STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G573	A. BUILDING 00 B. WING	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	51778 TROWBRIDGE LN SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a Post Certification Revisit (PCR) to the recertification and state licensure survey and the investigation of complaints #IN00389493, #IN00388886 and #IN00388937 completed on 9/21/22. Complaint #IN00389493: Not corrected. Complaint #IN00388886: Not corrected. Complaint #IN00388937: Not corrected. Dates of Survey: 11/2, 11/3 and 11/4/2022 Facility Number: 001087 Provider Number: 15G573 Aims Number: 100243710 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/16/22.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 3 of 3 sampled clients (A, B and C), plus 2 additional clients (D and E), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair. Findings include:	W 0104	**W 104** Governing Body (Standard) – The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair. Corrective action for resident(s)	12/04/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Susan Gichohi | Area Director | 12/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G573	A. BUILDING 00 B. WING	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	51778 TROWBRIDGE LN SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Observations were conducted on 11/2/22 from 3:45pm to 5:30pm and 11/3/22 from 7:30am to 8:45 am. Clients A, B, C, D and E were present throughout the observations. -The folding door to close off the washer and dryer was broken and not able to function properly. -The vent in the living room had a black substance covering it. -The floor in Client B's bedroom had a spot measuring 21 inches by 3 inches missing the top covering of the floor. An interview with the Program Director (PD) was conducted on 11/3/22 at 2:19pm. The PD indicated the home should be clean and in good repair. An interview with the Area Director (AD) was conducted on 11/3/22 at 2:45pm. The AD stated, "The home should be clean and in good repair." This deficiency was cited on 9/21/22. The facility failed to implement a systemic plan of correction to prevent recurrence. This federal tag relates to complaint #IN00389493, complaint #IN00388886 and complaint #IN00388937. 9-3-1(a)		found to have been affected All parts of the POC for the survey with event ID RE6G12 will be fully implemented, including the following specifics: · All facility staff being trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms. All maintenance concerns reported are being addressed through deep cleaning as well as the completion of needed repairs by the Maintenance department. · Lead DSP and QIDP are responsible to note any broken items or maintenance needs during daily and weekly observations at the home. Lead DSP is to document concerns on monthly Site Risk Management Checklist. Maintenance Department is required to conduct a monthly inspection and note needed repairs or safety concerns. QIDP visits several times per week and is to report these concerns to Maintenance as needed. Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G573	A. BUILDING 00 B. WING	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	51778 TROWBRIDGE LN SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			Measures or systemic changes facility put in place to ensure no recurrence Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor for the overall quality of the maintenance and cleanliness of the home. In addition, Maintenance is to tour the home monthly for any concerns and the Area Director is to conduct look behind visits to verify that concerns are being reported appropriately and that staff demonstrate competency in monitoring the cleanliness and safety of the home.	
W 0129 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. Based on observation, record review, and interview for 1 of 3 sample clients (B), the facility failed to ensure client B had window coverings in his bedroom to provide personal privacy. Findings include: Observations were conducted on 11/2/22 from 3:45pm to 5:30pm and 11/3/22 from 7:30am to 8:45 am. Clients A, B, C, D, and E were present throughout the observations. Throughout the observation periods, there was no window covering on client B's bedroom window. On	W 0129	**W 129** Protection of Clients Rights (Standard) – Failed to ensure client B had window coverings in his bedroom to provide personal privacy. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID RE6G12 will be fully implemented, including the following specifics: · All facility staff have been	12/04/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G573	A. BUILDING 00 B. WING	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	51778 TROWBRIDGE LN SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	11/3/22 at 8:25am, client B stated "I have never had blinds on my window." An interview with the Program Director (PD) was conducted on 11/3/22 at 2:19pm and stated, "[Client B] should have privacy in his room. He doesn't want drapes." PD indicated there should be blinds on the window. An interview with the Area Director (AD) was conducted on 11/3/22 at 2:45pm. The AD stated, "There should be blinds on the windows." This deficiency was cited on 9/21/22. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)		retrained on policies regarding Client Rights including the requirement to provide window coverings for each bedroom window. · A window covering has been installed in client B's bedroom. · Program Director/QIDP is responsible to monitor for any other privacy violations during frequent visits in the home. · All occurrences of privacy violations discovered in the home will be addressed immediately with responsible staff members through retraining and/or corrective action in accordance with Dungarvin policy and procedure. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence All new employees are trained on HIPAA and Client Rights upon hire and retrained annually thereafter. Program Director/QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who violate policy and procedure.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G573	A. BUILDING 00 B. WING	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	51778 TROWBRIDGE LN SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE