

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

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>15G791</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><b>04/20/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>DUNGARVIN INDIANA LLC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>474 WHITEWOOD DR<br/>VALPARAISO, IN 46385</b> |  |  |
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| W 0000<br><br>Bldg. 00                                       | <p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00377466.</p> <p>Complaint #IN00377466: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W153 and W154.</p> <p>Dates of Survey: April 11, 12, 13, 14, 15, 18, 19 and 20, 2022.</p> <p>Facility Number: 012557<br/>Provider Number: 15G791<br/>Aims Number: 201017960</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 5/5/22.</p> | W 0000  |  |  |
| W 0104<br><br>Bldg. 00                                       | <p>483.410(a)(1)<br/><b>GOVERNING BODY</b></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 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 4/11/22 from 11:30 am until 12:30 pm,</p>   | W 0104  | <p>A maintenance request will be completed for all repairs no later than 05/17/22. All repair will be complete within 30 days. The repairs include all holes in the walls, the tile in the bathroom will be deep cleaned, a new dresser will be orders, all outlet covers will be replaced.</p> <p>The Program Director will monitor</p> | 06/03/2022   |

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>4/11/22 from 3:30 pm to 5:30 pm and on<br/>4/12/22 from 7:00 am to 9:30 am. Clients A, B, C and D were present in the group home for the duration of the observation periods.</p> <p>1. In client B's bedroom there were three holes in the walls. The first hole was round and measured 16 inches x (by) 13 inches. The second hole was a rectangular shape and measured 15 inches x 24 inches. The third hole was oblong in shape and measured 9 ½ inches x 6 ½ inches.</p> <p>2. In the bathroom on the right side of the house, the shower walls and floor were stained a dark orange color with a black substance on top of tile.</p> <p>3. Client C's bedroom dresser drawer was missing.</p> <p>4. Client D's bedroom wall had a round hole measuring 10 inches x 16 ½ inches, an outlet cover was missing, and the overhead light was out.</p> <p>On 4/11/22 at 12:07 pm, staff #2 was interviewed. She stated, "We request maintenance through the computer or scan it in." Staff #2 stated, "We can change blown light bulbs, I didn't know it was blown out." When asked if the holes in client B and client D's room had been reported, she indicated she heard it was reported but she did not do it.</p> <p>On 4/13/22 at 12:27 pm, Area Director #1 was interviewed. She indicated any staff can submit a maintenance request. Area Director #1 stated, "Repairs should be completed timely. If not addressed within 30 days, it will be escalated."</p> |  |   | <p>the conditions of the home weekly to ensure things are up to code. The Program Director will also monitor all maintenance request to ensure they are being completed timely. The Program Director will report to the Area with any concerns of maintenance request not being completed timely.</p> <p>The Area Director will monitor the conditions of the home quarterly to ensure things are up to code. Any maintenance request not complete in 30 days will be escalated to the Senior Director.</p> |

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| W 0153<br><br>Bldg. 00                                    | <p>Area Director #1 stated, "Holes in [client B's] and [client D's] rooms have been reported and repaired about two months ago." Area Director #1 indicated more holes were made in the walls. Area Director #1 indicated the home has well water. Area Director #1 indicated staff are expected to clean the bathroom daily. Area Director #1 indicated maintenance is trying to address the discoloration on tiles, and the black on the tile should be cleaned. Area Director stated, "All outlets should have covers on them."</p> <p>The facility's maintenance logs were reviewed on 4/14/22 at 12:47 pm. A hole in Client B's bedroom was reported on 4/6/22, but no reports of an outlet cover or blown light bulbs were included on the outstanding maintenance requests.</p> <p>9-3-1(a)</p> <p>483.420(d)(2)<br/><b>STAFF TREATMENT OF CLIENTS</b><br/>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 record review and interview for 5 of 15 allegations of abuse, neglect, and/or mistreatment reviewed, the facility failed to immediately report allegations of elopement for client B and client D, 1 incident of self injurious behaviors for client B, 1 incident of property destruction for client B and 1 incident of abuse of client C to the Bureau of Developmental Disabilities Services (BDDS) with 24 hours in accordance with state law.</p> | W 0153  | <p>The Program Director will be retrained by the Area Director on ensuring all reportable incident are reported to the state within 24 hours of knowledge of the incident. Incident will include but not be limited to incidents of elopement, SIB, incidents involving the police, etc.</p> <p>The Area Director will be sure to</p> | 06/03/2022                                  |

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|  | <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 4/12/22 at 10:22 am.</p> <p>1. A BDDS report dated 2/19/22 indicated the following:<br/>"[Client D] was speaking with behaviorist and became upset, when behaviorist started walking toward kitchen [client D] got up and attempted to run out the back door. Staff were able to stop [client D], when attempting to place [client D] in an HRC [Human Rights Committee] approved two man hold [client D] and staff fell. [Client D] proceeded to bang her head on the ground causing a small knot the size of a dime. [Client D] refused to come into the home and behaviorist sat on the back porch with [client D] until she came in the home. [Client D] had no further incidents." The BDDS report indicated the Date of knowledge was 2/15/22, and the Date submitted was 2/19/22.</p> <p>2. A BDDS report dated 3/20/22 indicated the following:<br/>"[Client B] asked to go for a walk, she said she was upset the behaviorist hasn't been to the site all week. When staff asked her to wait until the other girls were ready to go on an outing, [Client B] walked out of the door; staff followed. Once [client B] got to the last stop sign, she announcing (sic) she was going to scream for someone to call the police. Staff prompted [client B] to get into the car and [client B] began punching staff's car door and window. The other staff pulled up with the company van and [client B] got in and was taken back to the site. Once at site [client B] got out of the van and attempted to</p> |   |   | review documentation weekly to ensure all reportable incidents have been completed according to standard.                |

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|   | <p>leave a second time. She was place (sic) in a one man HRC approved hold for 2 minutes before dropping to the ground on her butt and began kicking at staff. [Client B] was prompted to get up, she complied and started to try an (sic) leave the site again [client B] was then place (sic) in a two person HRC (Human Rights Committee) approved hold per Behavior Support Plan (BHP) for 10 minutes then brought her inside, where she was taken to her room (sic). Once in her room [Client B] punch (sic) 2 holes in the wal (sic). When told her (sic) was going to be placed in another hold she calmed down." The BDDS report indicated the Date of the incident was 3/20/22, date of knowledge 3/23/22 and the date submitted was 3/24/22.</p> <p>3. A BDDS report dated 1/11/22 indicated the following:<br/>"[Client B] was taken to urgent care after cutting her self (sic) with a pair of child scissors to ensure the injury did not get infected. The cuts (sic) superficial, and 3 inches long. Staff were instructed to keep injury clean and apply antibiotic over the counted (sic) cream. [Client B] was released with no change in meds." The BDDS report indicated the Date of incident was 1/11/22, date of knowledge 1/13/22, and the date submitted was 1/14/22.</p> <p>4. A BDDS report dated 1/25/22 indicated the following:<br/>"On 1/25/22 the behaviorist was having a conversation with [client B] when [client B] became upset and went into her bedroom. Once in the bedroom [client B] hit the wall creating a hole in the wall. [Client B] was placed in a two man HRC approved hold per Behavior Plan [BHP] for 2 minutes. [Client B] calmed down and had no further incidents." The BDDS report</p> |   |  |   |

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| W 0154<br><br>Bldg. 00                                    | <p>indicated the Date of incident was 1/25/22, date of knowledge 1/30/22 and the date submitted was 1/30/22.</p> <p>5. A BDDS report dated 1/20/22 indicated the following:<br/>"This writer received an email from the behaviorist stating she has concerns the way some behaviors are being handled at the site, the behaviorist stated and (sic) individual [client C] was put into 'time out'. The individual [client C] was told to put their head into the corner, place their hands behind their back and count to ten repeatedly. Standing in the corner is not part of the (BHP)." The BDDS report indicated the Date of incident was 1/20/22, date of knowledge 1/24/22 and the date submitted was 1/25/22.</p> <p>Area Director #1 was interviewed on 4/13/22 at 12:27 pm and stated, "BDDS incident reports should be completed within 24 hours. Staff should report to supervisor by the end of their shift and all Abuse, Neglect or Exploitation should be reported immediately."</p> <p>This federal tag relates to complaint #IN00377466.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 6 of 15 allegations of abuse, neglect, and/or exploitation reviewed, the facility failed to complete thorough investigations for 1 attempted elopement for client B, 1 allegation of peer to peer aggression by client A, 1 Self injurious</p> |  | W 0154  | The Program Director will be retrained by the Area Director on thoroughly completing investigations. When completing investigations a thorough review of the BSP, ISP and other | 06/03/2022                 |

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|   | <p>behavior attempt and police involvement with client B, 2 self-injurious behaviors for client D, and self-injurious behavior and neglect of client B.</p> <p>Findings include.</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 4/12/22 at 10:22am.</p> <p>1. A BDDS report dated 4/5/22 indicated the following:</p> <p>"[Client A] was in the kitchen disagreeing with housemate about what to cook for supper. The housemate told [Client A] it was her turn to cook and she did not need assistance (sic). [Client A] became upset and started yelling, screaming and throwing objects at housemate and staff. When staff redirected [client A] to her bedroom, [Client A] ran out the back door and jumped the fence into the front yard where she fell. One staff jumped the fence as well and another staff was waiting in the front yard. Staff in front yard attempted to help [client A] up but [client A] tried to run again and staff put her in an HRC (Human Rights Committee) approved two man hold per Behavior Support Plan (BHP) and walked [client A] back into the house. Once inside [client A] began kicking the door frames, chairs and staff. [Client A] was placed in another hold for 30 minutes per BHP until she calmed down. [Client A] had no further incidents. On 4/6/22 [client A] complained of foot pain, she was taken to Urgent (care) where she was diagnosed with two broken toes and a dislocated pinky toe. Foot was wrapped and pain medication was given."</p> <p>An investigation dated 4/5/22 did not include a</p> |  |   | <p>supporting documents will be reviewed, all parties involved will be interviewed, facts will be detailed in the report, abuse or neglect will be either substantiated or unsubstantiated in the report and if it was a pattern will be identified in the report. In conclusion of all reports there will be a plan of correction if one is needed.</p> <p>The Area Director will review all investigations as they are completed to ensure they are thorough.</p> |

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|   | <p>review of client A's behavior support plan (BSP) and if staff implemented the plan. The investigation did not indicate if any changes were needed to the BSP, corrective action or recommendations to prevent future injuries.</p> <p>2. A BDDS report dated 3/20/22 indicated the following:</p> <p>[Client B] asked to go for a walk, she said she was upset the behaviorist hasn't been to the site all week. When staff asked her to wait until the other girls were ready to go on an outing, [Client B] walked out of the door; staff followed. Once [client B] got to the last stop sign, she announcing (sic) she was going to scream for someone to call the police. Staff prompted [client B] to get into the car and [client B] began punching staff's car door and window. The other staff pulled up with the company van and [client B] got in and was taken back to the site. Once at site [client B] got out of the van and attempted to leave a second time. She was place (sic) in a one man HRC approved hold for 2 minutes before dropping to the ground on her butt and began kicking at staff. [Client B] was prompted to get up, she complied and started to try an (sic) leave the site again [client B] was then place (sic) in a two person HRC (Human Rights Committee) approved hold per Behavior Support Plan (BHP) for 10 minutes then brought her inside, where she was taken to her room (sic). Once in her room [Client B] punch (sic) 2 holes in the wal (sic). When told her(sic) was going to be placed in another hold she calmed down."</p> <p>An investigation dated 3/20/22 did not include a review of client B's BSP and if staff implemented the plan, if any corrective action took place, if the BSP needed to be updated, or recommendations to prevent future incidents.</p> |  |   |  |                            |

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|   | <p>3. A BDDS report dated 3/18/22 indicated the following:<br/>"[Client B] went to ask staff about her money pouch, she stated the money should (sic) in pouch. [Client B] was told that the money was not in there, she got upset. Attempting (sic) grab scissors off of the desk, she was unable to get them. [Client B] then (sic) began kicking and hitting staff, she punched a hole (sic) in the wall. She was put in a two person HRC approved HWC (Handle With Care) hold per her Behavior Support Plan (BHP). The Police were called and [client B] was taken to [medical facility] by police to be evaluated. She was released and returned back to Dungarvin staff with no further incidents."</p> <p>An investigation dated 3/18/22 did not include a review of client B's BSP and if the staff implemented the plan, if any corrective action took place, if the BSP needed to be updated, or recommendations to prevent future incidents.</p> <p>4. A BDDS report dated 2/18/22 indicated the following:<br/>"[Client D] asked staff to sit outside for 30 minutes with her to help with hearing voices. Staff agreed, at end of 30 minutes [Client D] asked for and (sic) additional 10 minutes. Staff agreed at end of additional 10 minutes staff informed [client D] it was time to go in as it was cold and [client D] needed to warm up, eat supper and take meds (sic). [Client D] was told she could go back afterward. At which point [client D] went into full behavior mode [client D] lay (sic) down on her stomach and banged her head, staff intervene (sic) by placing pillow under [client D's] head. [Client D] began to roll around on back porch kicking and hitting the porch rail,</p> |  |   |  |                            |

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|   | <p>the grill, doorway, ground and staff. [Client D] was prompted to stop, [client D] stood up and attempted to run, [client D] was placed in HRC approved two man hold for 3 minutes. During the hold [Client D] obtained minor scratches on her arms and shoulders. Scratches less than 3 inches long and did not required (sic) any medical treatment (sic)."</p> <p>An investigation dated 2/18/22 did not include a review of client D's BSP and if staff implemented the plan, if any corrective action took place, if the BSP needed to be updated, or recommendations to prevent future incidents.</p> <p>5. A BDDS report dated 2/15/22 indicated the following:<br/>"[Client D] was speaking with behaviorist and became upset, when behaviorist started walking toward kitchen [client D] got up and attempted to run out the back door (sic). Staff were able to stop [client D], when attempting to place [client D] in a HRC approved two man hold, [client D] and staff fell. [Client D] proceeded to bang head on ground causing a small knot the size of a dime. [Client D] refused to come in the home and behaviorist sat on back porch with [client D] until she came in the home. [Client D] had no further incidents."</p> <p>An investigation dated 2/15/22 did not include a review of client D's BSP and if staff implemented the plan, if any corrective action took place, if the BSP needed to be updated, or recommendations to prevent future incidents.</p> <p>6. A BDDS report dated 1/11/22 indicated the following:<br/>"[Client B] was taken to urgent care after cutting her self (sic) with a pair of child scissors to</p> |   |  |   |

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| W 0159<br><br>Bldg. 00                                    | <p>ensure the injury did not get infected. The cuts (sic) superficial, and 3 inches long (sic). Staff were instructed to keep injury clean and apply antibiotic over the counted (sic) cream. [Client B] was released with no change in meds."</p> <p>An investigation dated 1/11/22 did not include a review of client B's Behavior Support Plan (BSP) and if staff implemented the plan, if any corrective action took place, was the investigation substantiated or unsubstantiated, if the BSP needed to be updated, or recommendations to prevent future incidents.</p> <p>Area Director #1 was interviewed on 4/13/22 at 12:27 pm and stated, "Investigations should include review of Behavior Support Plan (BSP), witness statements, patterns, retraining if needed, anything that may need updated. It would make a more thorough investigation if you looked at the BSP and what staff did during incident."</p> <p>This federal tag relates to complaint #IN00377466.</p> <p>9-3-2(a)</p> <p>483.430(a)<br/>QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on record review and interview for 2 of 2 sample clients (clients A and B), the Qualified Intellectual Disabilities Professional (QIDP) failed to effectively integrate, coordinate, and monitor the clients' active treatment programs.</p> <p>The QIDP failed to ensure clients A and B's goals were measurable and to revise client A's goals</p> |  | W 0159  | The Area Director will retrain the Program Director on ensuring all goals are reviewed and revised routinely. All goals will be measurable to ensure progress is tracked. There will be clear indication on the goals and | 06/03/2022                 |

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| W 0231<br><br>Bldg. 00                                    | <p>when they were achieved.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The QIDP failed to ensure clients A and B's goals were measurable. Please see W231.</li> <li>2. The QIDP failed to revise client A's goals when they were achieved. Please see W255.</li> </ol> <p>9-3-3(a)</p> <p><b>483.440(c)(4)(iii)</b><br/><b>INDIVIDUAL PROGRAM PLAN</b><br/>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. Based on record review and interview for 2 of 2 sample clients (client A and client B), the facility failed to have ensure clients A and B's program objectives were measurable.</p> <p>Findings include:</p> <p>On 4/12/22 at 8:35 am, a record review of client A's program goals dated 5/06/21, indicated goals of:</p> <p>"1: Health: [Client A] will assist with preparing a health (sic) meal weekly.</p> <p>2: Money: [Client A] will learn to manage her money and know how much money will need to make purchases.</p> <p>3: Hygiene (sic): [Client A] will shower, wash her hair and brush teeth daily.</p> <p>4: Medication: [Client A] will learn the name of her medication and it's puropsoe(sic)."'</p> <p>On 4/12/22 at 8:22 am, a record review of client B's program goals dated 3/21/22, indicated goals of:</p> | W 0231  | <p>monthly progress reports that updates are occurring.</p> <p>The Area Director will monitor the goals quarterly to ensure updates are being made.</p> <p>The Program Director will be retrained by the Area Director on ensuring the objectives within the goals are measureable. The Program Director will ensure all goals are revised to reflect measurable objectives.</p> <p>The Area Director will review the goals quarterly to ensure they are measurable.</p> | 06/03/2022                                  |

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| W 0249<br><br>Bldg. 00                                    | <p>"1. Money Management: [Client B] will learn to manage her money and know much money she will need to make purchases.</p> <p>2. Chore: [Client B] will wash clothes when needed.</p> <p>3. Medication: [Client B] will learn the name of her medication and its purpose</p> <p>4. Chore: [Client B] will clean her bedroom daily."</p> <p>On 4/13/22 at 12:27 pm, Area Director #1 was interviewed. The Area Director stated "Goals should be very descriptive when writing with what prompt level an individual would need as well as all the steps the staff should be doing with the individual so that all goals are being taught the same way. Goals should be achievable and measurable. Staff should be documenting every time the goal is run."</p> <p>On 4/13/22 at 1:17 pm, the Qualified Intellectual Disability Professional (QIDP) was interviewed. QIDP stated "goals should be measurable and achievable."</p> <p>9-3-4(a)</p> <p>483.440(d)(1)<br/>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 2 of 2 sample clients (A and B), and 2 additional clients (C and D), the facility failed</p> | W 0249  | All staff will be retrained by the Program Director to ensure all chemicals are locked as indicated                      | 06/03/2022                                  |

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|   | <p>to ensure clients A, B, C and D's Behavior Support Plans were implemented as written.</p> <p>Findings include:</p> <p>Observations were conducted on 4/11/22 from 11:30 am to 12:18 pm. The observations indicated the following:</p> <p>At 11:56 am the garage door was unlocked. The chemical supply cabinet was unlocked and contained drain cleaner, insecticides, and aerosol cleaners. On a crate next to the doorway a 180 fluid ounce container of a bleach cleaner was accessible. This affected clients A, B, C and D.</p> <p>On 4/12/22 at 8:35am, a record review of client A's Behavior Support Plan (BSP) dated 10/14/21 indicated "...14 Restrictive Components and/or Psychotropic Medication...Locked cleaning Supplies. Elevated Restriction, this is a requirement for all Dungarvin ESN (Extensive Support Needs) homes."</p> <p>On 4/12/22 at 8:35am, a record review of client B's Behavior Support Plan (BSP) dated 5/1/21 indicated "...14 Restrictive Components and/or Psychotropic Medication...Locked cleaning Supplies. Elevated Restriction, this is a requirement for all Dungarvin ESN (Extensive Support Needs) homes."</p> <p>On 4/12/22 at 8:35am, a record review of client C's Behavior Support Plan (BSP) dated 9/10/21 indicated "...14 Restrictive Components and/or Psychotropic Medication...Locked cleaning Supplies. Elevated Restriction, this is a requirement for all Dungarvin ESN (Extensive Support Needs) homes."</p> |   | <p>in the BSP. Staff will be sure to implement the BSP as written. All training will be recorded on a training record and kept in the employee file.</p> <p>The Program Director will monitor this weekly during site visits. The Program Director will ensure chemicals are locked and if not will ensure disciplinary action is taken.</p> <p>The Area Director will monitor this quarterly to ensure the BSP is being implemented as written as it related to chemicals being locked.</p> |   |

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| W 0255<br><br>Bldg. 00                                    | <p>On 4/12/22 at 8:35am, a record review of client D's Behavior Support Plan (BSP) dated 9/9/21 indicated "...14 Restrictive Components and/or Psychotropic Medication...Locked cleaning Supplies. Elevated Restriction, this is a requirement for all Dungarvin ESN (Extensive Support Needs) homes."</p> <p>Interview with staff #2 on 4/11/22 at 12:07 pm indicated chemicals should be kept locked. All staff have keys to get chemicals out when needed.</p> <p>Interview with Area Director #1 on 4/13/22 at 12:27 pm stated, "Chemicals should be locked, all staff have access to keys, even when the house manager is not at the home."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(i)<br/>PROGRAM MONITORING &amp; CHANGE<br/>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 2 sample clients (A), the facility failed to revise client A's goals when they were achieved.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 4/12/22 at 8:35 am.</p> <p>Client A's ISP (Individual Support Plan) dated 5/6/21 indicated the following goals:</p> |  | W 0255  | <p>The Area Director will retrain the Program Director on ensuring all goals are reviewed and revised routinely. All goals will be measurable to ensure progress is tracked. There will be clear indication on the goals and monthly progress reports that updates are occurring.</p> <p>The Area Director will monitor the</p> | 06/03/2022                 |

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|   | <p>"1: Health: [Client A] will assist with preparing a health (sic) meal weekly."</p> <p>-Client A's record indicated she completed the goal with 100% accuracy in December 2021 and January, February, and March 2022.</p> <p>"2: Money: [Client A] will learn to manage her money and know how much money will need to make purchases."</p> <p>- Client A's record indicated she completed the goal with 100% accuracy in December 2021 and January, February, and March 2022.</p> <p>"3: Hygiene (sic): [Client A] will shower, wash her hair and brush teeth daily."</p> <p>- Client A's record indicated she completed the goal with 95.83% accuracy in October 2021, 95.45% accuracy in September, and 100% accuracy in August, September, December 2021 and January, February, and March 2022.</p> <p>"4: Medication: [Client A] will learn the name of her medication and it's puropsoe(sic)."</p> <p>- Client A's record indicated she completed the goal with 100% accuracy in August, September, October, November, and December 2021 and January, February, and March 2022.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) reviews of client A's goals dated October, November, and December 2021, and January and February 2022 indicated the following:</p> <p>"Goals completed and objectives met."</p> <p>QIDP reviews of client A's goals dated February and March 2022 indicated the following:</p> <p>"Goals completed and objectives met. Progress: Continues progress new goals needed."</p> <p>Client A's IDT (Interdisciplinary Team) met on October of 2021 and February of 2022. The</p> |  |   | goals quarterly to ensure updates are being made.  |                            |

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| W 0356<br><br>Bldg. 00                                    | <p>QIDP did not recommend changes to client A's goals.</p> <p>Interview with the QIDP on 4/13/22 at 12:21 pm stated "Staff are out there with them. They are monitoring and logging the goals. We get together as team and revise goals if individual has achieved 100 percent on a goal."</p> <p>Interview with Area Director (AD) #1 on 4/13/22 at 11:50 am stated "If they are achieving the goal, it would potentially be updated. The methodology would be updated to increase the independence to live on her own." AD #1 stated, "Goals should be updated at least quarterly. Sometimes more frequently than that." AD #1 stated, "[QIDP #1] is lumping all of the goals into one, but you can't do that. We need to define the monthly summary better. She needs to break it into each goal and say what is happening for each goal. The monthly summaries aren't thorough. She should talk about each goal, not as though it's one goal."</p> <p>9-3-4(a)</p> <p>483.460(g)(2)<br/>COMPREHENSIVE DENTAL TREATMENT<br/>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 2 sampled clients (Client B), the facility failed to follow dental recommendations in a timely manner for client B.</p> <p>Findings include:</p> |  | W 0356  | Dungarvin has followed up with the dental office to ensure the dental work get completed. The procedure is pending insurance currently, if the insurance does not pay Dungarvin has agreed to pay for the dental work to ensure | 06/03/2022                 |

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| W 9999<br><br>Bldg. 00                                    | <p>Client B's record was reviewed on 4/12/22 at 8:22 am.</p> <p>Client B's dental appointment note dated 3/3/2021 indicated, "Recommend Crown on #19 due to large size of filling. Fillings chipped; best replacement is the crown."</p> <p>Client B's dental appointment note dated 2/7/22 indicated "Recommend crown #14 &amp; #19."</p> <p>Nurse was interviewed on 4/13/22 at 12:15 pm. and indicated a delay in getting this procedure completed was due to insurance issues. When asked if there is risk in delaying treatment, the Nurse stated, "tooth could decay more." Nurse stated, "I want an appointment scheduled and done as soon as possible."</p> <p>Area Director #1 was interviewed on 4/13/22 at 12:27 pm. Area Director indicated when a dental recommendation has been made, the appointment should be done within 30- 60 days.</p> <p>9-3-6(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident protections<br/>Authority: IC 12-28-5-19<br/>Affected: IC 4-21.5;IC 5-2-55; IC 12-28-5-12; IC 22-12</p> | W 9999  | <p>its complete.</p> <p>The Program Director and Nurse will be retrained on ensure all things related to payment is being communicated to Area Director in efforts to resolve the matter.</p> | 06/03/2022                                  |

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|   | <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to ensure staff #2 had 3 reference checks completed prior to employment at the group home.</p> <p>Findings include:</p> <p>The facility's employee records were reviewed on 4/13/22 at 2:00 pm.<br/>Staff #2's record did not indicate documentation of any references.</p> <p>Area Director (AD) #1 was interviewed on 4/13/22 at 2:15 pm and stated, "All employees should have three reference checks."</p> <p>9-3-2(c)(3)</p> |  |   | <p>new hire checklist prior to a new employee starting to ensure all references have been completed.</p>                 |                            |