and returned to baseline."</p> <p>-The review did not include an investigation.</p> <p>10. A BDS report dated 12/30/23 indicated the following:<br/>"...The staff at group home called at 3:02 pm on 12/30/2023, to report that [client #1] and another individual were in a heated argument; the other</p> |   |  |   |  |  |                            |

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|   | <p>individual calmed down, but [client #1] didn't (sic). Staff asked if he wanted a PRN (as needed medication), but he refused. Then, [client #1] escalated and took a chain for wallets, and he attempted to approach the other individual, and staff intervened and initiated handle with care by doing a one-person restraint on him, which has been HRC Approved in his BSP. Then, [client #1] started to cry, and he deescalated. When he calmed all the way down, staff released [client #1], and he went to his room."</p> <p>-The review did not include an investigation.</p> <p>11. A BDS report dated 1/8/24 indicated the following:<br/>"On 01/08/24 [client #1] housemate made a joke that upset [client #1] and set him off. [Client #1] and the housemate argued and exchanged words. [Client #1] grabbed a box of gloves and threw them towards his housemate but didn't hit him. [Client #1] began to grab other items to throw at the housemate. Staff quickly separated the two individuals, but [client #1] had to be restrained with proper Handle with Care technique, because he was relentlessly attempting to attack the other housemate. It was a one-person seated restraint and after 5 minutes in the hold [client #1] returned to baseline. [Client #1] sat and talked with staff about the incident and why he could not control his anger. [Client #1] and the housemate later apologized to each other. There were no other incidents preceding this instance (sic)."</p> <p>-The review did not include an investigation.</p> <p>12. A BDS report dated 1/14/24 indicated the following:<br/>"On 01/14/2024 [client #1] started his day off very upset. [Client #1] had come out of his room on</p> |  |  |  |  |  |                            |

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|   | two occasions that day and due to banter that normally would not set [client #1] off sent him back to his room slamming his door. Staff was able to get him back to baseline both times using techniques from [client #1's] BSP. The last time [client #1] came out of his room he attempted to attack a housemate [client #7]. Staff was able to separate them before anyone was touched. Staff then called the on-call nurse and the Program Director to ask for permission to issue a PRN. Permission was granted. [Client #1] returned to his room and took a nap. When [client #1] came out of his room he instantly started making inappropriate sexual comments towards staff. Staff redirected [client #1], but he was fixated on staff and his housemates, in particular [client #7]. [Client #1] went to attack [client #7] and staff immediately restrained him per Handle with Care techniques. The restrained (sic) lasted 5 minutes. It was a one person seated restraint. [Client #1] was continually talking in a manner that appeared to be psychosis. After being released [client #1] was fine for ten minutes, and then proceed (sic) to attack another housemate [client #5]. Staff again put [client #1] in a restraint and while in it another staff securing the area called the Program Director. The Program Director had the staff call the EMTs. The EMTs came and evaluated [client #1] medically and stated his vitals were good, but they were not a taxi service for mental health. [Client #1] was taken by staff to [hospital name] ER to be evaluated. While there [client #1] became violent with medical personnel and had to be restrained by the officers at the hospital. [Client #1] was given Ativan by the ER and deemed mentally incompetent. They were able to get him a bed at the Neuropsychiatric Hospital in [name of city]. His father guardian signed off to admit his son. [Client #1] is currently impatient at this |   |  |   |                            |  |  |

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|   | <p>hospital. No time has been set for release date.</p> <p>-The review did not include an investigation.</p> <p>13. A BDS report dated 2/8/24 indicated the following:<br/>"[Client #1] was placed in an HRC approved hold for approximately 2 minutes when he attempted to throw a glass coffee container at one of his housemates. [Client #1] did not received (sic) any injuries while he was being restraint. Once released from hold he was able to calm down and call his mom. After talking to his mother [client #1] was in a positive mood. Staff will continue to monitor the individual and follow BSP and report any concerns with Program Director and/or Behaviorist. ..."</p> <p>-The review did not include an investigation.</p> <p>14. A BDS report dated 2/20/24 indicated the following:<br/>"[Client #1] was placed in an HRC approved hold for approximately 8 minutes when he attempted to throw a rock at one of his housemates. [Client #1] did not received (sic) any injuries while he was being restraint (sic). Staff was able to get him to calm down and redirect him. ..."</p> <p>-The review did not include an investigation.</p> <p>An interview with the Behavior Clinician (BC) was conducted on 3/26/24 at 10:12 am. The BC stated, " All staff should follow the Abuse, Neglect and Exploitation (ANE) policy. I do training when we have new staff come into the house or when we have changes to individuals' BSP." The BC did not retrain staff to address the pattern of client to client aggression.</p> |  |  |  |  |  |                            |

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|   | <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "Staff should report any ANE according to the policy. Investigations should be completed for all peer to peer abuse, staff to peer and any hold completed. I don't know if any investigations were completed on these incidents. I just started working here in February."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "All staff should be following the ANE policy. All staff should report any suspected ANE to the PD and/or AD. If staff are suspected of abuse they are suspended until investigation is completed. Investigations were not completed on these peer to peer incidents and staff holds. All investigations should include statements from individuals and staff, reviews of all relevant documents, and a review of findings. If staff are suspected of abuse they are suspended until investigation is completed. The investigations should include statements from staff and individuals, a review of evidence and then a fact finding is completed and corrective action plan. The administration should have reviewed the investigation within 5 days to discuss the findings and go through any rights violations, and if retraining is needed or staff need terminated."</p> <p>The facility Policy and Procedure Concerning Abuse, Neglect, and Exploitation dated 1/23/24 was reviewed on 3/18/24 at 7:10 pm and indicated the following:<br/>"Abuse, neglect, or exploitation of the individuals served is strictly prohibited in any Dungarvin service delivery setting....Physical abuse is defined as any act with constitutes a violation of the assault, prostitution, or criminal sexual</p> |   |  |   |  |  |                            |

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| W 0154  | <p>conduct statutes (sic) including intentionally touching another person in a rude, insolent, or angry manner; infliction of injury...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. Any restraint that is done to prevent serious harm or injury to the individual or others may be necessary in emergency situations; however, each instance will be investigated as potential abuse as outlined in section III B of this policy. ....A copy of the IR is forwarded the Dungarvin administrative assistant responsible for tracking incident reports. 5. The program director/manager, area director/manager, senior director or their delegate will conduct a thorough investigation of any alleged, suspected or actual abuse, neglect, or exploitation. Within five business days, the results and/or status of the investigation will be reported to the administrator. A written investigation report (form NF-P-02) including written witness statements, pertinent history, evidence, a summary of findings and conclusion, and recommendations for disciplinary action utilizing the format recommended by BDS will be developed at the conclusion of the investigation. If allegations of abuse, neglect, or exploitation are substantiated, appropriate disciplinary action will be taken in consultation with the area director/manager, senior director and human resources director. Any conclusion of substantiated abuse, neglect, or exploitation by any employee is subject to disciplinary action up to and including immediate termination...."</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> |   |  |  |  |  |                            |



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| Bldg. 00  | <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 14 of 25 allegations of abuse and neglect reviewed, the facility failed to conduct thorough investigations for allegations of abuse for clients #1, #4, #5, #7 and #8.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 3/19/24 at 10:30 am. The review indicated the following:</p> <p>1. A BDS report dated 6/21/23 indicated the following:<br/>"[Client #5] was upset with a peer and began making verbal threats while walking toward their bedroom. His verbal intention was to hurt this peer, as he tried to make physical contact. Staff were near and blocked [client #5's] attempt by utilizing a 1 Person Body Hug restraint that took place for less than one minute. [Client #5] left the area for a short time and then returned to the same peer's room. This time, [client #5] threw whatever furniture and bedroom items he could. [Client #5] made verbal threats to kill this peer in his sleep. Nobody was injured at this time and [client #5] was given space but provided different verbal cues in an effort to mitigate the incident. [Client #5] was unable to deescalate and broke staff's cell phone. Right after this, he then pinned the staff member against the wall, while using his body to block the staff from moving. Staff made attempts to break away from [client #5]. The police were called, and the altercation stopped as soon as the police arrived. It was noted that [client #5] had a cut above his eyebrow and he was taken by ambulance to the hospital. [Client #5] required</p> |  |  | W 0154  | <p><u>Corrective action for resident(s)</u><br/><u>found to have been affected</u><br/>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:<br/>All QIDPs (of the facility surveyed and on-call Program Directors) were retrained on 4/8/24 on Dungarvin policy A-7 pertaining to Incident Reporting and the BDS policy on Incident Reporting, including timelines, documentation, and notifications. It is uploaded with this submission.<br/>All QIDPs were retrained on 4/3/24 on conducting thorough investigations of significant incidents, including physical and chemical restraints, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDPs were trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated, and that the investigation must be reviewed by an Area Director within 5 business days. This training is uploaded with this submission.<br/>QIDP is implementing aggressive documentation review</p> |  | 04/24/2024                 |

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|   | <p>four stitches and returned to the site at 1:00 am. The staff member that [client #5] had pinned to the wall is currently unreachable due to the cell phone breaking during this incident. Staff will follow the ISP and HRC approved BSP for best practice of proactive and reactive strategies."</p> <p>An investigation dated 6/29/23 indicated the following: "...Evidence reviewed/ Obtained: Email dated June 25, 2023, from Area Director (AD). Brief conversation with acting Program Director (PD) on Monday, June 26, 2023. Incident Report completed by PD dated June 22, 2023. ISP dated 8/31/2021. Police Report dated 6/21/2023. Finding of Fact: It is clear that an incident transpired between DSP (Direct Support Professional) staff [staff name] and individual served [client #5] resulting in an injury. The accounts vary on how the injury occurred. Reviewing the evidence presented it appears that staff may have injured the individual served while attempting to get out of a headlock and placing him into a hold. Staff was working with another staff member who was on restrictions and unable to assist given the size of the individual served and the DSP (Direct Support Professional). Additionally, DSP has been with Dungarvin for approximately three months and has not received Handle with Care (HWC) training. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence."</p> <p>-The investigation was not thorough as evidenced by:<br/>There was no review of client's ISP and BSP.<br/>There was no conclusion of the investigation.<br/>There were no corrective actions to prevent future incidents.</p> |   |  |   | <p>and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director and or Area Manager, 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> <p>All Dungarvin investigators will complete an annual refresher training on 4/30/24 on conducting thorough investigations, including investigation timelines, report writing, gathering witness statements, and the accurate reporting and investigating of additional or secondary allegations of abuse, neglect or exploitation if made during an active investigation.</p> <p>Going forward, during weekly supervision meetings with the Area Manager, 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> |  |                            |

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|   | <p>2. A BDS report dated 8/14/23 indicated the following:<br/>"On 8/14/23 around 10:00 am, [client #1] was displaying high levels of anxiety related to limited family visits at this time. Staff was attempting to reassure him which upset him further. He went outside the home and began throwing rocks. Staff was monitoring to ensure he wasn't damaging property or at risk to hurt himself or others. When [client #1] noted that the staff was not escalating or reacting, he came towards staff and towards the home, attempting to bring a rock from the front lawn into the home. Staff responded, telling [client #1] firmly, 'rocks do not go in the house.' Staff continued to repeat this while holding both of [client #1] forearms in front of him. He struggled for a moment and then dropped to the floor; at which time the staff released the hold on his arms. Staff again told [client #1] that rocks do not come in the home, and he needed to put that rock back in the yard, and he complied with the staff request. [Client #1] was emotional for a time, but his housemate talked with him for a while as staff monitored the interaction and he then came inside and apologized to the staff member and returned to his routine for the day. He completed some of his breathing exercises and sensory routines to calm himself. [Client #1] did not have any injury from the use of the 2 arm standing restraint. Staff reported that the physical hold lasted less than 10 seconds. [Client #1] has an HRC (Human Rights Committee) approved BSP which includes the use of Handle with Care techniques. QIDP (Qualified Intellectual Disability Professional) will review the incident to ensure the BSP was followed and that no changes are needed to plans or staff training to prevent recurrence. ..."</p> <p>-The review did not include an investigation.</p> |  |  |  | <p>All facility staff will be retrained by 4/24/24 on Dungarvin policy on Incident Reporting; training to focus on requirement that all reportable incidents must be immediately reported and directly to a Program Director, Area Manager, or Area Director.</p> <p>All facility staff will complete a refresher training on Abuse, Neglect and Exploitation that includes reporting and documentation requirements per Dungarvin and BDS policy.</p> <p>All facility staff who fail to comply with this regulation and Dungarvin policy on Incident Reporting will be subject to both retraining and disciplinary action in accordance with Dungarvin policy.</p> <p>Area Manager and Area Director are implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p><u>How facility will identify other residents potentially affected &amp; 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 facility staff are trained on</p> |  |                            |

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|   | <p>3. A BDS report dated 9/10/23 indicated the following:<br/>"[Client #1] was escalated by another housemate and began to throw nearby objects toward this individual. [Client #1] had been hit multiple times by [client #5]. Staff tried to intervene, but it took a few attempts before staff succeeded to separate them, utilizing Handle with Care techniques. [Client #1] then went to [client #5's] room and broke the TV and damaged the dresser. [Client #1] had bleeding from the inside of his nose and a red mark was noted on his head. Staff checked on him and notified the PD (Program Director), PD on Call, the Nurse on call and the Area Manager about the situation. The EMTs (Emergency Medical Technician) were called, and they talked with him. He said he was fine. Staff cleaned the blood on his nose and put ice on his head, according to the instruction from the Nurse on call. ...."</p> <p>-The review did not include an investigation.</p> <p>4. A BDS report dated 9/11/23 indicated the following:<br/>"On the afternoon of 9/11/23, [client #4] alleged that a Director Support Professional who works within the site he resides in, hit him on the knuckle region of his hand with a phone charging cord. [Client #4] reported this to the Senior Director, who was there for a site visit. [Client #4] was unable to say exactly when this occurred. However, he did explain this took place when the staff member was either moving or unplugging his phone cord. At this time, the staff member was upset while doing so and allegedly then used the item to hit [client #4] knuckles. [Client #4] did not indicate any pain or follow up required to his knuckles. Due to this, no medical action was taken. [Client #4] natural supports will ensure</p> |  |  |   | <p>abuse, neglect and exploitation upon hire, annually and as needed. They have also been trained on reportable incidents and documentation expectations upon hire and as needed. All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report them according to state law. Area Manager and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been reported as required. Area Manager, Area Director, QIDP, and Quality Assurance Coordinator will meet bi-weekly to review incident investigations, completed and outstanding, and implementation of any active plans of correction.</p> <p>Persons responsible: QIDP, Area Manager, Area Director</p> |  |                            |

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|   | <p>support toward his emotional wellbeing by providing time and space to check-in with him, one on one. Along with this, coping strategies will be used to ease anxiety such as breathing techniques, walking outside, and grounding on the site property/lawn. Staff was suspended on the afternoon of 9/11/23, pending an investigation into an allegation of abuse. The PD informed this staff member that they are not to be in contact with anyone from Dungarvin. The investigator is completing witness statements at this time. An exit meeting will be held at the end of this week or early next week. Based on witness statements, the allegation outcome will be determined and addressed accordingly."</p> <p>An investigation dated 9/11/23 indicated the following: "...Evidence reviewed/ Obtained: Review of BDS/incident report dated September 12, 2023, completed by Program Director. Finding of Fact: [Client #4] reported to more than 1 person about staff hitting (sic) on his knuckles with phone charger cord. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence.</p> <p>-The investigation was not thorough as evidenced by:<br/>There was no review of client's ISP and BSP.<br/>There was no conclusion of the investigation.<br/>There were no corrective actions to prevent future incidents.</p> <p>5. A BDS report dated 10/12/23 indicated the following:<br/>"Yesterday staff -house manager reported that [client #5] told her that he had been exchanging vapes with staff [previous staff]. He also stated that [previous staff] took him to the store to buy</p> |   |  |   |  |  |                            |

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|   | <p>him vape and yet he is underage to be allowed to smoke. [Previous staff] has been suspended pending for investigation for possible exploitation. There are no adverse reactions that have been noted to [client #5] due to this incident. Dungarvin will continue to investigate all allegations of abuse neglect and exploitation to ensure safety and wellbeing of individuals served. Staff has (sic)been suspended pending investigation."</p> <p>An investigation dated 10/18/23 indicated the following: "...Evidence reviewed/ Obtained: I reviewed Therap (documentation system), BSP, ISP, Tlogs (communication record) and witness statements. Finding of Fact: 1. Staff did admit that he bought the vape for [client #5] in exchange for the remote control for a video game. 2. [Client #5] does have the vape and the remote controller back. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence."</p> <p>-The investigation was not thorough as evidenced by:<br/>There was no conclusion of the investigation.<br/>There were no corrective actions to prevent future incidents.</p> <p>6. A BDS report dated 11/5/23 indicated the following:<br/>"On 11/5/2023 [client #8] and a Dungarvin DSP were cleaning his room and staff was (sic) prompting him to get in the shower when finished. [Client #8] stated, what is the point and that he did not care anymore to take care of himself. Staff explained the importance of self-care and prompted [client #8] again. This time [client #8] became extremely frustrated and lunged at the staff attempting to bite her. Staff was able to stop</p> |   |  |   |  |  |                            |

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|   | <p>him using handle with care techniques, but no restraints were used. She called the other staff in to relieve her and went out to the common area. [Client #8] had not calmed down and when he came to the common area he attempted to lunge and bite the staff again. This time [client #7] inserted himself into the confrontation and punched [client #8] in the face to attempt to keep him away from the female staff. This stopped [client #8] and [client #8] began to grab his face. There was no blood. [Client #8] went back to his room to calm down. Staff checked on him every 10 minutes to make sure he was feeling okay. Staff finished lunch and invited [client #8] out to eat the meal prepared [client #8] complied, but while eating [client #8] vomited. Staff immediately called the on-call nurse. Nurse advised that he go to the hospital for a check to make sure he did not have a concussion from the blow landed by his housemate. By this time the house lead had reported for her shift and was able to take [client #8]. While at the hospital they did a CT Scan (Computed Tomography) and there was no brain damage. However, [client #8] had suffered a break in his orbital bone in his eye. There is no formal care for this type of fracture; the bone heals back on its own. Ibuprofen was given for pain. [Client #8] and house lead returned home and there were no further issues throughout the evening. [Client #8] has a follow up appointment to make sure the orbital bone is healing correctly. PD met with each individual in the home to get their perspective and to make sure they felt safe. No one reported any worries pertaining to the confrontation. PD counseled [client #8] and [client #8] stated, "he had no hard feeling (sic) to his housemate, but felt bad and didn't towards the staff, because he asked to be left alone." [Client #8] did open up to house lead about some emotional turmoil he's been dealing with and is willing to talk to a</p> |   |  |   |  |  |                            |

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|   | <p>therapist. Nurse is getting [client #8] into [doctor's name] for a referral. All of the IDT team believes [client #8] would benefit from 1 on 1 therapy. [Client #8] was not complaining of any major pain or issues when PD left the site at 10 pm."</p> <p>-The review did not include an investigation.</p> <p>7. A BDS report dated 10/29/23 indicated the following:<br/>"On 10/29/2023 at 8 pm, [client #1] wanted to talk to the house lead, but staff was busy helping a peer at that moment. Staff did reassure [client #1] that they would talk with them when the task for the peer was complete. [Client #1] said profanities and went to his room slamming the door. While sitting in the room he began to escalate. Staff came to check on him and he was sitting on his bed crying which usually means he is deescalating, staff found [client #1] had broken his roommates (sic) TV, turned over dressers and broke them, and had flipped over his roommates (sic) bed. When he returned to the main living area, he walked out the back door and grabbed a tennis racket and when staff tried to take it from him, he repeatedly hit staff in the leg with the racket. After that [client #1] removed himself for a while back to his room, but eventually came back out to the living room and then attempted to rip the main house TV off the wall, which it did shatter the screen. This led to him going out to the backyard where he begun (sic) to throw a chair through the Kitchen (sic) window. It broke the outside portion of the window but did not break the inside window. [Client #1] also smashed the patio windows with the chair. He did not sustain any injuries through this. I called 911 and the cops responded quickly. They detained [client #1] and took him to [hospital] where he was evaluated, but not admitted. [Client #1] kept</p> |  |  |   |  |  |                            |



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|   | <p>mentioning that there were voices in his head and that is why he could not control his actions. When we got back from [hospital] [client #1] went to bed and there were no further issues. There were no injuries sustained for any of the behavioral actions. [Client #1] and Program Director will follow up with Psychiatrist, and the Dungarvin nursing staff are working to see if they can get him a referral to Neuro Psych for medication management. His guardian, which is his father is in agreement that it would be best if [client #1] was hospitalized. Program Director and BC are holding a mandatory staff meeting on 11/3/2023 to go over individuals (sic) BSP. Our plan is to replace all individuals' items that were destroyed during the behavior. All housemates were debriefed and counseled by staff to ensure that they felt safe."</p> <p>-The review did not include an investigation.</p> <p>8. A BDS report dated 11/15/23 indicated the following:<br/>"Around 8 pm [client #4] and staff were joking around. [Client #3] was getting increasingly aggressive and was not responding to prompts. Staff prompted [client #4] to calm down 4 times. On the 4th time [client #4] rushed staff with his shoulder dropped. [client #4] pushed staff into the corner of the med cart. Staff proceeded to restrain [client #4]. ...Around 7 pm [client #4] and staff were playing games. [Client #4] was getting increasingly aggressive. Staff prompted [client #4] to calm down 4 times. On the 4th time [client #4] rushed staff with his shoulder dropped. [Client #4] pushed staff into the corner of the med cart. Staff proceeded to restrain [client #4]. They engaged in a 2 arm standing hold with his arms at his sides just long enough for him to calm down, less than 2 minutes. [Client #4]calmed down immediately after</p> |  |  |   |  |  |                            |

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|   | <p>the restraint. Staff released [client #4] within 2 minutes. Staff sat down with [client #4] and talked about his personal space, and talked about other methods he can use when he is getting frustrated."</p> <p>-The review did not include an investigation.</p> <p>9. A BDS report dated 12/11/23 indicated the following:<br/>"On 12/11/23, [client #1] was upset with his other housemate and upset at the idea that other housemates will be at the home on Christmas Day. [Client #1] went to his room to calm down slamming his door and then returned to the dining room to speak to staff. Staff informed him that other housemates will be home for the holiday and this lead (sic) to [client #1] to walk off and as he walked off he pulled a stocking off the mantle and slammed his bedroom door again. Staff followed him to his room and that is when he started to cry and apologize to staff. [Client #1] asked to call the Program Director and when staff walked with him to the house phone to call the PD, [client #1] threw the house phone to the ground and went to go knock over the black locked cabinet, but staff put him in a one person two arm restraint and then transitioned into a PRT (primary restraint technique) for 15 minutes. The PD arrived at the ICF (Intermediate Care Facilities) and [client #1] was calm and returned to baseline."</p> <p>-The review did not include an investigation.</p> <p>10. A BDS report dated 12/30/23 indicated the following:<br/>"...The staff at group home called at 3:02 pm on 12/30/2023, to report that [client #1] and another individual were in a heated argument; the other individual calmed down, but [client #1] didn't (sic).</p> |  |  |  |  |  |                            |

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|   | <p>Staff asked if he wanted a PRN (as needed medication), but he refused. Then, [client #1] escalated and took a chain for wallets, and he attempted to approach the other individual, and staff intervened and initiated handle with care by doing a one-person restraint on him, which has been HRC Approved in his BSP. Then, [client #1] started to cry, and he deescalated. When he calmed all the way down, staff released [client #1], and he went to his room."</p> <p>-The review did not include an investigation.</p> <p>11. A BDS report dated 1/8/24 indicated the following:<br/>"On 01/08/24 [client #1] housemate made a joke that upset [client #1] and set him off. [Client #1] and the housemate argued and exchanged words. [Client #1] grabbed a box of gloves and threw them towards his housemate but didn't hit him. [Client #1] began to grab other items to throw at the housemate. Staff quickly separated the two individuals, but [client #1] had to be restrained with proper Handle with Care technique, because he was relentlessly attempting to attack the other housemate. It was a one-person seated restraint and after 5 minutes in the hold [client #1] returned to baseline. [Client #1] sat and talked with staff about the incident and why he could not control his anger. [Client #1] and the housemate later apologized to each other. There were no other incidents preceding this instance (sic)."</p> <p>-The review did not include an investigation.</p> <p>12. A BDS report dated 1/14/24 indicated the following:<br/>"On 01/14/2024 [client #1] started his day off very upset. [Client #1] had come out of his room on two occasions that day and due to banter that</p> |   |  |   |  |  |                            |

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|   | normally would not set [client #1] off sent him back to his room slamming his door. Staff was able to get him back to baseline both times using techniques from [client #1's] BSP. The last time [client #1] came out of his room he attempted to attack a housemate [client #7]. Staff was able to separate them before anyone was touched. Staff then called the on-call nurse and the Program Director to ask for permission to issue a PRN. Permission was granted. [Client #1] returned to his room and took a nap. When [client #1] came out of his room he instantly started making inappropriate sexual comments towards staff. Staff redirected [client #1], but he was fixated on staff and his housemates, in particular [client #7]. [Client #1] went to attack [client #7] and staff immediately restrained him per Handle with Care techniques. The restrained (sic) lasted 5 minutes. It was a one person seated restraint. [Client #1] was continually talking in a manner that appeared to be psychosis. After being released [client #1] was fine for ten minutes, and then proceed (sic) to attack another housemate [client #5]. Staff again put [client #1] in a restraint and while in it another staff securing the area called the Program Director. The Program Director had the staff call the EMTs. The EMTs came and evaluated [client #1] medically and stated his vitals were good, but they were not a taxi service for mental health. [Client #1] was taken by staff to [hospital name] ER to be evaluated. While there [client #1] became violent with medical personnel and had to be restrained by the officers at the hospital. [Client #1] was given Ativan by the ER and deemed mentally incompetent. They were able to get him a bed at the Neuropsychiatric Hospital in [name of city]. His father guardian signed off to admit his son. [Client #1] is currently impatient at this hospital. No time has been set for release date. |  |  |   |  |  |                            |

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|   | <p>-The review did not include an investigation.</p> <p>13. A BDS report dated 2/8/24 indicated the following:<br/>"[Client #1] was placed in an HRC approved hold for approximately 2 minutes when he attempted to throw a glass coffee container at one of his housemates. [Client #1] did not received (sic) any injuries while he was being restraint. Once released from hold he was able to calm down and call his mom. After talking to his mother [client #1] was in a positive mood. Staff will continue to monitor the individual and follow BSP and report any concerns with Program Director and/or Behaviorist. ..."</p> <p>-The review did not include an investigation.</p> <p>14. A BDS report dated 2/20/24 indicated the following:<br/>"[Client #1] was placed in an HRC approved hold for approximately 8 minutes when he attempted to throw a rock at one of his housemates. [Client #1] did not received (sic) any injuries while he was being restraint (sic). Staff was able to get him to calm down and redirect him. ..."</p> <p>-The review did not include an investigation.</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "The PD is responsible for completing investigations." The PD indicated the investigations should talk about the finding, interviews with clients and staff, if incident was unsubstantiated or substantiated and if any corrective actions needs to take place. I don't know if any investigations were completed for these incidents. I just started working here in</p> |   |  |   |  |  |                            |

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| W 0156<br><br>Bldg. 00                                    | <p>February."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "All investigations should include statements from individuals and staff, reviews of all relevant documents, and a review of findings. If staff are suspected of abuse they are suspended until investigation is completed. Investigations were not completed on the peer to peer incidents or staff holds. The investigations should include statements from staff and individuals, a review of evidence and then a fact finding is completed and corrective action plan."</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></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 14 allegations of abuse and neglect reviewed, the facility failed to ensure 3 investigations were reviewed by an administrator or designated representative within 5 working days for clients #4 and #5.</p> <p>Findings include:</p> <p>The facility's Bureau of Disabilities Services (BDS) reports and related investigations were reviewed on 3/19/24 at 10:30 am and indicated the following:</p> <p>1. A BDS report dated 6/21/23 at 8:30 pm indicated [client #5] was upset with a peer and began making verbal threats and tried to make physical</p> |   |  | W 0156  | <p><u>Corrective action for resident(s)</u><br/><u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <p>All QIDPs (of the facility surveyed and on-call Program Directors) were retrained on 4/8/24 on Dungarvin policy A-7 pertaining to Incident Reporting and the BDS policy on Incident Reporting, including timelines, documentation, and notifications. It is uploaded with this submission.</p> |  | 04/24/2024                 |

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|   | <p>contact with peer. Staff was pinned against wall by [client #5]. [Client #5] had cut above eye that required stitches. Police were called and deescalated situation.</p> <p>An investigation dated 6/29/23 indicated the following: "...Evidence reviewed/ Obtained: Email dated June 25, 2023, from Area Director (AD). Brief conversation with acting Program Director (PD) on Monday, June 26, 2023. Incident Report completed by PD dated June 22, 2023. ISP dated 8/31/2021. Police Report dated 6/21/2023. Finding of Fact: It is clear that an incident transpired between DSP (Direct Support Professional) staff [staff name] and individual served [client #5] resulting in an injury. The accounts vary on how the injury occurred. Reviewing the evidence presented it appears that staff may have injured the individual served while attempting to get out of a headlock and placing him into a hold. Staff was working with another staff member who was on restrictions and unable to assist given the size of the individual served and the DSP (Direct Support Professional). Additionally, DSP has been with Dungarvin for approximately three months and has not received Handle with Care (HWC) training. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence."</p> <p>The investigation was not signed by the investigator or the administrator.</p> <p>2. A BDS report dated 9/11/23 at 2:45 pm indicated [client #4] was hit with a charging cord by staff.</p> <p>An investigation dated 9/11/23 indicated the following: "...Evidence reviewed/ Obtained: Review of BDS/incident report dated September</p> |   |  |   | <p>All QIDPs were retrained on 4/3/24 on conducting thorough investigations of significant incidents, including physical and chemical restraints, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDPs were trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated, and that the investigation must be reviewed by an Area Director within 5 business days. This training is uploaded with this submission.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director and or Area Manager, 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> <p>All Dungarvin investigators</p> |  |                            |

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|   | <p>12, 2023, completed by Program Director. Finding of Fact: [Client #4] reported to more than 1 person about staff hitting (sic) on his knuckles with phone charger cord. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence.</p> <p>The investigation was not signed by the investigator or the administrator.</p> <p>3. A BDS report dated 10/12/23 at 10:00 am indicated staff was buying [client #5] a vape in exchange for a video game remote controller.</p> <p>An investigation dated 10/18/23 indicated the following: "...Evidence reviewed/ Obtained: I reviewed Therap (documentation system), BSP, ISP, Tlogs (communication record) and witness statements. Finding of Fact: 1. Staff did admit that he bought the vape for [client #5] in exchange for the remote control for a video game. 2. [Client #5] does have the vape and the remote controller back. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence."</p> <p>The investigation was not signed by the investigator or the administrator.</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "The AD reviews and signs off on all investigations with 5 days."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "The administration should have reviewed the investigation within 5 days to discuss the findings and go through any rights violations,</p> |   |  |   | <p>will complete an annual refresher training on 4/30/24 on conducting thorough investigations, including investigation timelines, report writing, gathering witness statements, and the accurate reporting and investigating of additional or secondary allegations of abuse, neglect or exploitation if made during an active investigation.</p> <p>Going forward, during weekly supervision meetings with the Area Manager, 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> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u><br/>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><br/>All facility staff are trained on abuse, neglect and exploitation upon hire, annually and as needed. They have also been trained on reportable incidents and documentation expectations upon hire and as needed. All new</p> |  |                            |



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|   | and if retraining is needed or staff need<br>terminated."<br><br>9-3-2(a)   |   |                     | Program Director/QIDPs have<br>been trained to complete<br>thorough, timely investigations of<br>all significant incidents which<br>could be indicative of abuse,<br>neglect, or exploitation, including<br>elopements, non-emergency calls<br>to 911, peer-to-peer aggression,<br>falls, police intervention, and<br>hospitalization. QIDP is<br>responsible to be aware of all<br>reportable incidents and to report<br>them according to state law. Area<br>Manager and QIDP to do targeted<br>review of Therap documentation on<br>incidents during weekly<br>supervision meetings to ensure<br>that all incidents have been<br>reported as required. Area<br>Manager, Area Director, QIDP,<br>and Quality Assurance<br>Coordinator will meet bi-weekly to<br>review incident investigations,<br>completed and outstanding, and<br>implementation of any active plans<br>of correction.<br><br>Persons responsible: QIDP, Area<br>Manager, Area Director |  |  |  |
| W 0210<br><br>Bldg. 00                                    | 483.440(c)(3)<br>INDIVIDUAL PROGRAM PLAN<br>Within 30 days after admission, the<br>interdisciplinary team must perform accurate<br>assessments or reassessments as needed<br>to supplement the preliminary evaluation<br>conducted prior to admission.<br>Based on record review and interview for 2 of 3<br>sample clients (#2 and #3), the facility failed to<br>ensure clients #2 and #3 had a Comprehensive |   | W 0210              | Corrective action for resident(s)<br>found to have been affected<br>All parts of the POC for the survey  |  | 04/24/2024                                     |  |

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|   | <p>Functional Assessment (CFA) completed within 30 days of admission.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 3/20/24 at 9:30 am. Client #2's record indicated an admission date of 10/23/23 and did not include a completed CFA.</p> <p>2. Client #3's record was reviewed on 3/20/24 at 10:56 am. Client #3's record indicated an admission date of 7/27/23 and did not include a completed CFA.</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "I believe they have not been done. I can't find them. I just started in February."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "CFAs should be completed within 30 days of admission."</p> <p>9-3-4(a)</p> |   |  |  | <p>with event ID will be fully implemented, including the following specifics:</p> <p>The CFAs for Clients #2 and #3 will be completed by 4/24/24 and uploaded to Therap and filed in their individual charts.</p> <p>All QIDPs were trained on 3/25/24 on Comprehensive Functional Assessments (CFAs), including when CFAs should be completed for each individual and where they should be saved/located. It is uploaded with this submission.</p> <p><u>How facility will identify other residents potentially affected &amp; 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 Program Director/QIDPs have been trained to complete CFAs within 30 days of admission and at least annually thereafter to ensure goal and plan development meet the needs of the individuals. Area Manager will audit individual files at least quarterly to ensure CFAs are completed timely for all individuals. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Going</p> |  |                            |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>15G573 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                              |   | X3) DATE SURVEY<br>COMPLETED<br>03/27/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>DUNGARVIN INDIANA LLC |   |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>51778 TROWBRIDGE LN<br>SOUTH BEND, IN 46637 |   |  |                            |
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| W 0440<br><br>Bldg. 00                                    | <p>483.470(i)(1)<br/>EVACUATION DRILLS<br/>at least quarterly for each shift of personnel.<br/>Based on record review and interview for 3 of 3<br/>sample clients (#1, #2 and #3), plus 5 additional<br/>clients (#4, #5, #6, #7 and #8), the facility failed to<br/>conduct quarterly evacuation drills for each shift<br/>of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on<br/>3/18/24 at 4:58 pm for clients #1, #2, #3, #4, #5, #6,<br/>#7 and #8 and indicated the following:</p> <p>-During the day shift (6:00 am to 3:30 pm) the<br/>facility did not conduct evacuation drills from<br/>3/3/23 to 10/25/23.</p> <p>-During the evening shift (3:30 pm to 11:00 pm) the<br/>facility did not conduct evacuation drills from<br/>3/15/23 to 12/12/23.</p> <p>-During the night shift (11:00 pm to 6:00 am) the<br/>facility did not conduct evacuation drills from<br/>3/30/23 to 3/18/24.</p> <p>An interview with the Program Director (PD) was<br/>conducted on 3/21/24 at 1:02 pm. The PD stated,</p> |   |  | W 0440  | <p>forward, the QIDP is responsible<br/>to monitor staff documentation on<br/>an ongoing basis. All staff to be<br/>held accountable for expectations<br/>of documentation per the job<br/>description, including retraining<br/>and disciplinary action as needed</p> <p>Persons responsible: QIDP, Area<br/>Manager, Area Director</p> <p><u>Corrective action for resident(s)</u><br/><u>found to have been affected</u><br/>All parts of the POC for the survey<br/>with event ID will be fully<br/>implemented, including the<br/>following specifics:<br/>All facility staff will be<br/>retrained by 4/24/24 on the<br/>requirement that fire drills must be<br/>per Dungarvin policy every month:<br/>one drill per shift per month and at<br/>varying times/days.<br/>The QIDP, Area Manager,<br/>Area Director or other qualified<br/>supervisory staff will be<br/>responsible to conduct active<br/>treatment observations at varying<br/>times of the day to ensure that<br/>facility staff demonstrate<br/>competency on emergency drills.<br/>Initially these observations will be<br/>conducted 2 times per week for<br/>the first two weeks. If competency<br/>is shown in that time, observations<br/>may reduce to 1 time per week for<br/>the next two weeks and then</p> |  | 04/24/2024                 |

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| W 0455<br><br>Bldg. 00                                    | <p>"Drills should be completed three times a month on different shifts. We send out a calendar of when drills need to be completed."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "The evacuation drills should be done every month, one on every shift."</p> <p>9-3-7(a)</p> <p>483.470(l)(1)<br/>INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 2 of 3 sampled clients (#2 and #3), and 4 additional clients (#4, #5, #6, #8), the facility failed to ensure staff working in the home implemented universal</p> |   | W 0455              | <p>titrate to 1 time per month for 2 months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p>- <u>How facility will identify other residents potentially affected &amp; 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 facility staff are being trained to complete emergency evacuation drills per Dungarvin policy. QIDP and Area Manager are to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the PD/QIDP and Area Director for follow up.</p> <p>Persons responsible: QIDP, Area Manager, Area Director</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully</p> |  | 04/24/2024                                 |  |

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|   | <p>precautions when passing clients #3, #5 and #6's medications and before meals for clients #2, #4, #5, #6 and #8.</p> <p>Findings include:</p> <p>Observations were conducted on 3/18/24 from 3:44 pm to 6:00 pm, 3/19/24 from 6:38 am to 9:30 am and 3/19/24 from 1:44 pm to 2:45 pm. Clients #2, #3, #4, #5, #6, and #8 were present throughout the observation periods.</p> <p>1. On 3/18/24 at 5:11 pm clients #2 and #4 sat down at table and began getting their food. Client #2 and client #4 did not wash their hands prior to eating. At 5:12 pm client #8 prepared a plate of food and began eating it with his fingers, walking around before sitting down at the table. Client #8 did not wash his hands before eating. At 5:14 pm client #6 came to the table with a plate of sandwiches staff #1 had made for him. Client #6 did not wash his hands before sitting at the table. At 5:15 pm client #5 fixed a plate of food and went into the living room and ate his food. Client #5 did not wash his hands prior to eating.</p> <p>Staff #1 or staff #4 did not prompt or assist clients #2, #4, #5, #6 and #8 to wash or sanitize their hands before eating food.</p> <p>2. On 3/19/24 at 7:11 am client #3 walked into the medication area and took his medications. At 7:15 am client #2 put cereal in a bowl and was eating his dry cereal with his fingers at the dining room table. At 7:16 am client #5 was eating a bowl of cereal while on the computer. At 8:02 am client #5 went into the medication area and was given his medication. At 8:46 am client #6 was given his medications. Clients #2, #3, #5 and #6 did not wash their hands throughout the observation.</p> |  |  |   | <p>implemented, including the following specifics:</p> <p>All facility staff will be retrained on 4/24/24 on Dungarvin guidelines on handwashing, infection control, wearing gloves, and disinfecting high touch surfaces.</p> <p>The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on infection control, handwashing for staff and individuals served, and disinfecting surfaces. Initially these observations will be conducted 2 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 1 time per week for the next two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p>- <u>How facility will identify other residents potentially affected &amp; 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</p> |  |                            |

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| W 0485<br><br>Bldg. 00                                    | <p>Staff #1 or staff #5 did not prompt or assist clients #2, #3, #5 or #6 to wash or sanitize their hands before eating or taking their medications.</p> <p>An interview with the house manager (HM) was conducted on 3/19/24 at 8:50 am. The HM stated, "Clients should wash their hands before taking medications and before meals. [Client #6] did not wash his hands before taking his medications today."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 3/21/24 at 11:57 am. The LPN stated, "Individuals should be washing their hands before and after eating, after using the restroom, before taking their medications and before cooking."</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "Individuals should be washing their hands before cooking, before eating, after using the bathroom and before taking their medications. Staff should be prompting individuals if they are not doing it."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "Clients should be washing their hands after using the restroom, before meal preparation, before medications and before eating."</p> <p>9-3-7(a)</p> <p>483.480(d)(4)</p> <p>DINING AREAS AND SERVICE</p> <p>The facility must supervise and staff dining rooms adequately.</p> <p>Based on observation and interview for 2 of 3</p> |   |  | W 0485  | <p>the policy on infection control as part of new staff orientation. All staff are required to complete annual retraining on OSHA and Medication Administration, both of which cover Infection Control, handwashing, and cleaning/disinfecting of surfaces. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the PD/QIDP for follow up.</p> <p>Persons Responsible: QIDP, Area Manager, Area Director, Nurse</p> <p><u>Corrective action for resident(s)</u></p> |  | 04/24/2024                 |

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|   | <p>sampled clients (#1 and #2) plus 1 additional clients (#5), the facility failed to ensure staff monitored clients #1, #2 and #5 while eating.</p> <p>Findings include:</p> <p>Observations were conducted on 3/18/24 from 3:44 pm to 6:00 pm, 3/19/24 from 6:38 am to 9:30 am and 3/19/24 from 1:44 pm to 2:45 pm.</p> <p>On 3/18/24 at 5:15 pm client #5 fixed a plate of food (fish, rice and broccoli) and went into the living room and ate his food sitting on the couch.</p> <p>Staff #1 or staff #4 were not present while client #5 ate his plate of food.</p> <p>On 3/19/24 at 7:15 am client #2 put cereal in a bowl and was eating his dry cereal with his fingers at the dining room table. At 7:16 am client #5 was eating a bowl of cereal while on the computer. Staff did not monitor clients #2 and #5 while they were eating.</p> <p>On 3/19/24 at 1:59 pm clients #1 and #4 were sitting at the table eating ice cream. At 2:23 pm client #2 took bowl of ice cream to his room and ate it. At 2:31 pm client #2 took more ice cream and client #3 dished out a bowl of ice cream and both clients went to their bedrooms and ate it. Staff did not monitor clients #1, #2 and #4 while they were eating.</p> <p>Throughout the observations, clients were not being monitored while eating.</p> <p>An interview with the house manager (HM) was conducted on 3/19/24 at 8:50 am. The HM stated, "Staff should be watching all individuals while they are eating."</p> |  |  |  | <p><u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <p>All facility staff will be retrained by 4/24/24 on active treatment, family style dining, and engaging all clients to the best of their abilities to participate in activities of daily living, including meal prep, serving and clean up.</p> <p>The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate following dining plans and encourage individuals to participate in ADLs, especially during mealtimes. Initially these observations will be conducted 2 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 1 time per week for the next two weeks and then titrate to 1 time per month for 2 months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p>- <u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> |  |                            |

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|   | <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 3/21/24 at 11:57 am. The LPN stated, "Staff should always be at the dining room table when clients are eating."</p> <p>An interview with the Program Director (PD) was conducted on 3/21/24 at 1:02 pm. The PD stated, "Individuals should eat in the dining room. Staff should be with them or near individuals when they are eating."</p> <p>An interview with the Area Director (AD) was conducted on 3/25/24 at 12:02 pm. The AD stated, "Staff should be sitting at the table with individuals when they eating."</p> <p>9-3-8(a)</p> |   |  |   | <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u></p> <p>All new employees are trained on individual risk plans, dining plans, and active treatment. All staff are required to complete annual retraining on plans or when they are updated. QIDP and Area Manager are to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the QIDP and Area Director for follow up.</p> <p>Persons responsible: QIDP, Area manager, Area Director, nurse</p> |  |                            |