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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 05/02/2018 |
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| NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC | STREET ADDRESS, CITY, STATE, ZIP COD 821 SUNSET DR FLORA, IN 46929 |
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| W 0000 Bldg. 00 | <p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: April 25, 26, 27, 30 and May 2, 2018.</p> <p>Facility Number: 011602 Provider Number: 15G748 AIMS Number: 200903760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/23/18.</p> | W 0000 | | |
| W 0210 Bldg. 00 | <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 1 of 1 sampled clients (#1), the client's interdisciplinary team (IDT) failed to obtain needed assessments within 30 days of the client being admitted to the facility.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 10/13/17 physician's order indicated client #1's doctor ordered the client to have an Occupational Assessment and Speech Evaluation.</p> <p>Client #1's 12/1/17 Individual Support Plan (ISP)</p> | W 0210 | <p>Dungarvin interdisciplinary team will ensure that all individuals who move into the ESN home will have their initial healthcare appointments scheduled within the 30 day mandatory guidelines. Client #1, has since had his speech assessment completed 5/3/2018 with Nikki Melchi. Client #1 will be receiving weekly speech therapy sessions for the next three months (to start after approved by insurance). Client #1 will be accompanied by staff, and staff will ensure to notify Program</p> | 06/03/2018 |

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 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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| W 0225 Bldg. 00 | <p>indicated client #1 was admitted to the group home on 10/11/17. Client #1's ISP indicated "...When [client #1] becomes upset or frustrated or doesn't like something and cannot find the words he may express himself behaviorally...." Client #1's ISP indicated "...[Client #1] struggles with communication and barriers to things he needs, feels, wants, etc...." Client #1's 12/1/17 ISP indicated client #1's communication needs and/or Occupational Therapy needs had not been assessed and/or completed within 30 days of client #1 being admitted to the group home. Client #1's ISP also indicated client #1's hearing had not been assessed since his admission in 10/17. The ISP indicated client #1's hearing evaluation had been scheduled but not completed.</p> <p>Interview with the Program Director (PD) on 4/27/18 at 11:50 AM indicated client #1 was admitted to the group home in 10/17. PD #1 indicated client #1 had not had his hearing evaluation as of yet but it had been scheduled for 5/11/18. The PD indicated client #1's speech evaluation had been scheduled for 5/13/18. The PD indicated the client's doctor had indicated client #1 did not need occupational and/or physical therapy evaluations at client #1's annual.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include, as applicable, vocational skills. Based on interview and record review for 1 of 1 sampled clients (#1), the facility failed to obtain a vocational assessment in regard to the client's work skills and/or needs.</p> <p>Findings include:</p> | W 0225 | <p>Director of progress and any formal goals to be completed. Client #1 also had his hearing evaluated (prior to the survey as well) on 4/11/18 by Dr. Timothy Cupero. Dr. Cupero stated Client #1 had hearing within normal range.</p> <p>System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>Dungarvin Interdisciplinary team has reached out to several local day programs/pre-vocational centers in order to provide client #1 a community integrated day with structure/learning. Due to</p> | 06/03/2018 | |

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| W 0227 Bldg. 00 | <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 12/1/17 Individual Support Plan (ISP) indicated client #1 was admitted to the group home on 10/11/17. Client #1's ISP indicated client #1 was not attending a vocational program due to the client's behavior of elopement. Client #1's 12/1/17 ISP and/or 12/1/17 Comprehensive Functional Assessment indicated the facility did not assess the client's vocational work needs and/or skills.</p> <p>Interview with the Program Director (PD) on 4/27/18 at 11:50 AM indicated client #1 was not attending a day program. The PD indicated the facility had not conducted an assessment of the client's work skills and/or needs.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 1 sampled client (#1), the facility failed to develop objectives which addressed the client's identified training needs for privacy, and to develop a formal training objective which addressed the client's lack of pedestrian safety skills.</p> | W 0227 | <p>client's behavioral concern of elopement, community options do not feel as they can serve him safely. Client #1 will be going through vocational rehabilitation assessment during the next few weeks to try to find a potential job that may better suit his needs. Client #1 went to vocational services and is awaiting a call or mailed letter to begin his assessment.</p> <p>Dungarvin will ensure that all individuals in their ESN homes have vocational assessments completed if they are not active in a day program/ or pre-vocational center already.</p> <p>System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>Dungarvin Interdisciplinary teams will ensure that Client #1 has training needs met to address privacy concerns and pedestrian goals. The Behavior Clinician, Mike Reed, has made updates to Client #1 Behavioral Support Plan</p> | 06/03/2018 | |

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| | <p>Findings include:</p> <p>1. The facility's reportable incident reports were reviewed on 4/26/18 at 12:05 PM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-11/2/17 Client #1 "darted out bedroom door then out front door" with facility staff behind client #1.</p> <p>-12/1/17 Client #1 was in the van when he attempted to elope from the van. The reportable incident report indicated client #1 "...pushed through staff and began to run down the side of a field...."</p> <p>-12/15/17 Client #1 "bolted out the front door" after being redirected to go out on the patio. The reportable incident report indicated client #1 fell trying to run out the door and then ran after a hold was unsuccessful. The reportable incident report indicated staff had to call 911 for help to get the client back to the group home.</p> <p>-1/4/18 Client #1 "bolted out the front door" with no coat or shoes on. The reportable incident report indicated facility staff called 911 and went after the client in the van. Client #1 got in the van and went back to the group home.</p> <p>-3/3/18 Client #1 was watching TV with staff when he "jumped up out of chair and ran out front door." The reportable incident report indicated staff followed next to client #1 in the staff's car and client #1 would not get in car. The reportable incident report indicated when staff got out of car to speak with the client, client #1 would take off running and "run faster." The reportable incident report indicated client #1 got "100 ft (feet) away</p> | | <p>to address his pedestrian skills, formal training, as well as a clear explanation of when staff are to contact the police for assistance in locating or transporting Client #1 to a safe location. The Behavior Clinician has completed retraining for all staff who work with Client #1 on these updates to the Behavior Support Plan. Program Director and Area Manager amended Client #1's- ISP to address a formal goal for pedestrian skills as well as updated the goal on Therap (for staff to practice in the home with Client #1). Program Director will monitor his program on formal goal and adjust the goal as necessary. The interdisciplinary team (IDT) will meet after any new behavioral incidents in terms of elopement or lack of privacy to discuss changes to the Behavioral Support Plan. If no new concerns arise, IDT will meet a minimum quarterly to discuss progress/goals, and update his plan. System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> | |

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| | <p>from highway when staff stopped & (and) told him he needed a jacket. Got in vehicle and went back to house...."</p> <p>-3/19/18 Client #1 "...Darted out the front door. Staff in vehicle and followed. Attempt to redirect. Ran towards highway. Called Police. Crossed highway and began walking toward town. Staff put flashers on and followed until police arrived. Police told [client #1] to get in car. He complied...."</p> <p>-3/25/18 Client #1 "...Bolted out back door. Staff followed on foot. Another followed in car. Refused to get in car. Turned towards highway. Police called while staff blocked traffic to ensure [client #1's] safety...."</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 12/1/17 Individual Support Plan (ISP) indicated "...[Client #1] has limited pedestrian skills so his safety in the community is also a big concern due to his elopement history...." Client #1's ISP indicated client #1 had an objective to read his social story with staff. The ISP objective indicated the social story was "to increase his community safety" skills. Client #1's 12/1/17 social story indicated the following (not all inclusive):</p> <p>"Going into the community (parks, restaurants, [recreation center]) can be fun. However, going into the community can be dangerous. (The page had pictures of a stop sign, no walking and a caution on it). Walk with peer and staff, for safety. Make sure to stay close together. [Client #1] should walk within arm length of staff. In order to stay safe, I must go with staff and not go anywhere alone...." Client #1's 12/1/17 ISP did not indicate client #1 had a formal training objective in</p> | | | |

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| | <p>regard to pedestrian safety skills.</p> <p>Interview with the Program Director (PD) on 4/27/18 at 11:50 AM indicated client #1 did not have pedestrian safety skills. The PD indicated client #1 would elope with staff and did not get out of staff's sight. The PD stated client #1 was "very fast." The PD indicated client #1's social story was to address the client's pedestrian safety needs. The PD indicated client #1 did not have a formal training objective which addressed the client's identified training need.</p> <p>2. During the 4/27/18 observation period between 6:50 AM and 11:10 AM at the group home, client #1 walked into a bathroom off the living room. Client #1 did not close the bathroom door. Client #2, who was sitting on the couch in the living room, became upset. Client #2 stated "He never closes the door. No one wants to see his naked butt. I wish they make him keep the door closed."</p> <p>During the 4/25/18 observation period between 2:40 PM and 6:10 PM, client #1 walked outside the patio door and went to the back fence area. Client #1 unzipped his pants and proceeded to urinate against the fence.</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 12/1/17 ISP indicated the client did not have an objective in place to protect his privacy.</p> <p>Interview with staff #5 on 4/27/18 at 8:55 AM indicated client #1 would not close the bathroom door when he went to use the bathroom. Staff #5 indicated she did not think client #1 had a training objective in place to close the door.</p> <p>Interview with the PD on 4/27/18 at 11:50 AM</p> | | | |

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| W 0240 Bldg. 00 | <p>indicated client #1's ISP did not address client #1's identified training need in regard to privacy.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on interview and record review for 1 of 1 sampled clients (#1), the client's Individual Support Plan (ISP) failed to indicate the specific reasons/times the staff were to call utilize local law enforcement for assistance when client #1 eloped.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 4/26/18 at 12:05 PM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-12/15/17 Client #1 "bolted out the front door" after being redirected to go out on the patio. The reportable incident report indicated client #1 fell trying to run out the door and then ran after a hold was unsuccessful. The reportable incident report indicated staff had to call 911 for help to get the client back to the group home.</p> <p>-1/4/18 Client #1 "bolted out the front door" with no coat or shoes on. The reportable incident report indicated facility staff called 911 and went after the client in the van. Client #1 got in the van and went back to the group home.</p> <p>-2/28/18 at 11:00 AM, Client #1 was at another group home with staff and went inside the group home. The reportable incident report indicated "...</p> | W 0240 | <p>Dungarvin Interdisciplinary team met to ensure that Client #1's Behavior Support Plan and Individual Support Plan were updated and amended to address when to call or utilize local law enforcement for assistance when Client #1 elopes. The Behavior Clinician, Mike Reed, has made updates to Client #1 Behavioral Support Plan to address specific examples of elopement where law enforcement need to be contacted. The Behavior Clinician has completed retraining for all staff who work with Client #1 on these updates to the Behavior Support Plan. Program Director and Area Manager amended Client #1's- ISP to match the Behavioral Support Plans recommendations. The interdisciplinary team (IDT) will meet after any new behavioral incidents in terms of elopement to discuss changes to the Behavioral Support Plan. If no new concerns arise, IDT will meet a minimum quarterly to discuss progress/goals, and update his plan.</p> | 06/03/2018 |

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| | <p>[Client #1] went towards the front door & (and) staff followed. Went out door. Staff walked beside him. 2nd (second) staff pulled up in car. [Client #1] got in passenger side. Staff locked doors. (Client #1) Grab door handle & opened car door. Staff stopped van and [client #1] jumped out. Staff turned around to talk to [client #1] to try to get him in van. [Client #1] crossed over highway. Staff followed. Tried to push staff out into the road. Police called for assistance. Police escorted [client #1] to the van. Went home...."</p> <p>-2/28/18 at 3:30 PM, "[Client #1] refused arts & crafts. Got upset & became more aggressive shoving staff away from door. Left out front door. Staff got into vehicle to follow as he walked around the block. Refused to get in vehicle. Shoved staff out of the way and took off running towards highway. 911 called. [Client #1] then got into the vehicle before police arrived. Transported home."</p> <p>-3/19/18 Client #1 "...Darted out the front door. Staff in vehicle and followed. Attempt to redirect. Ran towards highway. Called Police. Crossed highway and began walking toward town. Staff put flashers on and followed until police arrived. Police told [client #1] to get in car. He complied...."</p> <p>-3/25/18 Client #1 "...Bolted out back door. Staff followed on foot. Another followed in car. Refused to get in car. Turned towards highway. Police called while staff blocked traffic to ensure [client #1's] safety. Police pulled up and told him to get in car. Complied, went home & to bedroom."</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 10/12/17 Behavior Support Plan</p> | | System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs. | | |

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| | <p>(BSP) indicated client #1 had a targeted behavior of elopement. Client #1's BSP indicated the following if client #1 eloped (not all inclusive):</p> <p>"a. If [client #1] is attempting to leave an area or eloping, request that he go with staff and or go to an area away from the source of what may be frustrating/bothering him.</p> <p>b. [Help [client #1] get to or locate a safe place to where he can retreat and collect himself.</p> <p>c. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him.</p> <p>d. If he complies provide abundant praise and work with him on what is bothering him.</p> <p>e. If he does not comply, continue following him and keeping him in line of sight.</p> <p>f. If he gets out of sight and staff have no idea where he is, call BC (Behavior Consultant), PSC (Program Service Coordinator), PD, or HC (Home Coordinator) for instructions. Call 911 if no one is immediately available...." Client #1's BSP did not indicate at other times when staff could specifically call the police to assist with the client's behavior.</p> <p>Interview with staff #4 on 4/27/18 at 7:02 AM stated client #1 "will attempt to run in community, will try to jump out of van and/or run from the group home." Staff #4 stated "Not sure why he elopes. Can't communicate need." Staff #4 indicated staff would have to call the police to assist in getting client #1 to get in vehicle when he eloped and was going toward the highway. Staff #4 stated "Not sure he knows where he is going." Staff #4 indicated client #1 would do what the police directed him to do and get back in car/van to return to the group home.</p> | | | |

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| W 0249 Bldg. 00 | <p>Interview with the PD and the BC on 4/27/18 at 11:50 AM indicated client #1's ISP indicated the police should be called when client #1 was out of staff's sight. The PD and BC indicated client #1's ISP did not specifically include other times/situations when the police should be called. The PD indicated it would need to be added to client #1's BSP.</p> <p>9-3-4(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, interview and record review for 1 of 1 sampled clients (#1), the facility failed to ensure the client's Individual Support plan (ISP) and/or Behavior Support Plan (BSP) objectives were implemented when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>During the 4/25/18 observation period between 2:40 PM and 6:10 PM at the group home, client #1 stood outdoors looking over the fence, sat outdoors in the sun, and/or paced on the patio without redirection to participate an alternate activity and/or training. Staff #2 and #3 monitored the client while he was outside and when client #1 returned inside the group home. During the 4/25/18 observation period, client #1 was limited in communication in that the client would answer</p> | W 0249 | The administrative team will retrain all staff in the home on active treatment/ active treatment schedules and Individual Support Plan for individuals (who do not attend day programming). The Behavior Clinician and Program Director will complete active treatment observation at the home three times a week, at random times. Program Director and Behavior Clinician will work with any staff members to ensure compliance as outlined in the active treatment calendar as well as formal goal training on Therap. These observations will be documented on Active Treatment Form. The Program Director and | 06/03/2018 | |

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| | <p>yes and no questions, repeated a word and/or phrase staff said/asked. Staff #3 offered client #1 bubbles at one point to use while outside, but client #1 picked up the container and laid it down. No other choice of activities and/or training was offered. At 6:00 PM, client #1 was asked to help with cleaning up the kitchen. Client #1 refused. Client #1 went into his bedroom and sat on his bed. Later, client #1 went outside and stood at the fence and urinated.</p> <p>During the 4/27/18 observation between 6:50 AM and 11:10 AM at the group home, client #1 woke and came out of his bedroom at 8:19 AM dressed and with his shoes on. Staff #5 stated "Oh, oh looks like he will elope." Staff #5 called for staff #4 who was in the office area. When staff #4 came into the living room area, staff #5 stated to staff #4, "He has his shoes on." Staff #5 verbally prompted client #1 to remove his shoes and to place them in his room. Client #1 had communication pictures on his bedroom door. This system was not used with client #1 to determine what he wanted. At 8:35 AM, staff #5 had client #1 make a pitcher of lemonade and stir the lemonade powder into the water. Once the client was done, client #1 left the kitchen and staff #4 custodially prepared client #1's fried egg and prepared the client's plate (2 muffins and fruit cup) in the kitchen and took the plate to the dining room table. Client #1 sat down at the dining room table and ate the fried egg only, stood and went back to his bedroom leaving his plate and dishes on the dining room table. At 8:45 AM staff #5 had client #1 identify colors of his clothes as staff #5 hung up the client's laundry while client #1 sat on his bed. At 8:55 AM, client #1 pulled his laundry cart back to the laundry room. At 10:20 AM, client #1 went into the kitchen to assist staff #5 in making frosting for cup cakes. During the above</p> | | <p>Area Manager will review the observations weekly and make changes as necessary to ensure compliance with programming. Once compliance is demonstrated at 6 weeks, or longer if needed, Program Director and Behavior Clinician will do drop in visits at least one time weekly. System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> | |

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| | <p>mentioned observation period, client #1 was not prompted to use any type of communication device/pictures to communicate his need. Client #1 did not participate in any oral hygiene care during the observation period.</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 12/1/17 ISP indicated client #1 had the following objectives:</p> <ul style="list-style-type: none"> -To use his PECS (communication system) board/pictures to request items from staff. -To exercise for a total of 30 minutes each day. -To practice budgeting items with staff. -To prepare his own breakfast. -To brush his teeth. -To practice writing the name of his evening medication. -To read his social story. Facility staff did not implement client #1's training objectives when formal and/or informal opportunities existed. <p>Client #1's 2/1/18 updated BSP indicated "...Staff have also downloaded a communication app (Proloque2go.com) onto his iPad that he can use to communicate his wants, needs, feelings, hopes, desires, etc...They can ask him questions, for example, and then have him pick from an array of options to answer the questions...." Client #1's BSP indicated client #1's behaviors occurred due to his inability to communicate what he wanted/needed. Client #1's BSP indicated client #1 was to use a "Mand Procedure" which "...consisted of several phases and involve laminated cards he can use to mand for things...." Client #1's BSP indicated staff were to use a "sensory diet" to help the client "soothe himself and not get so overwhelmed by factors in his environment...." Client #1's plan indicated client #1 should wear his "pressure vest", could wear a</p> | | | |

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| W 0261 Bldg. 00 | <p>"weighted backpack," jump on a trampoline, use a fidget cube, draw, play in water and etc. Facility staff did not implement client #1's BSP when formal and/or informal opportunities existed.</p> <p>Interview with the Program Director (PD) on 4/27/18 at 11:50 AM stated client #1 had an "activity calendar" which facility staff should have implemented while client #1 was home during the day. The PD indicated client #1's BSP should be followed as written. The PD indicated facility staff should have implemented the client's communication (Mand) system when staff thought client #1 would elope. The PD indicated client #1's objectives should be implemented throughout the day when opportunities were available.</p> <p>9-3-4(a) 483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Based on interview and record review for 1 of 1 sampled client (#1), the facility failed to ensure a client was invited and/or involved in its Human Rights Committee Meetings in the past year (4/17 to 4/18).</p> <p>Findings include: The facility's Human Rights Committee (HRC)</p> | W 0261 | Dungarvin and other members of the Human Rights Committee will ensure that there is a diverse representation of providers (managers, staff, directors, behavior clinicians) as well as an individual client on staff. The Human Rights Committee will ensure that the individual client is | 06/03/2018 |

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| W 0263 Bldg. 00 | <p>Meeting Minutes were reviewed on 4/27/18 at 12:35 PM. The facility's minutes for the past year indicated the facility provided meeting minutes for 1/9/18 and for 3/13/18. The facility's HRC meeting minutes indicated the facility did not have a client represented on the committee.</p> <p>A 4/27/18 E-mail indicated "Here are the minutes from the last two meetings. We do have an Individual on the committee. Due to turnover of staff on the committee, we're thinking she (the client) just hasn't been invited to the last couple of meetings. [Name of Behavioral clinician) has reached out to her and made sure she is invited to the next meeting in May." The Email was from the Area Director.</p> <p>Interview with the Behavioral Clinician (BC) and the Program Director (PD) on 4/27/18 at 11:50 AM indicated the facility has a client who sits on the facility's HRC. The BC indicated the client had not been invited to the previous meetings but would be invited to the next meeting.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 1 sampled client (#1), the facility's Human Rights Committee (HRC) failed to ensure the facility obtained written informed consent prior to implementing restrictive programs.</p> <p>Findings include:</p> | W 0263 | <p>aware of each meeting and attends to discuss and vote on plans on a monthly basis. The current Human Rights Committee does currently have a client on it. The individual client did participate in the May 2018 meeting. System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> <p>The administrative team will ensure that Human Rights Committee approves, in writing, all restrictive programs before implementing it at the ESN home. Client #1 plan had been discussed and approved via email by the Human Rights Committee and</p> | 06/03/2018 | |

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| | <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 10/12/17 Behavior Support Plan (BSP) indicated client #1 received Lexapro 10 milligrams daily for anxiety, Trazodone 100 milligrams daily for Insomnia and Risperidone 2 milligrams 3 times a day for "Mood Instability" due to the client's Autism. Client #1's BSP indicated client #1 demonstrated the targeted behaviors of elopement, physical aggression and property destruction. Client #1's BSP indicated client #1 required 2 to 1 staff (2 staff to 1 client) when transporting without the use of child locks on doors. Client #1's BSP indicated facility staff was to place themselves between client #1 and doors to prevent the client's elopement. Client #1's BSP indicated facility staff were to call 911 when the client eloped and was out of sight of staff, staff were to block physical aggression and property destruction, and to use child safety locks when in staff's vehicles. Client #1's BSP also indicated facility staff could use Handle with Care restraint techniques (escort, Primary Response Techniques, 1 person and 2 person standing restraints) to restrain client #1 when he was physically aggressive and/or demonstrated property destruction.</p> <p>Client #1's 12/1/17 Individual Support Plan (ISP) indicated client #1's parents were the client's guardian. Client #1's 12/1/17 ISP and/or 10/12/17 BSP indicated the facility failed to obtain written informed consent in regard to client #1's restrictive program.</p> <p>Interview with the Program Director (PD) and the Behavior Clinician (BC) on 4/27/18 at 11:50 AM indicated client #1's parents were the client's guardian. The PD indicated she thought the Behavior Clinician (BC) had the consents. The BC did not provide any additional documentation of</p> | | <p>verbally by Client #1's father. The Behavior Clinician, Mike Reed, will ensure that the Human Rights Committee completes the written signature page, and that Client #1's family gets a written copy to keep, another to sign in approval, and send back to Dungarvin for it's records. The Area Manager will retrain the Behavior Clinician and the Program Director on this regulation to ensure that restrictive programs are approved before implementation.</p> <p>System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> | |

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| W 0289 Bldg. 00 | <p>written informed consent for client #1's restrictive program.</p> <p>9-3-4(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 observation, interview and record review for 1 of 1 sampled client (#1), the facility failed to ensure client #1 not wearing shoes in the group home was a part of the client's Behavior Support Plan (BSP) to prevent elopement of the client.</p> <p>Findings include:</p> <p>During the 4/27/18 observation between 6:50 AM and 11:10 AM at the group home, client #1 woke and came out of his bedroom at 8:19 AM dressed and with his shoes on. Staff #5 stated "Oh, oh looks like he will elope." Staff #5 called for staff #4 who was in the office area. When staff #4 came into the living room area, staff #5 stated to staff #4, "He has his shoes on." Staff #5 verbally prompted client #1 to remove his shoes and to place them in his room.</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 10/12/17 BSP indicated client #1 demonstrated the targeted behavior of elopement, physical aggression and property destruction. Client #1's 10/12/17 BSP did not indicate facility staff were to use the behavioral technique of having the client remove his shoes when he was</p> | W 0289 | <p>The Behavior Clinician will retrain staff on Client #1's Behavior Support Plan, including proactive and reactive strategies in order to reduce targeted behavior of elopement. Staff were not trained to redirect Client #1 to take his shoes off in the home. Staff were retrained to increase communication in regards to why Client #1 put his shoes on. Staff will prompt client #1 to use his pictures or mand for what he would like to do. Staff may also offer options such as go for a walk, go outside and play a game, or go for a drive if Client #1 presents dressed and ready to do an activity.</p> <p>System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs.</p> | 06/03/2018 |

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| W 0488 Bldg. 00 | <p>in the house.</p> <p>Interview with staff #4 on 4/27/18 at 7:02 AM indicated if client #1 came out dressed with shoes on for the day, he is more apt to elope. Staff #4 indicated client #1 would elope with and/or without shoes but he would mostly only elope with his shoes on. Staff #4 indicated they would ask client #1 to remove his shoes when in the house.</p> <p>Interview with PD #1 on 4/27/18 at 11:50 AM indicated she was not aware facility staff was having client #1 remove his shoes when inside the house. PD #1 indicated client #1 removing his shoes was not part of the behavior plan but it may need to be added.</p> <p>9-3-5(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 1 of 1 sampled client (#1) and for 1 additional client (#2), the facility failed to ensure clients participated in all aspects of meal preparations, participated in family style dining and kitchen clean up.</p> <p>Findings include:</p> <p>During the 4/25/18 observation period between 2:40 PM and 6:10 PM at the group home, facility staff had client #1 assist with the dinner meal preparations. Interview with client #1 on 4/27/18 at 4:55 PM indicated this was his first day to help with cooking in the kitchen.</p> | W 0488 | The administrative team will retrain the staff on the W-488 regulation in regards to meal preparation. Staff are trained annually on plans individuals' Individual Support Plans which include meal planning, meal preparations, and any nutritional or dietary needs. The administrative team will ensure that each staff is retrained on family style dining, including following the menu and portion control signed off on by the individuals' doctors and Dungarvin's dietician. | 06/03/2018 | |

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| | <p>During the 4/25/18 observation period, staff #3 custodially fixed client #1 and #2's plates which consisted of Spaghetti, corn and garlic bread. Staff did not encourage client #1 and/or client #2 to fix their own plates. The staff did not encourage the clients to eat family style at the dining room table.</p> <p>During the 4/27/18 observation between 6:50 AM and 11:10 AM at the group home at 8:35 AM, staff #5 had client #1 make a pitcher of lemonade and stir the lemonade powder into the water. Once the client was done, client #1 left the kitchen and staff #4 custodially prepared client #1's fried egg and prepared the client's plate (2 muffins and fruit cup) in the kitchen and took the plate to the dining room table. Client #1 sat down at the dining room table and ate the fried egg only, stood and went back to his bedroom leaving his plate and dishes on the dining room table. Facility staff removed the client's plate and cleaned up the kitchen.</p> <p>Client #1's record was reviewed on 4/27/18 at 9:15 AM. Client #1's 12/1/17 Individual Support Plan (ISP) indicated client #1 had an objective to prepare his own breakfast meal which facility staff did not implement when opportunities for training existed.</p> <p>Interview with the Program Director (PD) on 4/27/18 at 11:50 AM indicated clients #1 and #2 were capable of fixing their own plates. The PD indicated the clients should eat all their meals as family style dining. The PD indicated clients should be involved in cooking meals and involved in the cleanup after meals.</p> <p>9-3-8(a)</p> | | System wide, all Program Directors/ QIDPs will review this standard and will ensure that this concern is being addressed at all Dungarvin ICF-IDs. | |