

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

PRINTED: 06/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/15/2024	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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W 0000 Bldg. 00	<p>This visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on 3/27/24.</p> <p>Dates of survey: May 10, 13, 14 and 15, 2024.</p> <p>Facility Number: 001087 Provider Number: 15G573 Aims Number: 100239960</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 5/28/24.</p>			W 0000			
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sample clients (#1, #2 and #3), plus 4 additional clients (#4, #5, #6 and #8), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure there was a sufficient amount of food in the home to follow the menu.</p> <p>Findings include:</p> <p>An observation was conducted on 5/10/24 from 3:14 pm to 5:50 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</p>			W 0104	<p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID will be fully implemented, including the following specifics: All facility staff have been trained on how much food should be always in the facility and the proper notifications if food is not available according to the menu. Going forward, QIDP, Area Manager or designated supervisory personnel will conduct observations at varying times of the day to ensure that food is</p>		06/10/2024

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

TITLE

(X6) DATE

Greta Goins

Area Director

06/08/2024

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 disclosable 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>present in the home.</p> <p>At 4:01 pm client #8 stated, "We don't have much food. We don't have any meat, no cheese and no lunchmeat."</p> <p>During the observation the refrigerator and freezer did not have any meat. The cabinets had some condiments and spices. In the refrigerator was a half-cut watermelon sitting on the shelf.</p> <p>At 4:03 pm staff #1 stated, "We get refills of food on Sundays. Today is clients' choice for dinner. I talk with guys about what they want to eat, but we don't have any meat, but we have vegetables. Right now, I am making corn muffins for their 7 pm snack."</p> <p>At 4:13 pm client #3 stated, "Look we don't have orange juice for tomorrow, that's terrible."</p> <p>At 4:14 pm staff #1 stated, "It is not always like this. I'll make fries and vegetables for dinner."</p> <p>At 4:15 pm staff #1 got out a bag of sweet potatoes.</p> <p>At 4:19 pm staff #5 stated, "Since the food has been brought up from the basement we have been having issues. I had to spend \$70.00 of my own money to get pizza and other food for the guys. By the middle of the week snacks and meat are gone. It has been going on for weeks."</p> <p>At 4:27 pm staff #1 was in the kitchen cutting up sweet potatoes into fries.</p> <p>On 5/10/24 at 4:07 pm the Area Director was notified by the surveyor of the lack of food in the home, and she arranged for pizza to be delivered and food to be brought to the home.</p> <p>A review of the menu was conducted on 5/13/24 at 8:35 am. The menu for Friday, 5/10/24 indicated: "Breakfast: pancakes, low calorie syrup,</p>				<p>accessible and available.</p> <p>My25 Menu was contacted by the QIDP to update the number of client choice days per week and with preferred meals, proteins, etc.</p> <p>Lead DSP was retrained on 5/15/24 on following the menu, purchasing groceries as needed based on the menu, and ensuring that the supply of groceries is sufficient in the facility throughout the week for daily meals and an emergency supply. Progressive discipline was initiated for the Lead DSP for failure to complete job responsibilities by ensuring sufficient food in the facility to follow the menu.</p> <p><u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u></p> <p>All facility staff are trained upon hire and as needed on My25 menu, proper notifications of food substitutions or food not available to follow the menu, in addition, to how much food should be available in the facility to meet the nutritional needs of the individuals and or emergency supply. All new Program Director/QIDPs are trained upon hire and as needed</p>		

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W 0460 Bldg. 00	<p>margarine, Milk 2% and Apple juice from concentrate. Lunch: Turkey Sandwich, Rice cake, Kiwi- 1 medium, Bottled water to drink for lunch (12 ounces (oz)) Snack: Snack beverage-very low or zero calories and Fig Bar/Cookie. Dinner: Resident Choice -1/4 plate (3 oz) healthy protein, Resident Choice-1/4 plate (3 oz) high fiber starch choice, Resident Choice 1/2 plate (6 oz) high fiber vegetable choice, Resident Choice-Fruit, Milk 2 %, Snack: Snack beverage -very low or zero calories and Resident choice- snack."</p> <p>An interview with the Program Director (PD) was conducted on 5/15/24 at 12:01 pm. The PD stated, "The staff should be following the menu and making sure there is plenty of food in the house."</p> <p>An interview with the Area Director (AD) was conducted on 5/13/24 at 10:45 am. The AD stated, "There should always be plenty of food in the home. The staff should be following the menu. Staff should be contacting the PD or AD if they are having food issues."</p> <p>This deficiency was cited on 3/27/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.480(a)(1)</p> <p>FOOD AND NUTRITION SERVICES</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 3 of 3 sample clients (#1, #2 and #3), plus 4 additional clients (#4, #5, #6, and #8), the facility failed to ensure food was available in the home to provide nutritious meals and follow the</p>			W 0460	<p>on the My25 menu, how to request menu changes, and how many days of food should be available in the facility. Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor menu implementation, substitutions, and to ensure the food available is sufficient to meet the nutrition needs of the individuals and to follow the menu. In addition, the Quality Assurance Coordinator will visit the facility several times a month for any concerns related to the menu and available supply of food. Any concerns will be reported to the Area Director for follow up and disciplinary action as needed.</p> <p>Persons responsible: Lead DSP, QIDP, QA Coordinator, 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</p>		06/10/2024

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