

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385		
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W 0000  Bldg. 00	<p>This visit was for the Post Certification Revisit (PCR) to the pre-determined full recertification and state licensure survey and investigation of complaint #IN00451679 completed on 1/30/2025.</p> <p>Complaint #IN00451679: Corrected.</p> <p>Dates of Survey: March 12, 13, 14, and 17, 2025.</p> <p>Facility Number: 012557 Provider Number: 15G791 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 #39778 on 3/20/25.</p>	W 0000		
W 0391  Bldg. 00	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>Based on observation, record review, and interview for 1 of 2 sample clients (B), the facility failed to ensure client B's medication had a pharmacy label.</p> <p>Findings include:</p> <p>An observation was conducted in the group home on 3/12/25 from 7:20 am to 8:45 am. Client B was present in the home throughout the observation period.</p> <p>On 3/12/25 at 8:00 am, Direct Support Professional (DSP) #2 prepared and administered client B's medications. DSP #2 prepared a medication</p>	W 0391	<p><b>W 391</b>  <u>Corrective action for resident(s)</u>  <u>found to have been affected</u>          All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:          All facility staff will be retrained on medication administration procedures and proper med passes for administering medications per physician's orders, including ensuring labels are on all medications as appropriate.</p>	04/01/2025

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

TITLE

(X6) DATE

Greta Goins

Area Director

04/01/2025

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 disclosed 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>without a pharmacy label. The medication card was kept in a blue, plastic sleeve.</p> <p>Client B's record was reviewed on 3/13/25 at 11:11 am.</p> <p>Client B's Medication Administration Record (MAR) for March 2025 indicated the following: "Norgestimate, 0.25 - 0.035 mg (milligrams). To prevent pregnancy/control menses. Take one tablet by mouth every day at 8:00 am."</p> <p>DSP #2 was interviewed on 3/12/25 at 8:06 am and stated, "She does have a medication box in the drawer with the label on it." DSP #1 looked through the medication cart and stated, "I cannot find the package. Maybe they put it somewhere else."</p> <p>The Area Director (AD) was interviewed on 3/13/25 at 11:52 am and stated, "There should be a label from the pharmacy saying what the medication is, how it is to be administered, and when it expires."</p> <p>This deficiency was cited on 1/30/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>A new label was requested from the pharmacy and received at the program. All medications have the appropriate labels.</p> <p>Going forward, during weekly visits to the program, the nurse, QIDP, or designated supervisory staff will audit the medication cart to verify that all medications have appropriate labels.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u> All new facility staff are being trained to complete proper medication administration with Med Core A and B during new staff orientation. All staff are required to complete annual retraining on Medication Administration, which cover following physician orders, the six rights of medication administration, documentation, and secure storing of medications. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the PD/QIDP and Area Director for</p>	

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>Based on observation, record review, and interview for 2 of 2 sample clients (A and B), the facility failed to ensure clients A and B's glasses were available for use and in good repair.</p> <p>Findings include:</p> <p>An observation was conducted in the group home on 3/12/25 from 7:20 am to 8:45 am. Clients A and B were present in the home throughout the observation period.</p> <p>1. Throughout the observation period, client A was not wearing glasses and was not prompted or encouraged to do so by staff.</p> <p>Client A's record was reviewed on 3/12/25 at 12:02 pm.</p> <p>A doctors note dated 2/1/25 indicated the following:</p> <p>"Myopia - updated glasses prescription."</p> <p>Direct Support Professional (DSP) #1 was interviewed on 3/12/25 at 9:21 am and stated, "[Client A] does not have glasses as far as I know. I've heard she used to, but she breaks them."</p> <p>House Manager (HM) #1 was interviewed on 3/12/25 at 8:55 am and stated, "[Client A] does not have glasses. They both need to go to the eye doctor to get some. They are supposed to have them. [Client A] broke hers."</p>	W 0436	<p>follow up. Persons responsible: nurse</p> <p><b>W 436</b>  <u>Corrective action for resident(s)</u>  <u>found to have been affected</u>  All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:  Client A's glasses were not located, and she had an eye exam scheduled for 3/17/25 and the ophthalmologist declined to see her. A copy of her last prescription was requested, and she will follow up after 02/01/2026 as ordered by the eye doctor.  A new pair of glasses will be ordered for Client A once a copy of her prescription is received.  Client B had an eye exam on 3/17/25 and new glasses were ordered for her. They have not arrived at the time of this submission.  All facility staff will be trained on reporting broken glasses to the QIDP for immediate action.  Going forward, during weekly site visits, the QIDP or designated supervisory staff will conduct observations of individuals with glasses to ensure eyewear is appropriate and test staff on procedure for reporting issues with glasses.</p>	04/15/2025

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	<p>2. Throughout the observation period, client B was not wearing glasses and was not prompted or encouraged to do so by staff.</p> <p>Client B's record was reviewed on 3/13/25 at 11:11 am.</p> <p>A doctor's note dated 5/23/24 included client B's prescription and indicated the following:</p> <p>"Active - Yes.</p> <p>Usage - Distance, single vision."</p> <p>Client B was interviewed on 3/13/25 at 8:15 am and stated, "I'm supposed to wear glasses. I cannot wear them here because [client A] will break them."</p> <p>DSP #1 was interviewed on 3/12/25 at 9:21 am and stated, "[Client B's] glasses are broken as well."</p> <p>HM #1 was interviewed on 3/12/25 at 8:55 am and stated, "[Client B] does not have glasses. She rolled over on hers in the bed."</p> <p>The Area Director (AD) was interviewed on 3/13/25 at 11:52 am and stated, "[Client A] should have glasses. They've been broken for about a month. She has an appointment scheduled to make sure they are the correct prescription. If she is not due for insurance to pay, then Dungarvin will pay for new glasses. [Client B] should have glasses. She has told me several different stories. Sometimes she says they are broken, other times she does not want to wear them. Staff or [client B] should know where they are. If they are broken, they should be replaced."</p> <p>This deficiency was cited on 1/30/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u></p> <p>All new employees are trained on Individual support plans, BSPs, and high-risk plans upon hire, annually and as needed or revisions are made and on documentation requirements for ISP goals. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training.</p> <p>Qualified supervisory staff will also report any violations to the QIDP and Area Director for follow up.</p> <p>Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. All staff to be held accountable for expectations of documentation per the job description, including retraining and disciplinary action as needed.</p> <p>Persons responsible: nurse, QIDP, area manager, area director</p>	

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W 0488 Bldg. 00	<p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>Based on observation and interview for 1 of 2 sample clients (A), the facility failed to ensure client A participated in meal preparation, serving herself, and clean up after the meal.</p> <p>Findings include:</p> <p>An observation was conducted in the group home on 3/12/25 from 7:20 am to 8:45 am. Client A was present in the home throughout the observation period.</p> <p>On 3/12/25 at 7:28 am, client A walked towards the kitchen. Direct Support Professional (DSP) #1 stated, "Go sit down. I'm getting breakfast for you." Client A sat down at the dining table. Between 7:28 am and 7:34 am, client A made several more attempts to go into the kitchen and was redirected to sit down. At 7:34 am, DSP #1 set a plate with a sausage patty and a piece of buttered toast on the table. DSP #1 gave client A a bottle of nutritional supplement. Client A ate her meal with staff observation and prompts to slow down. At 7:40 am, DSP #1 prompted client A to wash her hands. House Manager (HM) #1 took client A's dirty dishes to the kitchen.</p> <p>Client A was not prompted or encouraged to prepare her own meal, serve herself, or clear her place at the table after she had finished eating.</p> <p>Client A's record was reviewed on 3/12/25 at 12:02 pm.</p> <p>Client A's program goal dated 3/1/25 indicated the following:</p>	W 0488	<p><b>W 488</b></p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <p>All facility staff will be retrained on active treatment, family style dining, and engaging all clients to the best of their abilities to participate in activities of daily living, including meal prep, serving and clean up.</p> <p>All facility staff will be retrained on ISP goals, programs, and Behavior Plans in place as well as the expectation that all programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the clients' participation.</p> <p>Lead DSP and Program Director/QIDP, or designated person, are responsible for ensuring active treatment schedules are posted and available to all staff in the facility during daily and weekly observations. Lead DSP, QIDP, or designated supervisory staff, will provide on-site coaching to staff on active treatment and Area Manager will follow up with direct</p>	04/15/2025

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	<p>"[Client A] will learn to prepare a simple meal independently."</p> <p>The Area Director (AD) was interviewed on 3/13/25 at 11:52 am and stated, "[Client A] can help with meal preparation and clean up. She can put her plate on the table and clear her dishes after she is done eating."</p> <p>This deficiency was cited on 1/30/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(a)</p>		<p>care staff for failure to follow trainings.</p> <p>The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate following dining plans and encourage individuals to participate in ADLs, especially during mealtimes. Initially these observations will be conducted 2 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 1 time per week for the next two weeks and then titrate to 1 time per month for 2 months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u> All new employees are trained on individual risk plans, dining plans, and active treatment/community activities. All new employees are trained on Individual support plans, BSPs, and high-risk plans upon</p>	

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W 9999  Bldg. 00		W 9999	<p>hire, annually and as needed or revisions are made and on documentation requirements, in addition to individual rights and privacy, active treatment and community activities. All staff are required to complete annual retraining on plans or when they are updated. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. The QIDP is then required to complete a monthly summary of data gathered by the 5th of the month to assess progress on all goals and review that data gathered was sufficient per the parameters of each individual program. All staff to be held accountable for expectations of documentation per the job description, including retraining and disciplinary action as needed. Nurse will also report any violations to the QIDP and Area Director for follow up.</p> <p>Persons responsible: QIDP, lead dsp, area manager, area director</p>	04/01/2025

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			<p>implemented, including the following specifics:</p> <p>QIDPs, Lead DSPs and all facility staff were retrained on all policies and procedures.</p> <p>Going forward, Area Director will review and follow-up with QIDPs accordingly. Failure to report and perform job responsibilities within required timelines will result in progressive disciplinary action</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u> All QIDPs are trained upon hire and as needed on ISPs, HRPs, active treatment, and medical oversight. QIDP will review Therap documentation daily to ensure all reportable events are submitted timely. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. All nurses are trained upon hire and as needed on healthcare oversight and requirements. Nurse or other designated supervisory staff will also report any violations to the QIDP and Area Director for follow</p>	

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