

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

PRINTED: 07/08/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/05/2024	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 422 MARQUETTE TRAIL MICHIGAN CITY, IN 46360			
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 5/30/24, 5/31/24, 6/3/24, 6/4/24 and 6/5/24.</p> <p>Facility Number: 000993 Provider Number: 15G479 Aims Number: 100244950</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 6/18/24.</p>			W 0000			
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), plus 4 additional clients (#4, #5, #6, and #7), 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 on 5/30/24 from 3:50 pm through 6:15 pm and 5/31/24 from 6:15 am through 8:15 am. Clients #1, #2, #3, #4, #5, #6 and #7 were present throughout the observation period.</p> <p>1) Client #3's bathroom had 2 of the 3 light bulbs</p>			W 0104	<p><u>W 104</u> <u>Governing Body (Standard) –</u> 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><u>Corrective action for resident(s) found to have been affected:</u></p> <p>All parts of the POC for the survey will be fully</p>		07/31/2024

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

TITLE

(X6) DATE

Annmarie Fanning

Area Director

07/03/2024

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>not working. There was no shower curtain. The exhaust fan was covered in a thick fuzzy gray substance. An interview was conducted with Direct Support Professional (DSP #2) on 5/30/24 at 4:30 pm. DSP #3 stated "none of the showers have curtains."</p> <p>2) Client #2's bedroom had 19 areas on the walls that were patched but not repainted. On 5/30/24 at 4:30 pm, DSP #2 stated client #2's walls "have been like this since I started working here, going on 2 years now."</p> <p>3) Client #2's bathroom had an overhead light that was not working. The bottom of the shower was covered in a black substance and there were tiles loose. The exhaust fan was covered in a thick fuzzy gray substance. There was no shower curtain.</p> <p>4) Client #5's bedroom had several areas of chipped and peeling paint.</p> <p>5) The ramp at the emergency exit at the back of the home had a board loose and sticking up. The ramp was partially obstructed by tree limbs.</p> <p>6) The wainscoting along the length of the enclosed back porch was discolored with rotted wood. There was wood missing along the length of the porch.</p> <p>7) The bathroom off the main hallway did not have a shower curtain. Four of the 5 lights were not working.</p> <p>8) The living room had 2 end tables that had several areas of worn out and peeling. The arms of the love seat had the material worn off. The arms and one seat of the couch had the material worn</p>				<p>implemented, including the following specifics:</p> <p>All facility staff have received retraining, on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms and thoroughly cleaning surface areas throughout their shifts. All maintenance concerns reported are being addressed by the Maintenance department and will be monitored weekly for progress until resolved.</p> <p>A maintenance request was submitted for all maintenance needs:</p> <p>#2's bedroom had 19 areas on the walls that were patched but not repainted. Client #2's bathroom had an overhead light that was not working. The bottom of the shower was covered in a black substance and there were tiles loose. The exhaust fan was covered in a thick fuzzy gray substance. Client #5's bedroom had several areas of chipped and peeling paint. The ramp at the emergency exit at the back of the home had a board loose and sticking up. The ramp was partially obstructed by tree limbs. The wainscoting along</p>		

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	<p>off.</p> <p>9) The light in the entryway was not working and had a piece of tape over the light switch that stated "do not use".</p> <p>10) The van's driver's side step had one bracket that was not attached to the van. The driver's side back tire had a hubcap missing. On 5/31/24 at 8:00 am DSP #2 stated the side step "drags on the street when I'm driving. They have welded it back a few times, but said they can't do it anymore."</p> <p>An interview with the Area Director (AD) was conducted on 6/5/24 at 10:00 am. The AD stated, "The clients' home should always be clean and in good repair."</p> <p>An interview with the Area Manager (AM) was conducted on 6/5/24 at 9:45 am. The AM stated, "The home should be kept clean and in good condition with repairs done as needed. Walls should be painted as soon as they are repaired. The light bulbs should be replaced. The ramp should be repaired and unobstructed. The van should be kept in good repair. "</p> <p>9-3-1(a)</p>		<p>the length of the enclosed back porch was discolored with rotted wood. There was wood missing along the length of the porch. Four of the 5 lights were not working. The light in the entryway was not working and had a piece of tape over the light switch that stated, "do not use". The van's drivers sidestep had one bracket that was not attached to the van. The driver's side back tire had a hubcap missing. On 5/31/24 at 8:00 am DSP #2 stated the sidestep "drags on the street when I'm driving. They have welded it back a few times but said they can't do it anymore." Maintenance Manager has begun repairs on the home. Dungarvin is also contracting with Michiana Tile, for the bathroom repair and tile replacement in the bathroom. Estimated completion for all repairs is 07/31/2024. Lead DSP staff will purchase shower curtains and rods. Area Manager purchased new sofa and loveseat for replacement on 07/02/2024. All facility staff re-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</p>		

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			<p>as the completion of needed repairs by the Maintenance department.</p> <p>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. QIDP visits several times per month and is to report these concerns to Maintenance as needed.</p> <p>Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed.</p> <p><u>How facility will identify other residents potentially affected & 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 facility staff have been trained on maintenance request procedures and the monthly site risk management checklist. All new Program</p>		

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W 0454 Bldg. 00	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6 and #7), the facility failed to	W 0454	<p>Director/QIDPs have been trained to maintenance requests and the procedure for submitting requests to the maintenance department. Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per month, to monitor for the overall quality of the maintenance and cleanliness of the home. In addition, the Area Manager is to tour the home monthly for any concerns and the Area Manager 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.</p> <p>Persons responsible: Program Director/QIDP, Area Manager, Maintenance Manager, Area Director</p> <p><u>W 454</u> <u>Governing Body (Standard)</u> – The facility must provide a</p>	07/03/2024	

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	<p>ensure staff prompted clients #1, #2, #3, #4, #5, #6 and #7 to perform hand hygiene before medications and meals.</p> <p>Findings include:</p> <p>Observations were conducted on 5/30/24 from 3:50 pm through 6:15 pm and on 5/31/24 from 6:15 am through 8:15 am. Clients #1, #2, #3, #4, #5, #6 and #7 were present throughout the observation period.</p> <p>On 5/30/24 at 3:55 pm Direct Support Professional (DSP) #2 prompted client #3 to the medication room and administered client #3's medications. DSP #2 did not prompt client #3 to sanitize their hands before taking their medications.</p> <p>At 4:00 pm DSP #2 prompted client #1 to the medication room and administered client #1's medications. DSP #2 did not prompt client #1 to sanitize their hands before taking their medications.</p> <p>At 4:04 pm DSP #2 prompted client #5 to the medication room and administered client #5's medications. DSP #2 did not prompt client #5 to sanitize their hands before taking their medications.</p> <p>An interview was conducted with DSP #2 at 4:07 pm. DSP #2 stated, "oh yeah, the clients should be prompted to sanitize their hands before meds."</p> <p>On 5/30/24 at 4:49 pm clients #1, #2, #3, #4, #5, #6 and #7 were sitting at the dining room table and Direct Support Professional (DSP) #1 and #2 served their supper plates from the kitchen. DSP #1 and DSP #2 did not prompt the clients to perform hand hygiene before the meal.</p> <p>On 5/31/24 at 6:40 am DSP #2 prompted clients #1,</p>				<p>sanitary environment to avoid sources and transmission of infections.<u>Corrective action for resident(s) found to have been affected:</u>All parts of the POC for the survey will be fully implemented, including the following specifics: All facility staff have received retraining on the importance of proper hand washing and sanitizing, of both staff and individuals, before medications and mealtimes. The facility has an active program in place for the prevention, control and investigation of infection and communicable diseases. The facility provides training to newly hired staff and annually thereafter, to incorporate infection control which includes encouraging staff washing their own hands and prompting the clients to wash their hands prior to medication administration. <u>How facility will identify other residents potentially affected & what measures taken:</u> All residents potentially are affected, and corrective measures address the needs of all clients.<u>Measures or systemic changes facility put in place to ensure no recurrence:</u>All facility staff have been trained on the importance of proper hand washing and sanitizing, of both staff and individuals,</p>		

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W 0488 Bldg. 00	<p>#2, #3, #4, #5 and #6 to the dining room table for breakfast. At 7:06 am DSP #2 served the clients' breakfast to them. At 7:15 am client #2 came to the dining room table and DSP #2 served him breakfast. DSP #2 did not prompt the clients to perform hand hygiene before the meal.</p> <p>An interview with the Area Director (AD) was conducted on 6/5/24 at 10:00 am. The AD stated, "the clients should be prompted by staff to sanitize their hands before meds and meals."</p> <p>An interview with the Area Manager (AM) was conducted on 6/5/24 at 9:45 am. The AM stated, "hand hygiene should be completed before medications, meals and after personal care." The AM stated, "Staff should prompt the clients to perform hand hygiene."</p> <p>The Core A Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 6/4/24 at 1:00 pm. The review indicated, "Performing Hand Hygiene: Washing hands regularly is the number one method to preventing the spread of disease and protecting yourself and individuals from illness. DSPs should wash hands before and after removing gloves....Glove use: The CDC (Centers for Disease Control) recommends wearing gloves any time there is a possibility of exposure to bodily fluids...before performing procedures where there is the possibility of exposure to bodily fluids....Before applying gloves, DSPs should wash hands...Always wash hands after removing gloves."</p> <p>9-3-7(a)</p> <p>483.480(d)(4)</p> <p>DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats</p>				<p>before medications and mealtimes. The Program Director/QIDP will make unannounced weekly visits to monitor the med pass to ensure the staff and clients are using proper hygiene. The Area Manager and Area Director will also make random monthly unannounced visits to observed medication pass or mealtimes, to observe proper hand washing or sanitization. Persons responsible: Program Director/QIDP, Area Manager, Area Director</p>		

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	<p>in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 3 sampled clients (clients #1, #2, and #3) plus 4 additional clients (clients #4, #5, #6 and #7), the facility failed to ensure the clients assisted with meal preparation and served themselves at dinner.</p> <p>Findings include:</p> <p>Observations were conducted on 5/30/24 from 3:50 pm through 6:15 pm and 5/31/24 from 6:15 am through 8:15 am. Clients #1, #2, #3, #4, #5, #6 and #7 were present throughout the observation period.</p> <p>On 5/30/24 at 4:49 pm clients #1, #2, #3, #4, #5, #6 and #7 were sitting at the dining room table and Direct Support Professional (DSP) #1 and #2 served their supper plates from the kitchen. At 4:58 pm client #1 asked for a second helping and DSP #2 took client #1's plate into the kitchen, placed a serving of food on it and returned it to client #1. At 5:02 pm DSP #2 took client #3's plate into the kitchen after she finished the meal. At 5:03 pm DSP #1 took client #4's plate to the kitchen after she finished her meal. At 5:09 pm DSP #3 took client #5's plate to the kitchen after he finished his meal. At 5:31 pm DSP #1 was in the kitchen washing the dishes. At 5:42 pm DSP #2 stated to DSP #1, "I'll clean the rest of the kitchen". An interview was conducted with DSP #2 on 5/30/24 at 5:42 and when DSP #2 was asked if the clients helped with meal prep and clean up afterwards, DSP #2 stated "they do sometimes, it just depends."</p> <p>On 5/31/24 at 6:40 am DSP #2 prompted clients #1, #2, #3, #4, #5 and #6 to the dining room table for breakfast. At 7:02 am DSP #2 put cups on the</p>			W 0488	<p><u>W 488</u></p> <p><u>Governing Body (Standard) –</u> The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p><u>Corrective action for</u> <u>resident(s) found to have been</u> <u>affected:</u></p> <p>All parts of the POC for the survey will be fully implemented, including the following specifics:</p> <p>All facility staff have received retraining on this finding and on the expectations of family style dining. Training covered ways each individual could participate in the preparation, serving, and cleanup of meals according to their individual strengths and needs.</p> <p><u>How facility will identify other</u> <u>residents potentially affected &</u> <u>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</u> <u>facility put in place to ensure</u> <u>no recurrence:</u></p>		07/03/2024

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	<p>table for the clients. At 7:06 am DSP #2 served the clients' breakfast to them from the kitchen. At 7:15 am client #2 came to the dining room table and DSP #2 served him breakfast from the kitchen. At 7:22 am DSP #2 wiped the dining room table off. At 7:45 am DSP #4 was cleaning the kitchen.</p> <p>Throughout the observation period the clients were not prompted to serve themselves the meals and they were not prompted to help with meal prep or clean up.</p> <p>An interview with the Area Director (AD) was conducted on 6/5/24 at 10:00 am. The AD stated, "It is not safe for a couple of the clients in this home to serve themselves. We have to figure out how to work that in the rights restrictions."</p> <p>An interview with the Area Manager (AM) was conducted on 6/5/24 at 9:45 am. The AM stated, "Meals should be served family style with each person participating to their ability."</p> <p>9-3-8(a)</p>				<p>All new employees are trained on active treatment and family style dining expectations in the ICF-IDD setting. 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 for follow up.</p> <p>The QIDP, Nurse, Area Manager, 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 competency on promoting independence for all individuals while dining.</p> <p>Persons responsible: Program Director/QIDP, Area Manager, Area Director</p>		