

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

PRINTED: 01/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G748		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/15/2021	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929			
(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	
W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00366090.</p> <p>Complaint #IN00366090: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W125, W149, W153, W249, and W331.</p> <p>Dates of Survey: 11/22, 11/23, 11/30, 12/1, 12/2, 12/13, 12/14, and 12/15/2021.</p> <p>Facility number: 011602 Provider number: 15G748 AIM number: 200903760</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/22/21.</p>		W 0000				
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview, and record review, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D). The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the following:</p> <p>-The facility implemented the agency's policy and procedures to ensure their system for prohibiting abuse, neglect, and mistreatment</p>		W 0102	<p><b>Dungarvin has reviewed individuals' rights for unimpeded access to the kitchen refrigerator versus health and safety concerns due to diagnosis and behaviors. Through HRC review and approval on 1/4/22, Dungarvin will maintain a secured refrigerator with access for individuals without BSP restrictions and a second</b></p>		01/14/2022	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>prevented staff abuse and/or mistreatment, to immediately report allegations of staff abuse and/or mistreatment, and ensured clients A, B, C, and D's rights to have unimpeded access to the kitchen refrigerator.</p> <p>Findings include:</p> <p>1. Please refer to W104. The governing body failed to exercise general policy, budget, and operating direction over the facility for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D). The governing body failed to ensure the facility's implementation of their abuse and mistreatment policy and procedure to prohibit staff to client abuse and/or mistreatment, to immediately report allegations to the administrator and to BDDS (Bureau of Developmental Disabilities Services), and failed to ensure clients A, B, C, and D had unimpeded access to the kitchen refrigerator.</p> <p>2. Please refer to W122. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B, and C) and 1 additional client (client D). The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the facility implemented the agency's written policy and procedures to ensure their system for prohibiting abuse and mistreatment prevented staff abuse and mistreatment, to immediately report allegations of abuse and mistreatment, and to allow clients A, B, C, and D unimpeded access to the kitchen refrigerator.</p> <p>This federal tag relates to complaint #IN00366090.</p>				<p><b>unsecured kitchen refrigerator available to all individuals that will contain appropriate snacks and food items. The unsecured refrigerator should be restocked throughout the day to meet the health needs of the individuals and their schedules. Second refrigerator to be in place by 1/14/22. The Program Director will retrain staff on ANE policies and procedures by January 14, 2022 in addition to the current expectation of annual retraining. Additionally, The Program Director will train and coach the Individuals on ANE and how to report it, also by January 14, 2022. This training for the individuals will include a quarterly follow up and retraining. The effectiveness will be, measured through Program Director inquiries with individuals 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-weekly for the third 30-day period. The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</b></p>		

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W 0104  Bldg. 00	<p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D), the governing body failed to ensure the facility's implementation of their abuse and mistreatment policy and procedure to prohibit staff to client abuse and/or mistreatment, to immediately report allegations to the administrator and to BDDS (Bureau of Developmental Disabilities Services), and failed to ensure clients A, B, C, and D had unimpeded access to the kitchen refrigerator.</p> <p>Findings include:</p> <p>1. Please refer to W149. The governing body failed to ensure the facility implemented the agency's abuse/neglect prevention policy to prohibit staff to client abuse and/or mistreatment and to immediately report allegations of staff abuse and/or mistreatment to the administrator and to BDDS in accordance to State Law (clients A, B, and C).</p> <p>2. Please refer to W153. The governing body failed to ensure the facility immediately reported allegations of staff abuse and/or mistreatment to the administrator and to BDDS in accordance to State Law (clients A, B, and C).</p> <p>3. Please refer to W125. The governing body failed to ensure clients A, B, C, and D were</p>		W 0104	<p><b>Dungarvin has reviewed individuals' rights for unimpeded access to the kitchen refrigerator versus health and safety concerns due to diagnosis and behaviors. Through HRC review and approval on 1/4/22, Dungarvin will maintain a secured refrigerator with access for individuals without BSP restrictions and a second unsecured kitchen refrigerator available to all individuals that will contain appropriate snacks and food items. The unsecured refrigerator should be restocked throughout the day to meet the health needs of the individuals and their schedules. Second refrigerator to be in place by 1/14/22.</b></p> <p><b>The Program Director will retrain staff on ANE policies and procedures by January 14, 2022 in addition to the current expectation of annual retraining. Additionally, The Program Director will train and coach the Individuals on ANE and how to report it, also by January 14, 2022. This training</b></p>		01/14/2022	

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W 0122  Bldg. 00	<p>allowed unimpeded access to the kitchen refrigerator (clients A, B, C, and D).</p> <p>This federal tag relates to complaint #IN00366090.</p> <p>9-3-1(a)</p> <p>483.420(a) CLIENT PROTECTIONS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must Based on observation, record review, and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B, and C) and 1 additional client (client D).</p> <p>-The facility failed to implement its written policy and procedures to ensure their system for prohibiting abuse, neglect, and mistreatment prevented staff abuse and mistreatment, to immediately report allegations of abuse and mistreatment, and to allow clients A, B, C, and D unimpeded access to the kitchen refrigerator.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to ensure the implementation of their abuse/neglect prevention policy to prohibit staff to client abuse and/or mistreatment and to immediately report allegations of staff abuse and/or mistreatment to</p>		W 0122	<p>for the individuals will include a quarterly follow up and retraining. The effectiveness will be, measured through Program Director inquiries with individuals 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-weekly for the third 30-day period. The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</p> <p>The Program Director will retrain staff on ANE policies and procedures by January 14, 2022 in addition to the current expectation of annual retraining. Additionally, The Program Director will train and coach the Individuals on ANE and how to report it, also by January 14, 2022. This training for the individuals will include a quarterly follow up and retraining. The effectiveness will be, measured through Program Director inquiries with individuals 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-weekly for the third 30-day period.</p>		01/14/2022	

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W 0125  Bldg. 00	<p>the administrator and to BDDS in accordance to State Law (clients A, B, and C).</p> <p>Please refer to W153. The facility failed to immediately report allegations of staff abuse and/or mistreatment to the administrator and to BDDS in accordance to State Law (clients A, B, and C).</p> <p>Please refer to W125. The facility failed to ensure clients A, B, C, and D were allowed unimpeded access to the kitchen refrigerator (clients A, B, C, and D).</p> <p>This federal tag relates to complaint #IN00366090.</p> <p>9-3-2(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 (clients A, B, and C) and 1 additional client (client D), the facility failed to ensure clients A, B, C, and D were allowed unimpeded access to the kitchen refrigerator.</p> <p>Findings include:</p> <p>On 11/22/2021 from 1:40pm until 4:25pm, clients A, B, and C were observed at the group home and client D was not at the group home.</p>		W 0125	<p><b>The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</b></p> <p><b>Dungarvin has reviewed individuals' rights for unimpeded access to the kitchen refrigerator versus health and safety concerns due to diagnosis and behaviors. Through HRC review and approval on 1/4/22, Dungarvin will maintain a secured refrigerator with access for individuals without BSP restrictions and a second</b></p>		01/14/2022	

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	<p>From 1:40pm until 2:20pm, client B lay on the floor in the sunshine and slept, and clients A and C were inside their bedrooms in bed. From 1:40pm until 4:25pm, the kitchen refrigerator had three dish towels tied in knots which tied the side by side refrigerator doors closed. At 2:20pm, client B woke up and stood up from the floor and began to pace from room to room. From 2:50pm until 3:50pm, Direct Support Professional (DSP) #1, DSP #2, and DSP #6 took turns standing in front of the tied shut refrigerator doors in the kitchen and client B stood at the entry area to the kitchen which was beside the staff in front of the refrigerator. At 2:50pm, DSP #1, DSP #2, and DSP #6 stated the staff "had two staff in the kitchen" when client B was present and client B walked toward the staff, pushed staff away from the refrigerator doors, and attempted to gain access to the kitchen refrigerator without success. At 3:00pm, DSP #4 arrived at the group home and DSP #1 left the group home. DSP #4 stood and sat in the kitchen with DSP #6 to block the refrigerator to prevent clients A, B, and C from accessing the tied shut refrigerator. At 3:20pm, DSP #2 stated client B "had eaten raw food about 2 years ago from the refrigerator and we tie it shut now. We do it this way for client safety. [Client B] can bite through anything, even frozen foods." DSP #2 indicated the tied shut refrigerator restriction was not in clients A, B, C, and D's plans. DSP #2 indicated clients A, C, and D did not need the tied shut refrigerator restriction.</p> <p>Client A's record was reviewed on 11/23/2021 at 11:00am and on 12/14/2021 at 10:00am. Client A's 8/20/21 ISP (Individual Support Plan), 9/18/2021 BSP (Behavior Support Plan), and record did not indicate client A had a need for the tied shut refrigerator.</p>		<p><b>unsecured kitchen refrigerator available to all individuals that will contain appropriate snacks and food items. The unsecured refrigerator should be restocked throughout the day to meet the health needs of the individuals and their schedules. Second refrigerator to be in place by 1/14/22.</b></p> <p><b>The Program Director will retrain staff on ANE policies and procedures by January 14, 2022 in addition to the current expectation of annual retraining.</b></p> <p><b>The effectiveness will be, measured through Program Director inquiries with individuals 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-weekly for the third 30-day period.</b></p> <p><b>The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</b></p>				

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	<p>Client B's record was reviewed on 11/23/2021 at 10:35am and on 12/14/2021 at 11:00am. Client B's 11/4/2021 ISP, 1/8/2021 BSP, and record did not indicate client B had a need for the tied shut refrigerator. Client B's BSP indicated the targeted behavior of PICA (eating non edible items). Client B's BSP indicated he had attempted to eat frozen foods from the garage freezer within the prior year.</p> <p>Client C's record was reviewed on 11/23/2021 at 11:40am and on 12/14/2021 at 1:00pm. Client C's 11/4/2021 ISP, 1/22/2021 BSP, and record did not indicate client C had a need for the tied shut refrigerator.</p> <p>On 11/23/2021 at 12:10pm, an interview was conducted with the BC (Behavior Consultant). The BC indicated clients A, B, C, and D's ISPs and BSPs did not include the restriction from the kitchen refrigerator. The BC indicated multiple dish towels tied to keep the refrigerator doors closed on the kitchen refrigerator and body blocking the access to the kitchen were restrictions and not part of clients A, B, C, and D's plans.</p> <p>On 11/23/2021 at 12:50pm, an interview was conducted with the AM (Area Manager). The AM indicated clients A, B, C, and D's ISPs and BSPs did not include the restriction from the kitchen refrigerator. The AM stated "I'm not sure about the refrigerator being tied shut with dish towels."</p> <p>On 12/15/2021 at 9:20am, an interview was conducted with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The PD/QIDP indicated clients A,</p>						

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W 0149  Bldg. 00	<p>B, C, and D's ISPs and BSPs did not include the restriction from the kitchen refrigerator. The PD/QIDP indicated multiple dish towels tied to keep the refrigerator doors closed on the kitchen refrigerator and body blocking the access to the kitchen were restrictions and not part of clients A, B, C, and D's plans.</p> <p>This federal tag relates to complaint #IN00366090.</p> <p>9-3-2(a)</p> <p>483.420(d)(1)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C), the facility neglected to ensure the implementation of their abuse/neglect prevention policy to prohibit staff to client abuse and/or mistreatment and to immediately report allegations of staff abuse and/or mistreatment to the administrator and to BDDS in accordance to State Law (clients A, B, and C).</p> <p>Findings include:</p> <p>On 11/22/2021 at 6:00pm, on 11/23/2021 at 8:00am, on 12/1/2021 at 8:45am, and on 12/13/2021 at 10:00am, the facility's Bureau of Developmental Disability Services (BDDS) reports from 5/1/2021 through 11/23/2021 were reviewed and did not indicate reports regarding allegations of staff abuse and/or mistreatment for clients A, B, and C.</p> <p>On 11/22/2021 from 1:40pm until 4:25pm,</p>			W 0149	<p><b>All staff will be retrained on the ANE policies and procedures by the Program Director no later January 14, 2022 in addition to the current expectation of annual retraining. Additionally, the Program Director will train and coach the Individuals on ANE and how to report it, also by January 14, 2022. This training for the individuals will include a quarterly follow up and retraining.</b></p> <p><b>The effectiveness will be, measured through Program Director inquiries with individuals 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-weekly for the third 30-day period.</b></p>		01/14/2022

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	<p>clients A, B, and C were observed at the group home. From 1:40pm until 2:20pm, client B lay on the floor in the sunshine and slept, and clients A and C were inside their bedrooms in bed. From 1:40pm until 4:25pm, the kitchen refrigerator had three dish towels tied in knots which tied the side by side refrigerator doors closed. At 2:20pm, client B woke up and stood up from the floor and began to pace from room to room. From 2:50pm until 3:50pm, Direct Support Professional (DSP) #1, DSP #2, and DSP #6 took turns standing in front of the tied shut refrigerator doors in the kitchen. DSP #1, DSP #2, and DSP #6 stated the staff "had two staff in the kitchen" when client B was present and client B walked toward the staff, pushed staff away from the refrigerator doors, and attempted to gain access to the kitchen refrigerator without success. At 2:40pm, client A walked out to the dining room and sat down at the table. Client A watched clients B and C walking around the hallway by the kitchen, went back to his bedroom, and closed then locked the door. At 3:00pm, DSP #4 arrived at the group home and DSP #1 left the group home. DSP #4 stood and sat in the kitchen with DSP #6 to block the refrigerator to prevent clients A, B, and C from accessing the tied shut refrigerator. From 3:00pm until 4:25pm, client A was in his room, client B stood beside the kitchen entrance blocked from the refrigerator by DSP #2, DSP #4, and DSP #6, and client C stood watching the staff and engaging the staff in conversation by asking questions.</p> <p>-At 3:00pm, DSP #4 stated to client C "Stop it. Stop asking personal questions. Nothing for you here. Stop it" in a loud tone of voice that echoed inside the group home. At 3:25pm, DSP #2 stated to clients A, B, and C, "Why don't you guys</p>				<p><b>The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</b></p>		

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	<p>find something to do?" DSP #2, DSP #4, and DSP #6 stood in the kitchen in front of the refrigerator and no activities were offered. At 3:25pm, when asked if clients were bothered when staff spoke to them in loud tones of voices, DSP #2 stated, "We have to talk to the guys firmly." DSP #2 indicated she was not aware of any allegations of abuse and/or mistreatment. DSP #2 stated "the clients need to know what our expectations are." DSP #2 stated "Some staff who are not here anymore did not always like it when we are firm with the guys." At 4:00pm, DSP #4 stated to client B in a loud tone of voice within inches from his face, "That's not for you. You had yours (a snack)." DSP #4 walked pulling client B toward the dining room area from the kitchen. At 4:00pm, client C asked to call his mom four times and DSP #4 stated in a loud tone of voice, "I've told you I don't know each time." At 4:10pm, client C asked to call his mom again and DSP #4 stated in a loud tone of voice, "Go sit down. Go sit down now. I have to deal with this first (and pointed to client B standing at the tied shut refrigerator again)." Client C asked again to call his mom and DSP #4 stated in a loud tone of voice "[Client C] you're not listening. You're not calling now cause you are ignoring staff." Client C walked into the dining room, pulled out a chair at the table, sat down, hung his head downward, and placed his hands in his lap. At 4:25pm, client C was sitting at the dining room table, not talking to anyone, and had his hands in his lap.</p> <p>Client A was interviewed on 11/22/2021 at 2:00pm. DSP #1 unlocked client A's bedroom door to allow the surveyor to ask if client A would allow entry to his room. Client A stated "I stay in my room." Client A stated he kept his door locked to prevent client B from coming into his room, hitting him, and "tearing up my</p>						

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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929			
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	<p>stuff." Client A locked the door behind the surveyor. When asked if client A was afraid of client B, client A stated, "No. I keep door locked." Client A indicated he feared the staff who yelled at him. Client A stated "I tell other staff when staff yell at me. Nothing happens." Client A stated staff use bad words and yell "daily at me."</p> <p>Client C was interviewed on 11/22/2021 at 2:50pm. Client C stated "Staff yell at us every day. They use bad words too." Client C indicated he had told other staff when staff yell and use bad words because it upset him. Client C stated "Nothing happens. We get yelled at more and then have to stay in our bedrooms." When asked when this occurred, client C stated, "Almost every day. Some of them (the staff) scare me." Client C stated when staff yell and use bad words it made him "feel bad."</p> <p>Confidential Interview (CI) #1 was interviewed. CI #1 stated "I have witnessed staff yell and cuss at the clients." When asked when, CI #1 stated, "Every time that staff works. They think no one will believe the clients because the group home needs staff to work shifts." CI #1 stated "Staff push [client B] around because he can't talk to tell what happens. [Clients A and C] are scared to death of some of the staff working there." CI #1 stated "Staff don't report the clients' allegations that staff make clients stay in their rooms, yell at clients, and cuss at the clients." CI #1 stated "If it was reported, then that staff will take it out on the clients." CI #1 indicated there were multiple staff involved with these restrictions on the clients. CI #1 stated, "I tried to report it to my supervisor and was told the clients are just saying that."</p>						

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	<p>Confidential Interview (CI) #4 was interviewed. CI #4 stated "I had witnessed staff yell and cuss at the clients." When asked when, CI #4 stated, "when the staff worked." CI #4 stated "Staff had told me just say the client made it up." CI #4 stated "multiple staff push [client B] around because he can't talk to tell what happens." CI #4 stated "Staff don't report the clients allegations that staff make clients stay in their rooms, yell at clients, and cuss at the clients." CI #4 indicated CI #4 had reported an allegation against another staff and was told by a supervisor that "We need staff to work." CI #4 stated when an allegation was reported "the supervisor said I liked that staff, I don't believe it."</p> <p>On 11/22/2021 at 1:40pm, an interview was conducted with the Area Manager (AM). The AM indicated he was not aware of any allegations of abuse, neglect, and/or mistreatment. The AM indicated the agency followed the BDDS policy and procedure to prohibit abuse, neglect, and mistreatment, to immediately report incidents of failure to supervise clients according to their identified needs, client to client physical aggression, allegations of abuse, neglect, and/or mistreatment, and to complete thorough investigations into reported incidents.</p> <p>On 12/15/2021 at 9:20am, an interview was conducted with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The PD/QIDP indicated he was not aware of any allegations of Abuse, Neglect, and/or Mistreatment. The PD/QIDP indicated the agency followed the BDDS policy and procedure to prohibit abuse, neglect, and mistreatment, to immediately report incidents of failure to supervise clients according to their identified needs, client to client physical</p>						

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	<p>aggression, allegations of abuse, neglect, and/or mistreatment, and to complete thorough investigations into reported incidents.</p> <p>On 12/15/2021 at 3:00pm, an interview was conducted with the Area Director (AD). The AD stated "I was not aware of any of these allegations made by the clients" regarding the allegations of staff abuse and mistreatment when making clients go to their rooms, yelling and cussing at clients, and the tied shut refrigerator. The AD stated "Our agency will terminate the employment of staff if abuse, neglect, and/or mistreatment occurs by a staff person. I was not aware of this at all." The AD stated the staff should have immediately reported the allegations and she as the administrator should have been made aware of "any allegation of abuse, neglect, and/or mistreatment." The AD stated "How can we ensure a thorough investigation was conducted if the allegation was not reported?" The AD stated "All allegations should be reported immediately."</p> <p>On 11/22/2021 at 6:00pm, the 4/2005 "BDDS Reportable Incidents to the Bureau of Developmental Disabilities Services" policy and procedure indicated "Reportable incidents are any event characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual...."</p> <p>On 11/22/2021 at 6:00pm, the facility's 4/2011 "Policy and Procedure Concerning Consumer Abuse and Neglect" indicated the agency prohibited abuse, neglect, and/or mistreatment. The policy and procedure indicated "All persons working in this organization's homes or providing a service within these homes are mandated by law</p>						

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W 0153  Bldg. 00	<p>to report suspected abuse or neglect" and "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." The policy indicated "Any suspected incidents" should be reported immediately. The policy indicated "Physical Abuse is defined as any act which constitutes a violation of the assault...Non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress...Neglect-the 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...as indicated in the Individual Support Plan (ISP)."</p> <p>This federal tag relates to complaint #IN00366090.</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C), the facility failed to immediately report allegations of staff abuse and/or mistreatment to the administrator and to BDDS in accordance to State Law (clients A, B, and C).</p>		W 0153	<p><b>The Program Director will retrain staff on ANE policies and procedures by January 14, 2022 in addition to the current expectation of annual retraining. Additionally, the</b></p>		01/14/2022	

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	<p>Findings include:</p> <p>On 11/22/2021 at 6:00pm, on 11/23/2021 at 8:00am, on 12/1/2021 at 8:45am, and on 12/13/2021 at 10:00am, the facility's Bureau of Developmental Disability Services (BDDS) reports from 5/1/2021 through 11/23/2021 were reviewed and did not indicate reports regarding allegations of staff abuse and/or mistreatment for clients A, B, and C.</p> <p>On 11/22/2021 from 1:40pm until 4:25pm, clients A, B, and C were observed at the group home. From 1:40pm until 2:20pm, client B lay on the floor in the sunshine and slept, and clients A and C were inside their bedrooms in bed. From 1:40pm until 4:25pm, the kitchen refrigerator had three dish towels tied in knots which tied the side by side refrigerator doors closed. At 2:20pm, client B woke up and stood up from the floor and began to pace from room to room. From 2:50pm until 3:50pm, Direct Support Professional (DSP) #1, DSP #2, and DSP #6 took turns standing in front of the tied shut refrigerator doors in the kitchen. DSP #1, DSP #2, and DSP #6 stated the staff "had two staff in the kitchen" when client B was present and client B walked toward the staff, pushed staff away from the refrigerator doors, and attempted to gain access to the kitchen refrigerator without success. At 2:40pm, client A walked out to the dining room and sat down at the table. Client A watched clients B and C walking around the hallway by the kitchen, went back to his bedroom, and closed then locked the door. At 3:00pm, DSP #4 arrived at the group home and DSP #1 left the group home. DSP #4 stood and sat in the kitchen with DSP #6 to block the refrigerator to prevent clients A, B, and C from</p>				<p><b>Program Director will train and coach the Individuals on ANE and how to report it, also by January 14, 2022. This training for the individuals will include a quarterly follow up and retraining.</b></p> <p><b>The effectiveness will be, measured through Program Director inquiries with individuals 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-weekly for the third 30-day period. The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</b></p>		

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	<p>accessing the tied shut refrigerator. From 3:00pm until 4:25pm, client A was in his room, client B stood beside the kitchen entrance blocked from the refrigerator by DSP #2, DSP #4, and DSP #6, and client C stood watching the staff and engaging the staff in conversation by asking questions.</p> <p>-At 3:00pm, DSP #4 stated to client C "Stop it. Stop asking personal questions. Nothing for you here. Stop it" in a loud tone of voice that echoed inside the group home. At 3:25pm, DSP #2 stated to clients A, B, and C, "Why don't you guys find something to do?" DSP #2, DSP #4, and DSP #6 stood in the kitchen in front of the refrigerator and no activities were offered. At 3:25pm, when asked if clients were bothered when staff spoke to them in loud tones of voices, DSP #2 stated, "We have to talk to the guys firmly." DSP #2 indicated she was not aware of any allegations of abuse and/or mistreatment. DSP #2 stated "the clients need to know what our expectations are." DSP #2 stated "Some staff who are not here anymore did not always like it when we are firm with the guys." At 4:00pm, DSP #4 stated to client B in a loud tone of voice within inches from his face, "That's not for you. You had yours (a snack)." DSP #4 walked pulling client B toward the dining room area from the kitchen. At 4:00pm, client C asked to call his mom four times and DSP #4 stated in a loud tone of voice, "I've told you I don't know each time." At 4:10pm, client C asked to call his mom again and DSP #4 stated in a loud tone of voice, "Go sit down. Go sit down now. I have to deal with this first (and pointed to client B standing at the tied shut refrigerator again)." Client C asked again to call his mom and DSP #4 stated in a loud tone of voice "[Client C] you're not listening. You're not calling now cause you are ignoring staff." Client</p>						

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	<p>C walked into the dining room, pulled out a chair at the table, sat down, hung his head downward, and placed his hands in his lap. At 4:25pm, client C was sitting at the dining room table, not talking to anyone, and had his hands in his lap.</p> <p>Client A was interviewed on 11/22/2021 at 2:00pm. DSP #1 unlocked client A's bedroom door to allow the surveyor to ask if client A would allow entry to his room. Client A stated "I stay in my room." Client A stated he kept his door locked to prevent client B from coming into his room, hitting him, and "tearing up my stuff." Client A locked the door behind the surveyor. When asked if client A was afraid of client B, client A stated, "No. I keep door locked." Client A indicated he feared the staff who yelled at him. Client A stated "I tell other staff when staff yell at me. Nothing happens." Client A stated staff use bad words and yell "daily at me."</p> <p>Client C was interviewed on 11/22/2021 at 2:50pm. Client C stated "Staff yell at us every day. They use bad words too." Client C indicated he had told other staff when staff yell and use bad words because it upset him. Client C stated "Nothing happens. We get yelled at more and then have to stay in our bedrooms." When asked when this occurred, client C stated, "Almost every day. Some of them (the staff) scare me." Client C stated when staff yell and use bad words it made him "feel bad."</p> <p>Confidential Interview (CI) #1 was interviewed. CI #1 stated "I have witnessed staff yell and cuss at the clients." When asked when, CI #1 stated, "Every time that staff works. They think no one will believe the clients because the group home needs staff to work shifts." CI #1 stated "Staff</p>						

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	<p>push [client B] around because he can't talk to tell what happens. [Clients A and C] are scared to death of some of the staff working there." CI #1 stated "Staff don't report the clients' allegations that staff make clients stay in their rooms, yell at clients, and cuss at the clients." CI #1 stated "If it was reported, then that staff will take it out on the clients." CI #1 indicated there were multiple staff involved with these restrictions on the clients. CI #1 stated, "I tried to report it to my supervisor and was told the clients are just saying that."</p> <p>Confidential Interview (CI) #4 was interviewed. CI #4 stated "I have witnessed staff yell and cuss at the clients." When asked when, CI #4 stated, "when the staff worked." CI #4 stated "Staff had told me just say the client made it up." CI #4 stated "multiple staff push [client B] around because he can't talk to tell what happens." CI #4 stated "Staff don't report the clients' allegations that staff make clients stay in their rooms, yell at clients, and cuss at the clients." CI #4 indicated CI #4 had reported an allegation against another staff and was told by a supervisor that "We need staff to work." CI #4 stated when an allegation was reported "the supervisor said I liked that staff, I don't believe it."</p> <p>On 11/22/2021 at 1:40pm, an interview was conducted with the Area Manager (AM). The AM indicated he was not aware of any allegations of abuse, neglect, and/or mistreatment. The AM indicated the agency followed the BDDS policy and procedure to prohibit abuse, neglect, and mistreatment, to immediately report incidents and allegations of abuse, neglect, and/or mistreatment.</p> <p>On 12/15/2021 at 9:20am, an interview was</p>						

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	<p>conducted with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The PD/QIDP indicated he was not aware of any allegations of Abuse, Neglect, and/or Mistreatment. The PD/QIDP indicated the agency followed the BDDS policy and procedure to immediately report allegations of abuse, neglect, and/or mistreatment to the administrator and to BDDS. The PD/QIDP indicated he had been assigned to supervise the group home in 9/2021. The PD/QIDP stated "I would consider staff yelling at clients, restricting their access to items, cussing at clients, and making them go to their rooms as allegations and all should have been immediately reported to the administrator and an investigation started."</p> <p>On 12/15/2021 at 3:00pm, an interview was conducted with the Area Director (AD). The AD stated "I was not aware of any of these allegations made by the clients" regarding the allegations of staff abuse and mistreatment when making clients go to their rooms, yelling and cussing at clients, and the tied shut refrigerator. The AD stated "Our agency will terminate the employment of staff if abuse, neglect, and/or mistreatment occurs by a staff person. I was not aware of this at all." The AD stated the staff should have immediately reported the allegations and she as the administrator should have been made aware of "any allegation of abuse, neglect, and/or mistreatment." The AD stated "How can we ensure a thorough investigation was conducted if the allegation was not reported?" The AD stated "All allegations should be reported immediately."</p> <p>This federal tag relates to complaint #IN00366090.</p>						

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W 0249  Bldg. 00	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C), the facility failed to implement clients A, B, and C's Individual Support Plans (ISP) and Behavior Support Plan (BSP) when opportunities existed.</p> <p>Findings include:</p> <p>On 11/22/2021 from 1:40pm until 4:25pm, clients A, B, and C were observed at the group home. From 1:40pm until 2:20pm, client B lay on the floor in the sunshine and slept, and clients A and C were inside their bedrooms in bed. No activities were encouraged by the facility staff. From 1:40pm until 4:25pm, the kitchen refrigerator had three dish towels tied in knots which tied the side by side refrigerator doors closed. At 2:20pm, client B woke up and stood up from the floor and began to pace from room to room. From 2:50pm until 3:50pm, Direct Support Professional (DSP) #1, DSP #2, and DSP #6 took turns standing in front of the tied shut refrigerator doors in the kitchen. At 2:50pm, DSP #1, DSP #2, and DSP #6 stated the staff "had two staff in the kitchen" when client B was present and client B walked toward the staff, pushed staff away from the refrigerator doors,</p>			W 0249	<p>All staff will be retrained on the individuals ISP and BSP to ensure they are appropriately implementing them. The training will include measures to in which teaches staff how to focus on active treatment even when the other staff is engage in managing a behavior with another individual. The training will be completed by the Program Director no later than January 14, 2022.</p> <p><b>The effectiveness will be, measured through Program Director completing site observations 3x weekly for the first 30 days, weekly inquiries for the second 30-day period and bi-monthly for the third 30-day period.</b></p> <p><b>The Area Manager will also reinforce with each individual weekly for the first 30-day period and monthly for the next 60-day period.</b></p>		01/14/2022

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	<p>and attempted to gain access to the kitchen refrigerator without success. At 2:40pm, client A walked out to the dining room and sat down at the table. Client A watched clients B and C walking around the hallway by the kitchen, went back to his bedroom, and closed then locked the door. At 3:00pm, DSP #4 arrived at the group home and DSP #1 left the group home. DSP #4 stood and sat in the kitchen with DSP #6 to block the refrigerator to prevent clients A, B, and C from accessing the tied shut refrigerator. From 3:00pm until 4:25pm, client A was in his room, client B stood beside the kitchen entrance blocked from the refrigerator by DSP #2, DSP #4, and DSP #6, and client C stood watching the staff and engaging the staff in conversation by asking questions. During the observation period, no activity supplies were available for clients and no activities were encouraged by the facility staff.</p> <p>-At 3:00pm, DSP #4 stated to client C "Stop it. Stop asking personal questions. Nothing for you here. Stop it" in a loud tone of voice that echoed inside the group home. At 3:25pm, DSP #2 stated to clients A, B, and C, "Why don't you guys find something to do?" DSP #2, DSP #4, and DSP #6 stood in the kitchen in front of the refrigerator and no activities were offered. At 3:25pm, when asked if clients were bothered when staff spoke to them in loud tones of voices, DSP #2 stated, "We have to talk to the guys firmly." DSP #2 indicated she was not aware of any allegations of abuse and/or mistreatment. DSP #2 stated "the clients need to know what our expectations are." DSP #2 stated "Some staff who are not here anymore did not always like it when we are firm with the guys." DSP #2 stated the activity supplies "like games, cards, coloring book, crayons, and more were kept locked up in</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G748		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/15/2021	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929			
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	<p>the closet because of [client B's] behaviors. We must keep them safe first." At 4:00pm, DSP #4 stated to client B in a loud tone of voice within inches from his face, "That's not for you. You had yours (a snack)." DSP #4 walked pulling client B toward the dining room area from the kitchen. At 4:00pm, client C asked to call his mom four times and DSP #4 stated in a loud tone of voice, "I've told you I don't know each time." At 4:10pm, client C asked to call his mom again and DSP #4 stated in a loud tone of voice, "Go sit down. Go sit down now. I have to deal with this first (and pointed to client B standing at the tied shut refrigerator again)." Client C asked again to call his mom and DSP #4 stated in a loud tone of voice "[Client C] you're not listening. You're not calling now cause you are ignoring staff." Client C walked into the dining room, pulled out a chair at the table, sat down, hung his head downward, and placed his hands in his lap. At 4:25pm, client C was sitting at the dining room table, not talking to anyone, and had his hands in his lap.</p> <p>Client A's record was reviewed on 11/23/2021 at 11:00am and on 12/14/2021 at 10:00am. Client A's 8/20/21 ISP (Individual Support Plan), 9/18/2021 BSP (Behavior Support Plan), and record did not indicate client A had a need for the tied shut refrigerator. Client A's ISP and BSP indicated objectives to exercise daily, to maintain focus on activities, to brush teeth daily, to complete his laundry, to complete a chore, to identify ten picture signs, and to name his seroquel medication.</p> <p>Client B's record was reviewed on 11/23/2021 at 10:35am and on 12/14/2021 at 11:00am. Client B's 11/4/2021 ISP, 1/8/2021 BSP, and record did not indicate client B had a need for the tied shut refrigerator. Client B's BSP indicated the</p>						

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	<p>targeted behavior of PICA (eating non edible items). Client B's ISP and BSP indicated objectives to complete his shower with assistance, to come to the medication office for his medications, to sign help, come, and want, to make a purchase, and to clean his room.</p> <p>Client C's record was reviewed on 11/23/2021 at 11:40am and on 12/14/2021 at 1:00pm. Client C's 11/4/2021 ISP, 1/22/2021 BSP, and record did not indicate client C had a need for the tied shut refrigerator. Client C's ISP and BSP indicated objectives to independently gather his hygiene supplies, to clean up after completed hygiene, to brush teeth twice daily, to load the dishwasher after breakfast, to exercise daily for forty minutes, and to choose an activity to participate in.</p> <p>On 11/23/2021 at 12:10pm, an interview was conducted with the BC (Behavior Consultant). The BC indicated clients A, B, and C's ISPs and BSPs did not include the restriction from the kitchen refrigerator. The BC indicated multiple dish towels tied to keep the refrigerator doors closed on the kitchen refrigerator and body blocking the access to the kitchen were restrictions and not part of clients A, B, and C's plans. The BC indicated staff should use formal and informal opportunities to teach clients A, B, and C.</p> <p>On 11/23/2021 at 12:50pm, an interview was conducted with the AM (Area Manager). The AM indicated clients A, B, and C's ISPs and BSPs did not include the restriction from the kitchen refrigerator. The AM stated "I'm not sure about the refrigerator being tied shut with dish towels." The AM indicated the facility staff should be encouraging and have available activity supplies</p>						

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W 0331  Bldg. 00	<p>to implement clients A, B, and C's ISPs and BSPs during formal and informal opportunities.</p> <p>On 12/15/2021 at 9:20am, an interview was conducted with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The PD/QIDP indicated clients A, B, and C's ISPs and BSPs did not include the restriction from the kitchen refrigerator. The PD/QIDP indicated multiple dish towels tied to keep the refrigerator doors closed on the kitchen refrigerator and body blocking the access to the kitchen were restrictions and not part of clients A, B, and C's plans. The PD/QIDP indicated ISP objectives/goals and BSPs should be implemented by the facility staff during formal and informal opportunities. The PD/QIDP indicated the staff should have activity supplies available for client use. The PD/QIDP stated client B "had some challenging behaviors and that's no excuse for not offering activities of the clients choice." The PD/QIDP indicated clients A, B, and C should have been offered choice of activities of coloring, cards, games, and other things to do every 15 minutes.</p> <p>This federal tag relates to complaint #IN00366090.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, for 1 of 3 sampled clients (client A), the facility's nursing services failed to ensure client A's medical assessment was completed timely by a medical professional resulting in a delay of the medical</p>		W 0331	<p>The nursing staff will be retrained on the importance of completing all necessary health care assessment in efforts to ensure all medical needs are addressed</p>		01/14/2022	

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	<p>care for client A's surgery for a bowel obstruction and ruptured appendix.</p> <p>Findings include:</p> <p>On 11/22/2021 at 6:00pm, on 11/23/2021 at 8:00am, on 12/1/2021 at 8:45am, and on 12/13/2021 at 10:00am, the facility's Bureau of Developmental Disability Services (BDDS) reports from 5/1/2021 through 11/23/2021 were reviewed and indicated the following BDDS report for client A:</p> <p>-A 7/7/2021 BDDS report for an incident on 6/24/21 at 10:00pm indicated "On 06/23/2021, Staff working 2nd shift had contacted the On-Call Supervisor, On-Call Nurse and Program Director (PD) to report that [Client A] was stating that his groin area was hurting and that his stomach was upset, and he did not want to eat dinner. Staff was instructed to assess the groin area, to make sure that he did not have any boil like sores starting, take his temperature and offer [Client A] Tylenol. Staff reported that [Client A] did not have any sores, he was not running a temperature and [Client A] declined the offer of Tylenol. Staff was instructed to continue to monitor and report if there was any change. On 3rd shift, Staff had contacted the On-Call Supervisor and On-Call Nurse, due to [Client A] getting up and stating his stomach hurt. Staff was instructed to take [Client A's] temperature and offer Tylenol again. Staff reported that [Client A] would make a groaning noise at times, did not have a temperature, but did take the offer for Tylenol. Staff was instructed to continue to monitor and report if any changes. On 6/24/21, the PD arrived at the Site to assist in completing an assessment on [Client A], due to complaints of his lower abdomen/groin area hurting, twice</p>				<p>timely and thoroughly. The training will be complete by the Area Director by 1/14/22. A review will be held once per week to discuss any relevant medical issues concerning persons served. All meetings will be document on a weekly agenda.</p> <p>All staff will be retrained on ensuring nursing staff is made aware of all medical concerns displayed during a given work shift. Staff will be sure to complete a Health Care T-Log to document the concern and direction given by the nurse. This training will be complete by the Program Director no later than 1/14/22.</p>		

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	<p>the day prior. The PD and House Coordinator (HC) completed assessment around 8:30am. PD and HC asked [Client A] if he was still having pain and to show where it hurt the day before. [Client A] said he did not have any pain, but rubbed his lower abdomen area, upper pelvic area and his upper left thigh, to show where he had hurt the day prior. PD called the Nurse to report. Nurse stated to continue to monitor and report if any changes. [Client A] continued his morning routine as usual. Around 2pm, HC contacted the PD stating that [Client A] reported to a newer Staff of his stomach hurting, but when HC asked about it, he would say no or start to laugh. HC talked with the Nurse. Nurse said to continue to monitor and that they would contact Dr. [name] office. The Nurse called and left a message. By 5pm when Dr. office closed, the Nurse or home had not received a call back. Around 8pm, the PD received a call from HC, asking for the PD to come and complete another assessment. due to [Client A] was starting to vomit. When PD arrived at Site, [Client A] was in the back bathroom using the toilet and vomiting in a trash can. HC stated that when he had originally vomited on the floor it had a very foul smell. PD noticed that [Client A] would occasionally burp/cough prior to vomiting and his burps/vomit did have a sulfur/bad egg smell. When [Client A] finished, he went to the office with PD and HC to complete another assessment. [Client A] stated that his stomach was hurting and would rub his lower abdomen area. PD took his temperature, while the HC took the rest of his vitals. Temp-101.8, H.R.-115, B/P-102/65 and Blood Sugar-131. [Client A] requested his night medications. HC asked if he was sure, due to him vomiting. [Client A] told HC he was fine. HC administered [Client A's] medications around 8:50pm. [Client A] took his medications and</p>						

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	<p>within minutes, started to gag. HC and PD asked if he was okay, and [Client A] stood up and walked to the trash can and started to vomit. PD stayed with [Client A] and called On-Call Nurse to report. Nurse instructed PD to take [Client A] to the Emergency Room. PD waited for [Client A] to gather himself. [Client A] vomited, off and on, for around 25 minutes and wanted to go to his bedroom. PD told [Client A] it was okay, while they gathered all the paperwork needed to go. HC and PD were talking, and [Client A] started to yell for them. When they got to his bedroom, [Client A] was talking with his Mom (Guardian) on his iPad. [Client A] handed it to the PD. PD talked with Mom and explained what was going on and needed to be assessed. [Client A's] Mom agreed. PD assured Mom that they would call with an update. PD took [Client A] to [name of hospital]. When arriving, PD checked [Client A] in, and a Nurse got him a wheelchair to see if that would help with comfort. The Nurse took [Client A's] vitals and asked to sit in the waiting area. [Client A] sat in the waiting area vomiting and burping. Around 2:45am, an ER doctor came out of the ER department and started to assess [Client A] in a triage room. The Doctor chose to give [Client A] a dissolvable Zofran and a small cup of Pedialyte. [Client A] was taken to an ER room around 3:40am. The Nurse gave [Client A] Tylenol with a small amount of water. Within 20 minutes he started to vomit again. The Doctor chose to have an IV started. IV was placed in his Left arm. The Nurse told PD they were going to administer an injection of Zofran and start a bag of fluids along with Protonix to help cramping. Around 4:15a, [Client A] received a Cat Scan of his abdomen area. The Doctor ordered Phenergan for nausea and morphine for pain. [Client A] received the Phenergan first. Around 4:50am, the Nurse came with a dose of morphine to put in the</p>						

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	<p>IV. [Client A] stopped moving around from pain and fell asleep around 5:15am. Around 6am, the ER Doctor reported [Client A] had a bowel obstruction. The ER Doctor stated a GI Surgeon would be in. Around 6:20am, 2 Nurses came in and placed a tube through [Client A's] nose, down to his stomach. PD questioned the tube. The Nurse stated it was ordered, due to bowel in [Client A's] stomach. The PD, stepped into the hallway to contact [Client A's] Mom (Guardian). PD reported to [name of Mom/Guardian] about what was happening, and that a surgical procedure was needed. The PD agreed to contact her when the GI surgeon arrived, so she could hear from them about the procedure. [Client A] was admitted around 6:40am. PD stayed for the Surgeon to complete consult/assessment, to assist with communication with [Client A's Guardian] and any consent they needed with her. The Surgeon explained that [Client A's] appendix was severely inflamed and possibly ruptured, that it looked like he had a mass/tumor near the appendix and that he also had intestine wrapped around all of that. With the intestines wrapped, the way it was, it was causing a bowel obstruction. [Client A's guardian] listened and asked questions about the best- and worst-case (sic) scenario that he had informed about. The Surgeon stated the earliest they could get an Operating Room was between 12p-2p. [Client A's guardian] stated she would be there around 12pm. PD left around 9am. The PD received an update on [Client A] around 3:30pm, from [client A's guardian]. [Client A] was out of surgery and doing well. Once the surgeon was in, they realized there was not a tumor present, the appendix already began rupturing and was attaching itself to the colon but was able to get it removed and to healthy tissue. [Client A] had a drain tube placed and would have for a couple</p>						

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	<p>days. [Client A] would be on a liquid diet, then soft foods, continuing forward to a regular diet. [Client A] would have restrictions until his follow up with Surgeon. [Client A] remained in the hospital, until released on 07/03/2021, afternoon. [Client A] returned to the site with weight restrictions of up to 15 pounds, Avoid fresh fruits and nothing that high fiber and no fried/spicy food for 2-3 weeks. [Client A] has a follow up appointment with the surgeon on July 15th." No information was available for review to determine the timeline of events which occurred, the documented vital sign monitoring, pain monitoring, and staff notes outlying client A's medical needs.</p> <p>Client A's record was reviewed on 11/23/2021 at 11:00am and on 12/14/2021 at 10:00am. Client A's 8/20/21 ISP (Individual Support Plan), 9/18/2021 BSP (Behavior Support Plan), and record did not indicate client A had surgery for a bowel obstruction and a ruptured appendix in 6/2021. Client A's 1/8/2020 "Health Risk: Constipation" plan indicated "Goal: Pass soft stools every other day but no longer than every 3 days. Signs and Symptoms: Abdominal bloating/distention/pain. Bloating and gas. Hard, small, dry stools...Vomiting material that smells like BM (Bowel Movement)...Call 911 if: Individual appears gravely ill or you are concerned about their immediate health and safety. Individual is vomiting material that smells like BM. Individual has severe, sharp intermittent or continuous pain. Contact Nurse: If individual is refusing to eat. Stools are hard and difficult to pass...Blood in stool. Hard protruding abdomen. For statements of not feeling well. There's a medical concern for health and well being. [signed by the nurse]." No hospital information, no nurses notes, no nursing</p>						

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	<p>assessments, and no staff notes/assessments were available for review regarding client A's 6/2021 surgery for a bowel obstruction and ruptured appendix.</p> <p>On 12/15/2021 at 8:04am, an interview was conducted with the agency's Registered Nurse (RN). The RN indicated she was not supervising the medical care of client A on 6/2021. The RN stated "A different nurse was over the home" supervising client A's medical care. The RN stated "I remember hearing about this. I know the HM (House Manager) and the PD (Program Director) at the time took care of the assessment and called the nurse." The RN indicated she did not recall more information. The RN indicated she would review client A's information and attempt to locate his 6/2021 events regarding his medical assessment and surgery. The RN indicated the HM and the PD were not medical professionals when they were asked to complete a medical assessment. The RN indicated she could not recall if the agency nurse at the time (6/2021) completed a medical assessment for client A. The RN indicated client A was seen at the hospital on 6/24/2021 in the evening when staff took him. The RN indicated the staff should have followed client A's constipation plan which outlined what staff should have implemented. The RN indicated she did not consider client A's medical care was delayed because he was seen by at the hospital on 6/24/2021 in the evening. The RN indicated client A had surgery for a bowel obstruction and ruptured appendix in 6/2021.</p> <p>On 12/15/2021 at 9:20am, an interview was conducted with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The PD/QIDP indicated he had no knowledge of client A's 6/2021 surgery and was</p>						

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	<p>not over the group home at that time.</p> <p>This federal tag relates to complaint #IN00366090.</p> <p>9-3-6(a)</p>						