

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00359581.</p> <p>Complaint #IN00359581: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W156.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: August 19, 20, 23, and 24, 2021.</p> <p>Facility Number: 012557 Provider Number: 15G791 Aims Number: 201017960A</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/2/21.</p>			W 0000			
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 2 of 8 allegations of abuse, neglect, and mistreatment reviewed, the facility failed to implement its written policies and procedures to prevent neglect of clients A and B.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 8/19/21 at 12:34</p>			W 0149	<p>All incidents of Abuse, Neglect, Exploitation and elopement will be immediately investigated. All investigations will be documented and filed per state regulations. All incidents will continue to be reported as they occur. Staff will be immediately suspend per policy if ANE is suspected, file a BDDS report and began a formal investigation.</p>		09/23/2021

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 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.

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>pm.</p> <p>1. A BDDS report dated 5/7/21 indicated the following: "Staff was coming out of the bathroom when [client B] walked by with a sweater and shoes on. Staff asked [client B] what was going on, she said leave me alone and went out the front door. [Client B] ignored all staff (sic) redirects to use coping skills and go back in the house. [Client B] then laid on the ground and threatened to bang her head and SIB (self-injurious behavior). Staff called on call PD (program director) then the police. When the police arrived, they attempted to talk to [client B], but she ignored them. She then started bumping her head on the ground. When the police attempted to stand [client B] up, she started swinging her arms around. Police then informed [client B] she would be taken to the hospital, and she started complying. Police took [client B] to [name of hospital], she was later released with no further incidents and no injuries occurred."</p> <p>Client B's Behavior Support Plan (BSP) dated 7/8/21 was reviewed on 8/19/21 at 1:00 pm and indicated the following: "Reactive Strategies 1. Self-Injurious Behavior/Suicidal Behavior Rationale: To address the primary function of escape. - Intervention Steps a. If [client B] begins to demonstrate isolative, depressed behaviors, staff should encourage 1:1 (one to one) interaction with staff. b. Staff should be proactive and remind [client B] that staff is there to help her to talk, so that she doesn't engage in SIB. c. Staff should encourage [client B] to engage in communications with Behavior Clinician (BC).</p>				<p>All findings will be emailed to the Area Director and HR for final conclusion and resolution. The Area Director will meeting with the Program Director weekly to discuss all incident needing an investigation has been properly investigated.</p>		

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

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>d. Staff will, in the event of SIB, or threat thereof, authorize a room sweep whereby any items with the potential to be used to self-harm will be removed and placed in a safe location. [Client B] will have her belongings returned to her after 48 hours if there are 0 incidents of SIB or aggressive behaviors....</p> <p>e. Staff will follow PRN (as needed) protocol if [client B] is displaying behaviors recommending a PRN.</p> <p>f. Depending on the seriousness of the self-injurious behavior as determined by the behavior clinician, [client B] may be placed on 5 minute view status for a minimum of 24 hours whether she remains in Dungarvin's care, returns from the hospital, or returns from police custody....</p> <p>h. If at any time staff feel the need to call 911, please call.</p> <p>i. Staff will document in the Target Behavior Log incidents of SIB and circumstances that led up to the behavior....</p> <p>6. False Allegations and Manipulations Rationale: To address the primary functions of attention. - Intervention Steps a. [Client B] should use 'I statements' to communicate her thoughts, feelings, and concerns. Listen to [client B's] feelings. b. [Client B] should be prompted to negotiate for what she wants before she attempts to manipulate the situation. Is there a resolution that [client B] can follow to gain items she is wanting? c. Staff should not get into a power struggle with [client B] and to remind [client B] to use coping skills as needed. d. Remind [client B] of the importance of truthfulness. Do this in a tactful, understanding manner.</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>e. Ensure that [client B] is safe when statements are made. See Suicidal Verbalizations.</p> <p>f. Each instance of suspected coercion/manipulation should be documented on the Target Behavior Record so that the information can be analyzed and discussed by the team.</p> <p>Staffing Supports and Materials Needed: Staffing Ratio: 1:1 staff to individual ratio during the wake hours of 7 am - 9 am (sic). 7/23/20 which was discussed urging a team meeting and an ISP (Individual Support Plan) update. [Client B] requires 24-7 supervision and line of sight."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed by phone on 8/23/21 at 12:10 pm and stated, "When [client B] is on the ground, and we can't get her up, we have to call for assistance. We call the police if [client B] lays on the ground. She has a history of accusing staff of doing things. To prevent false accusations, the police come to assist." QIDP #1 stated, "We only investigate for elopement and peer to peer aggression. We don't investigate if the police come to assist us to get [client B] up off the ground."</p> <p>BC #1 was interviewed by phone on 8/23/21 at 11:16 am and stated, "We call the police if [client B] elopes or is out of our line of sight. They would also call if her aggression or SIBs are out of hand and are causing harm to herself or others." BC #1 stated, "If [client B] is at home and is just lying on the ground, we wouldn't call the police. Only if she's causing harm to herself or others."</p> <p>2. A BDDS report dated 7/30/21 indicated the following: "While on the van staff asked [client A] what</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>happened with her housemate. [Client A] got upset and began to yell she was going to fight the [client C]. Staff asked her to calm down so they can talk about things. [Client A] was still upset (sic) attempting to fight [client C]. Staff got in between them and attempted to put [client A] in a one man HRC (Human Rights Committee) HWC (Handle With Care) hold per BHP (Behavior Support Plan) trying to move her away from [client C]. During this time, [client A] kicked [client C] in the face and [client C] punched [client A] in the eye. As a result of being punched in the right eye, [client A] has a bruise which did not require any medical attention. Staff was able to put her in a one man HRC approved HWC hold per BHP for 20 mins (minutes). Upon arriving to the site, staff allowed the other individuals to exit the van. [Client A] then jumped off and ran into the woods. Staff followed her until she got out of site (sic). Staff called the police, who were able to locate her. [Client A] continued to be combative and was taken to jail. She was released today and is home. There have been no further issues."</p> <p>Client A's BSP dated 4/12/21 was reviewed on 8/19/21 at 1:07 pm and indicated the following: "Reactive Strategies 1. Physical Aggression/Tantrums: Rationale: to address the primary function of tangible. Intervention Steps: a. [Client A] should be prompted to ask for a break before she engages in verbal or physical aggression. b. If staff notices that [client A] is becoming upset, staff can prompt her to ask for a break.... c. If [client A] appropriately asks for a break, provide her with the time and space to calm down and provide her with praise for making a good choice. Staff may utilize (sic).</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>d. [Client A's] calming items as well as putting a pillow or object between [client A] and the target.</p> <p>e. If [client A] refuses to ask for a break and ignores staff prompts to do so, staff can prompt a second time to ask for a break.</p> <p>f. If [client A] continues to refuse to ask for a break and ignores staff prompts to do so, staff can continue to ask [client A] if she would like to take a break every 5 minutes until she does so.</p> <p>g. Staff should not engage in a conversation with [client A] about the behavior or her choices in between prompts to do the replacement behavior, as this may inadvertently reinforce the inappropriate behavior. Staff should only prompt the replacement behavior....</p> <p>i. If [client A] become aggressive with a peer, staff should immediately intervene to protect the victim of [client A's] aggression. Staff should remove the target as quickly as possible to decrease the incidence rate and severity of the aggression.</p> <p>j. If [client A] is physically aggressive with staff, the target staff should use Dungarvin Crisis Intervention/Handle with Care techniques to protect themselves from bodily harm without being aggressive toward [client A]...."</p> <p>House Manager (HM) #1 was interviewed on 8/19/21 at 9:47 am and stated, "[Client A] lashed out at her housemates. I intervened. We were in the van and went to [name of store]. [Direct Support Professional (DSP) #1] went into the store, and I stayed in the van with all [Clients A, B, C, and D]. [Client A] and [client C] started arguing. [Client A] was threatening [client C]. I put [client A] in a hold, but she kicked [client C] in the face. [Client C] punched [client A]. I had to hold [client A] down while [DSP #1] drove. When we got home, [DSP #1] got out of the van. [Client A] jumped over the seats and got out of the driver's door and ran into the woods. We called</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>the police to come get her. As soon as the police got to the house and called her, she came out. HM #1 stated, "[Client A's] BSP says to talk her down, redirect, and tell her to use her coping skills when she's aggressive. We're supposed to use planned ignoring if no one is being hurt. She usually calms down." HM #1 stated, "When she's aggressive, we use a restraint. If she's endangering others, we put her in a hold until she calms down and is listening."</p> <p>DSP #1 was interviewed on 8/19/21 at 10:13 am and stated, "We had been at appointments. We stopped at [name of store], and I went in to get some things for the house. When I came back, [client A] was loud and upset and yelling she wanted to go to jail." DSP #1 stated, "When we got to the house, we tried to get [client A] to come inside. I backed the van up, so the door would be next to the house. The other got out, but [client A] refused. After about 15 minutes, when I got out, she jumped over the seats and darted out the driver's door. She ran into the woods. We went to try to find her. We looked for about 5 minutes. We couldn't see her. We called the police. They arrived within 15 minutes. She came right out of the woods. Apparently, she could see us the whole time." DSP #1 stated, "The only one with a 1:1 in her BSP is [client B]. I didn't take her into the store with me. She stayed in the van with [HM #1] and [clients A, C, and D]."</p> <p>BC #1 was interviewed by phone on 8/20/21 at 11:16 am and stated, "Staff are to call the police for assistance if the client is out of sight." BC #1 stated, "[Client B] has 1 to 1 staffing."</p> <p>The facility's Policy and Procedure Concerning Abuse, Neglect, and Exploitation dated 5/21/20 was reviewed on 8/19/21 at 1:00 pm and indicated:</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>"Purpose Dungarvin believes that each individual has the right to be free from mental, emotional, and physical abuse in his/her daily life. This policy establishes Dungarvin's procedures to prevent abuse, neglect, or exploitation and identifies specific actions to be taken if abuse, neglect, or exploitation occurs or is suspected.</p> <p>Policy: Abuse, neglect, or exploitation of the individuals served is strictly prohibited in any Dungarvin service delivery setting. All persons working for the organization and/or providing services to individuals are mandated by law to report suspected abuse, neglect, or exploitation. It is the policy of this organization to inform appropriate agencies of suspected or actual abuse, neglect, or exploitation and to cooperate fully with the investigation of such. All Dungarvin employees are required to cooperate with internal and external investigations. Dungarvin management engages in an on-going process of assessing the risk for abuse, neglect, or exploitation, and in developing responses to prevent abuse, neglect, or exploitation.</p> <p>I. Definitions: A. Physical abuse is defined as any act which constitutes a violation of the assault, prostitution, or criminal sexual conduct statutes, including intentionally touching another person in a rude, insolent, or angry manner; willful infliction of injury; unnecessary restraint/confinement resulting from physical or chemical intervention; any sexual contact between staff and an individual including rape, molestation, coercion, and exploitation.... B. Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>reasonably be expected to produce pain or injury, and is not accidental; any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in an individual's presence with intent to cause fear of retaliation or fear of confinement or restraint; repeated conduct which causes or could reasonably be expected to cause an individual to experience emotional humiliation or distress; repeated conduct which causes or could reasonably be expected to cause an individual to be viewed by others with hatred, contempt disgrace, or ridicule; and/or repeated conduct which causes or could reasonably be expected to cause an individual to react in a negative manner.</p> <p>C. Neglect is defined as failure to provide appropriate care, supervision, or training; failure to provide food and medical services as needed; failure to provide a safe, clean, and sanitary environment; and/or failure to provide medical supplies/safety equipment as indicated in the Individual Support Plan (ISP)....</p> <p>B. Dungarvin responds promptly to actual and suspected abuse. While allegations of suspected or actual abuse may be reported by the individual, family members, visitors, or external stakeholders, Dungarvin employees are required by law to report suspected or actual abuse, neglect, or exploitation. Persons not employed by the organization are encouraged to report such incidents to the program director/manager, area director/manager, or senior director.</p> <p>1. The first step is to immediately contact the program supervisor for the individual, the on-call supervisor, or any area director or area manager if the supervisor cannot be reached or is the alleged perpetrator. The supervisor receiving the report shall inform the appropriate area director/manager</p>						

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

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>or senior director....</p> <p>4. Within 24 hours of knowledge of the suspected or actual abuse, neglect, or exploitation, the program director/manager, area director/manager, senior director, or other designated administrator will report the incident to the BDDS using the on-line incident reporting process. Copies of the Incident Report (IR) shall be sent to Adult or Child Protective Services as appropriate, the individual's case manager (if applicable), the individual's guardian, and other members of the IST day service provider, behavioral services provider, etc.). Others may be made aware of the incident as appropriate to the individual's needs and preferences. A copy of the IR is forwarded (sic) the Dungarvin administrative assistant responsible for tracking incident reports.</p> <p>5. The program director/manager, area director/manager, senior director or his/her 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 P5-176) including written witness statements, pertinent history, evidence, a summary of findings and conclusion, and recommendations for disciplinary action utilizing the format recommended by BDDS 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>This federal tag relates to complaint #IN00359581.</p>				

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0154 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 8 allegations of abuse and neglect, the facility failed to conduct an investigation for client B.</p> <p>Findings include.</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 8/19/21 at 12:34 pm.</p> <p>A BDDS report dated 5/7/21 indicated the following: "Staff was coming out of the bathroom when [client B] walked by with a sweater and shoes on. Staff asked [client B] what was going on, she said leave me alone and went out the front door. [Client B] ignored all staff (sic) redirects to use coping skills and go back in the house. [Client B] then laid on the ground and threatened to bang her head and SIB (self-injurious behavior). Staff called on call PD (program director) then the police. When the police arrived, they attempted to talk to [client B], but she ignored them. She then started bumping her head on the ground. When the police attempted to stand [client B] up, she started swinging her arms around. Police then informed [client B] she would be taken to the hospital, and she started complying. Police took [client B] to [name of hospital], she was later released with no further incidents and no injuries occurred."</p>			W 0154	<p>The Program Director will be retrained incidents initiating an investigation, This training will include how to complete a thorough investigation. All trainings will be documented on a P5-15 and stored in the employees file. All findings will be included in the investigation.</p> <p>The Area Director will track the progress of all investigations every other days to ensure its complete within 5 days.</p>		09/23/2021

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0156 Bldg. 00	<p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed by phone on 8/23/21 at 12:10 pm and stated, "When [client B] is on the ground, and we can't get her up, we have to call for assistance. We call the police if [client B] lays on the ground. She has a history of accusing staff of doing things. To prevent false accusations, the police come to assist." QIDP #1 stated, "We only investigate for elopement and peer to peer aggression. We don't investigate if the police come to assist us to get [client B] up off the ground."</p> <p>Area Director (AD) #1 was interviewed by phone on 8/24/21 at 1:00 pm and stated, "The PD (Program Director) does investigations for aggression and elopement. The investigation should be completed in 3 to 5 days. The PD should at least do some fact finding if police have to come to assist staff."</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 1 of 8 allegations of abuse, neglect, exploitation, and mistreatment reviewed, the facility failed to complete an investigation for one allegation of neglect regarding clients A and C within 5 business days.</p> <p>Findings include:</p>			W 0156	<p>All local investigators will be retrained on ensure all investigations are thoroughly completed within 5 days. This training will include all areas needed review prior concluding the investigation. All training will be documented on P5-15 and placed in the employee file.</p>		09/23/2021

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 8/19/21 at 12:34 pm.</p> <p>A BDDS report dated 7/30/21 indicated the following: "While on the van staff asked [client A] what happened with her housemate. [Client A] got upset and began to yell she was going to fight the [client C]. Staff asked her to calm down so they can talk about things. [Client A] was still upset (sic) attempting to fight [client C]. Staff got in between them and attempted to put [client A] in a one man HRC (Human Rights Committee) HWC (Handle With Care) hold per BHP (Behavior Support Plan) trying to move her away from [client C]. During this time, [client A] kicked [client C] in the face and [client C] punched [client A] in the eye. As a result of being punched in the right eye, [client A] has a bruise which did not require any medical attention. Staff was able to put her in a one man HRC approved HWC hold per BHP for 20 mins (minutes). Upon arriving to the site, staff allowed the other individuals to exit the van. [Client A] then jumped off and ran into the woods. Staff followed her until she got out of site (sic). Staff called the police, who were able to locate her. [Client A] continued to be combative and was taken to jail. She was released today and is home. There have been no further issues." - The review included an investigation dated 8/9/21.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed by phone on 8/23/21 at 11:10 am and stated, "We investigate for elopement." QIDP #1 stated, "Investigations are completed within 5 business days."</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0289 Bldg. 00	<p>Area Director (AD) #1 was interviewed by phone on 8/24/21 at 1:00 pm and stated, "The investigation should be completed in 3 to 5 days."</p> <p>This federal tag relates to complaint #IN00359581.</p> <p>9-3-2(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on record review and interview for 1 of 2 sample clients (B), the facility failed to ensure client B's Behavior Support Plan (BSP) clearly defined when police intervention should be utilized to address client B's behaviors.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 8/19/21 at 12:34 pm.</p> <p>A BDDS report dated 5/7/21 indicated the following: "Staff was coming out of the bathroom when [client B] walked by with a sweater and shoes on. Staff asked [client B] what was going on, she said leave me alone and went out the front door. [Client B] ignored all staff (sic) redirects to use coping skills and go back in the house. [Client B] then laid on the ground and threatened to bang her head and SIB (self-injurious behavior). Staff</p>			W 0289	<p>The Behaviorist will update clients B BSP to include clear details of when the police should be called for assistance with behaviors. The staff will then be quizzed to competency regarding update to BSP. All trainings will be documented and placed in the employee file.</p> <p>All BSP will be reviewed quarterly to ensure all support needs are indicated.</p> <p>The Area Director will monitor all BSP quarterly to ensure the reviews and needed updates occurred.</p>		09/23/2021

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>called on call PD (program director) then the police. When the police arrived, they attempted to talk to [client B], but she ignored them. She then started bumping her head on the ground. When the police attempted to stand [client B] up, she started swinging her arms around. Police then informed [client B] she would be taken to the hospital, and she started complying. Police took [client B] to [name of hospital], she was later released with no further incidents and no injuries occurred."</p> <p>Client B's Behavior Support Plan (BSP) dated 7/8/21 was reviewed on 8/19/21 at 1:00 pm and indicated the following:</p> <p>"Reactive Strategies</p> <p>1. Self-Injurious Behavior/Suicidal Behavior</p> <p>Rationale: To address the primary function of escape.</p> <p>- Intervention Steps</p> <p>a. If [client B] begins to demonstrate isolative, depressed behaviors, staff should encourage 1:1 (one to one) interaction with staff.</p> <p>b. Staff should be proactive and remind [client B] that staff is there to help her to talk, so that she doesn't engage in SIB.</p> <p>c. Staff should encourage [client B] to engage in communications with Behavior Clinician (BC).</p> <p>d. Staff will, in the event of SIB, or threat thereof, authorize a room sweep whereby any items with the potential to be used to self-harm will be removed and placed in a safe location. [Client B] will have her belongings returned to her after 48 hours if there are 0 incidents of SIB or aggressive behaviors....</p> <p>e. Staff will follow PRN (as needed) protocol if [client B] is displaying behaviors recommending a PRN.</p> <p>f. Depending on the seriousness of the self-injurious behavior as determined by the</p>						

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

PRINTED: 09/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>behavior clinician, [client B] may be placed on 5 minute view status for a minimum of 24 hours whether she remains in Dungarvin's care, returns from the hospital, or returns from police custody....</p> <p>h. If at any time staff feel the need to call 911, please call.</p> <p>i. Staff will document in the Target Behavior Log incidents of SIB and circumstances that led up to the behavior....</p> <p>6. False Allegations and Manipulations Rationale: To address the primary functions of attention.</p> <p>- Intervention Steps</p> <p>a. [Client B] should use 'I statements' to communicate her thoughts, feelings, and concerns. Listen to [client B's] feelings.</p> <p>b. [Client B] should be prompted to negotiate for what she wants before she attempts to manipulate the situation. Is there a resolution that [client B] can follow to gain items she is wanting?</p> <p>c. Staff should not get into a power struggle with [client B] and to remind [client B] to use coping skills as needed.</p> <p>d. Remind [client B] of the importance of truthfulness. Do this in a tactful, understanding manner.</p> <p>e. Ensure that [client B] is safe when statements are made. See Suicidal Verbalizations.</p> <p>f. Each instance of suspected coercion/manipulation should be documented on the Target Behavior Record so that the information can be analyzed and discussed by the team.</p> <p>Staffing Supports and Materials Needed: Staffing Ratio: 1:1 staff to individual ratio during the wake hours of 7 am - 9 am (sic). 7/23/20 which was discussed urging a team meeting and an ISP</p>						

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

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0455 Bldg. 00	<p>(Individual Support Plan) update. [Client B] requires 24-7 supervision and line of sight." - Client B's BSP does not clearly define when police intervention should be used to address her behavior of lying on the ground.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed by phone on 8/23/21 at 12:10 pm and stated, "When [client B] is on the ground, and we can't get her up, we have to call for assistance. We call the police if [client B] lays on the ground. She has a history of accusing staff of doing things. To prevent false accusations, the police come to assist." QIDP #1 stated, "We only investigate for elopement and peer to peer aggression. We don't investigate if the police come to assist us to get [client B] up off the ground."</p> <p>BC #1 was interviewed by phone on 8/23/21 at 11:16 am and stated, "We call the police if [client B] elopes or is out of our line of sight. They would also call if her aggression or SIBs are out of hand and are causing harm to herself or others." BC #1 stated, "If [client B] is at home and is just lying on the ground, we wouldn't call the police. Only if she's causing harm to herself or others."</p> <p>Area Director (AD) #1 was interviewed by phone on 8/24/21 at 1:00 pm and stated, "Police would be called to help staff depending on the client's behavior. The BSP should be more concrete."</p> <p>9-3-5(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p>						

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

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Based on observation and interview for 1 additional client (D), the facility failed to follow universal precautions in regards to client D's dining.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/19/21 from 9:25 am through 10:45 am. Client D was in the home for the duration of the observation period. At 9:40 am, Direct Support Professional (DSP) #1 was sitting in the living room eating a breakfast sandwich with her hands. Client D sat on her exercise ball and stated, "Egg." DSP #1 used her fingers to remove the top piece of bread and break off a piece of egg. DSP #1 handed the egg to client D. Client D put part of the egg into her mouth and ate it. Client D dropped the remaining portion of egg onto the floor. Client D picked up the egg. DSP #1 stated, "No! Don't eat it." DSP #1 prompted client D to put the egg into the garbage and to get a broom to clean up the egg.</p> <p>DSP #1 was interviewed on 8/19/21 at 10:13 am and stated, "[Client D] asked me for some egg, so I gave it to her."</p> <p>Area Director (AD) #1 was interviewed by phone on 8/24/21 at 1:00 pm and stated, "Staff should not be sharing food. Everyone should have their own plate and food."</p> <p>9-3-7(a)</p>			W 0455	<p>All staff will be retrained universal precaution and sanitation. Staff will also be retrained on the menu and the purpose of family style dining. All staff will be trained to ensure all persons served and staff eat out of separate eating utensils. All training documents will be stored in the employee files.</p> <p>The Program Director will monitor this weekly during site visits.</p> <p>The Area Director will monitor this monthly during site visits.</p>		09/23/2021