

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

PRINTED: 09/03/2024
FORM APPROVED
OMB NO. 0938-039

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 07/23/2024	
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 pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 7/15/24, 7/16/24, 7/17/24, 7/18/24, 7/19/24, 7/22/24 and 7/23/24.</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 8/1/24.</p>			W 0000			
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1 was not restricted to access his bedroom during the day.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM.</p> <p>At 1:37 PM, DSP (Direct Support Professional) #7 gave the surveyor a tour of the home. DSP #7 unlocked client #1's bedroom with a key. DSP #7</p>			W 0125	<p><u>Corrective action for resident(s) 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 were retrained on 8/14/24 on the importance of not restricting access to individual's bedrooms. Training documentation is uploaded with this submission. The doorknob has been</p>		08/22/2024

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

TITLE

(X6) DATE

Greta Goins

Area Director

08/18/2024

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>indicated client #1's bedroom is kept locked during the day. Client #1 had only a bed in his room. DSP #7 was asked why the bedroom door was locked during the day. DSP #7 stated, "I don't know, it's been locked since I started." DSP #7 indicated she has been working in the home for 8 months.</p> <p>Client #1 lay on a futon in the day room outside of his bedroom and slept during the following times: from 2:25 PM to 2:59 PM, from 4:51 PM to 5:23 PM, from 5:24 PM to 5:35 PM and from 5:35 PM to 5:44 PM.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's BSP (Behavior Support Plan) dated 4/25/24 indicated the following restrictions, "...Redirection, Response Blocking, Planned To Ignore, Mobility Restrictions: 5-hour safety status, being asked to go to another area until calm, Locked Cleaning Supplies, Security Alarms on Doors and Windows, Locked Sharps, Locked Pantry Door and relocation of refrigerators (to locked area), Intense Staffing, Psychotropic Medications, Locked up clothing, Handle with Care Crisis Intervention Physical Restraint/Protective Restraint/Escort/Transport, Door code for front door...."</p> <p>Client #1's BSP did not include a restriction for his bedroom door to stay locked during the day.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director stated, "I am not sure why [client #1's] bedroom door is locked. We will remove the lock on his door."</p> <p>The BC (Behavior Clinician) Manager was</p>				<p>replaced with a non-locking knob.</p> <p>The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct observations at varying times of the day to ensure that facility staff demonstrate following approved restrictions. Observations will occur at least once per week. Any observed concerns will be addressed through immediate retraining and coaching.</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 new employees are trained on individual support plans, behavior support plans, and approved restrictions. All staff are required to complete annual retraining on BSPs 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. Nurse will also report any violations to the QIDP and Area Director for follow up.</p> <p>Persons responsible: QIDP,</p>		

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W 0130 Bldg. 00	<p>interviewed 7/17/24 at 4:02 PM. The BC Manager stated, "It (client #1's bedroom door) should not be locked. It's not in his plan. He should be able to go into his room at any time."</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 2 sampled clients (#1) and 1 additional client (#4), the facility failed to ensure clients #1 and #4 had privacy while in the bathroom.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>On 7/15/24 at 3:23 PM, client #1 entered the bathroom and urinated with the door open. Client #1 was not prompted to shut the bathroom door for privacy.</p> <p>On 7/16/24 at 7:20 AM, client #1 undressed in the bathroom with the door open while DSP (Direct Support Professional) #7 went next door to the office to get body wash. At 7:22 AM, client #2 stood outside the open bathroom door while client #1 showered. At 7:23 AM, DSP #7 walked next door to the med room and put body wash on the counter as client #1 came out into the living room naked. DSP #7 stated, "[Client #1] get in there." and closed the bathroom door. At 7:26 AM, DSP #7 exited the bathroom to go into the</p>			W 0130	<p>behavior clinician</p> <p><u>Corrective action for resident(s) 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 were retrained on individual rights, including the right to privacy, on 8/14/24. Training documentation is uploaded with this submission. The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct observations at varying times of the day to ensure that all individuals are provided privacy appropriately. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected & what measures taken</u> All residents potentially are</p>		08/22/2024

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W 0140 Bldg. 00	<p>office to get lotion leaving the bathroom door open. At 7:32 AM, DSP #7 exited the bathroom to get disposable underwear from the office leaving the bathroom door open. Client #1 stood naked in the bathroom with the door open as he pulled up his disposable underwear. At 7:42 AM, client #1 exited the bathroom fully dressed.</p> <p>At 7:56 AM, client #4 undressed in the bathroom with the door open as DSP #7 stood in the doorway. Client #2 stood outside the door to the bathroom. DSP #6 entered the bathroom to assist client #4 leaving the bathroom door open. At 7:58 AM, client #1 entered the bathroom while client #4 was showering. Client #4 exited the shower and stood naked with the bathroom door open while DSP #6 dried him off with a towel.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated clients should have privacy. The Lead DSP stated, "If females are giving showers to males, I ask them to leave the door opened or cracked. I feel it leaves a cushion of preventative safety with females and males. It's an unspoken rule to prevent issues." The Lead DSP indicated client #2 should not be standing outside the bathroom when other clients are showering.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated clients should have privacy while in the bathroom.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds</p>				<p>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 upon hire and annually on individual rights and privacy. 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. Qualified supervisory staff will also report any violations to the QIDP and Area Director for follow up.</p> <p>Persons responsible: QIDP, Area Director</p> <p>-</p>		

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	<p>entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 2 sampled clients (#1) and 1 additional client (#3), the facility failed to keep an itemized accounting of clients #1 and #3's personal funds.</p> <p>Findings include:</p> <p>A review of the clients' finances was completed on 7/17/24 at 9:29 AM.</p> <p>Clients #1 and #3 had debit cards they used for spending. Ledgers showing the card balance and expenses were not available for review.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated a ledger was not being completed for clients' #1 and #3. The Lead DSP stated, "I need to start one (ledger). I usually use a My Money print out to track spending, but I do not have one."</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated clients finances should be accounted for.</p> <p>9-3-2(a)</p>		W 0140	<p><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 were retrained on 8/14/24 on Dungarvin policy for monitoring and documenting individual funds and spending. Lead DSP was also retrained on 8/14/24 on the financial management of individual funds and documenting on appropriate forms. All applicable forms were brought to the facility to ensure appropriate documentation of individual funds. Going forward, during bi-weekly supervision meetings with the Area Director, the Lead DSP will review the status of individual funds and the QIDP or Area Director will be responsible to audit individual finances to ensure appropriate documentation.</p> <p><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.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u> All facility staff have been trained</p>		08/22/2024	

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W 0159 Bldg. 00	<p>483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2) and 2 additional clients (#3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor to ensure 1) staff were trained to not use their cell phones, staff did not throw clients #3 and #4's medications into the trash can and staff did not set up client #1's medications while he was in the shower, 2) client #2 had a discharge plan, 3) client #1 had a plan to restore his right to have clothing in his room and client #2's BSP (Behavior Support Plan) included restrictions for locked exterior doors, pantry doors, refrigerator and cleaning supplies, 4) clients #1 and #2's goals were</p>		W 0159	<p>on financial responsibility and documentation of all individuals. All new Program Director/QIDPs have been trained to audit individual finances during weekly site visits and to complete a thorough audit and reconciliation of receipts and ledgers prior to submitting to the Consumer Finance Coordinator for a secondary audit. Area Director to review finances by the 15th of every month to ensure proper documentation of individual finances. Persons responsible: Lead DSP, QIDP, Area Director</p> <p><u>Corrective action for resident(s) 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 were retrained on 8/14/24 on appropriate use of cell phones, medication administration practices, proper disposal of medications, dining plans, and active treatment including, ISP goals, programs, and Behavior Plans, as well as the expectation that all</p>		08/22/2024	

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	<p>implemented during formal and informal opportunities and staff followed client #1's order for food to be cut into bite sized pieces, 5) clients #1 and #2 had an individualized active treatment schedule and 6) written consent was obtained from the guardians for clients #1 and #2's BSPs (Behavior Support Plans) with restrictions.</p> <p>Findings include:</p> <p>1. Please see W189. The QIDP failed to ensure staff were trained to not use their cell phones, staff did not throw clients #3 and #4's medications into the trash can and staff did not set up client #1's medications while he was in the shower.</p> <p>2. Please see W201. The QIDP failed to ensure client #2 had a discharge plan.</p> <p>3. Please see W240. The QIDP failed to ensure client #1 had a plan to restore his right to have clothing in his room and client #2's BSP (Behavior Support Plan) included restrictions for locked exterior doors, pantry doors, refrigerator and cleaning supplies.</p> <p>4. Please see W249. The QIDP failed to ensure clients #1 and #2's goals were implemented during formal and informal opportunities and staff followed client #1's order for food to be cut into bite sized pieces.</p> <p>5. Please see W250. The QIDP failed to ensure clients #1 and #2 had an individualized active treatment schedule.</p> <p>6. Please see W263. The QIDP failed to ensure written consent was obtained from the guardians for clients #1 and #2's BSPs (Behavior Support Plans) with restrictions.</p>				<p>programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the individual's participation.</p> <p>The behavior clinician manager, QIDP and Area Director met to discuss discharge criteria for individual #2 and the IST will review at routine meetings to determine if criteria is still appropriate and progress towards discharge.</p> <p>·Behavior clinician will revise BSP to include a plan to restore individual #1's clothing to be unrestricted and adding ESN restrictions for locked doors on the main front door, pantry, and cleaning supplies, in addition to the child lock on the refrigerator in individual #2's BSP.</p> <p>·Behavior clinician will send BSP revisions to the IST and guardians for individuals #1 and #2 to obtain consent for the plans prior to submitting for HRC approval.</p> <p>·All facility staff will be trained on the revised plans once consent and HRC approval is received.</p> <p>·Active treatment schedules are posted and available in the facility for all individuals.</p> <p>The QIDP, 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</p>		

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	9-3-3(a)		<p>competency on proper medication passes. These observations will be conducted at least once weekly until competency is shown; observations may then reduce 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 & 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. 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. Each individual file is to be audited on a quarterly basis to ensure compliance. Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. The QIDP is then required to complete a monthly summary</p>		

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W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, interview and record review of 2 of 2 sampled clients (#1 and #2) and 2 additional clients (#3 and #4), the facility failed to ensure 1) staff were trained to not use their cell phones, 2) staff did not throw clients #3 and #4's medications into the trash can and 3) staff did not set up client #1's medications while he was in the shower.</p> <p>Findings include:</p>	W 0189	<p>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. The behavior clinician is trained on required BSP components, and an audit will be completed monthly of all HRC approved BSPs to ensure guardian consent is received, restrictions are documented as needed per plan, and plans to reduce restrictions are in place. 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: QIDP, behavior clinician, Area Director</p> <p><u>Corrective action for resident(s) 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 were retrained on appropriate use of cell phones, medication administration practices, and proper disposal of medications. on 8/14/24.</p>	08/22/2024	

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	<p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>1) On 7/15/24 at 2:02 PM client #1 was standing in the office doorway while DSP (Direct Support Professional) #3 was sitting in the office chair watching a video on his cell phone. DSP #5 and #7 sat in the living room looking at their phones. Client #2 was in his bedroom using his tablet. From 2:06 PM to 2:24 PM, client #1 walked around the house. At 2:25 PM client #1 laid down on the futon in the day room and covered up with a blanket. Client #1 slept on the futon from 2:25 PM to 2:59 PM while DSP #3 sat in the day room looking at his phone, and DSP #5 and #7 sat in the living room looking at their cell phones. At 3:03 PM client #1 walked around the house. At 3:07 PM client #2 listened to music in his room. Client #1 walked into client #2's bedroom. DSP #3 sat in the day room looking at his cell phone. At 3:20 PM client #2 went to his bedroom until snack time at 3:27 PM. While clients #1 and #2 ate their snack DSP #3 stood nearby watching them and DSP #8 sat in a chair in the corner of the dining room on her phone. From 5:02 PM to 5:37 PM, DSP #3 sat on the back deck by himself looking at his cell phone. From 4:37 PM to 6:10 PM, client #2 was in the living room looking at his tablet while DSP #4 looked at his phone.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated staff should be attending to the clients and not be on their cell phones.</p> <p>2) Observations were conducted at the group home on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>At 7:24 AM DSP (Direct Support Professional) #6</p>				<p>Going forward, during weekly site visits, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct medication administration observations at varying times of the day to ensure that facility staff demonstrate competency on medication administration and following physician orders as written, in addition to noting if staff are using cell phones when active treatment should be implemented. Initially these observations will be conducted at least once per week until competency is shown; observations may then reduce for the next two weeks and then titrate to 1 time per month for two months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p>- <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.</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</p>		

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PRINTED: 09/03/2024
FORM APPROVED
OMB NO. 0938-039

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	<p>began medication administration. This was DSP #6's first day passing medication. DSP #6 popped client #4's Haloperidol (antipsychotic) out of the bubble pack. The tablet fell onto the floor. DSP #5 stated, "Did you drop a pill? What do we do, get another one?" DSP #5 picked up the pill and threw it in the trash can and instructed DSP #6 to pop another pill.</p> <p>Client #4's record was reviewed on 7/18/24 at 4:31 PM. Client #4's July 2024 MAR (Medication Administration Record) indicated, "...Haloperidol 5 mg, daily at 8 AM...."</p> <p>At 7:44 AM DSP #6 prepared client #3's medication. DSP #6 popped client #3's Simvastatin (high cholesterol) and the tablet fell on the floor rolling under the med card. DSP #4 put her hand under the med cart to retrieve the dropped tablet and found the Simvastatin and another unidentified tablet. DSP #4 threw the Simvastatin and the unidentified tablet into the trash can.</p> <p>Client #3's record was reviewed on 7/18/24 at 4:23 PM. Client #3's July 2024 MAR (Medication Administration Record) indicated, "...Simvastatin 20 mg, daily at 8 AM...."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated medications can be disposed of in the garbage. The Lead DSP indicated controlled medications should be bagged and given to the nurse.</p> <p>The LPN (Licensed Practical Nurse) was interviewed on 7/17/24 at 1:49 PM. The LPN indicated all dropped medications should be placed in a medication disposal bag and the medication disposal form should be filled out so</p>				<p>required to complete annual retraining on Medication Administration, which cover following physician orders, proper disposal of medications, and administering medications basics. 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>Persons responsible: QIDP, nurse, Area Director</p>		

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	<p>she can reorder the dropped medications from the pharmacy.</p> <p>3) Observations were conducted at the group home on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>At 7:29 AM, DSP #6 prepared client #1's medications in a med cup. DSP #6 administered the following medications into a pill cup: Chlorpromazine 100 mg (milligram) (behavior), Clonidine 0.1 mg (aggression), Risperdal 2 mg (autism), Valproic Acid 250 mg (mood). Client #1 was in the bathroom taking a shower. DSP #6 set the med cup on the med cart. At 7:35 AM, DSP #6 prepared client #4's medications. Client #4 came into the med room and swallowed his medications with water. At 7:44 AM, DSP #6 prepared and administered client #3's medications. Client #1's medications were sitting out on the med cart during the time clients #3 and #4 were in the med room taking their medication. At 7:50 AM, client #1 came to the med room and took his medications.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's MAR (Medication Administration Record) dated July 2024 indicated the following medications are schedule to be administered at 7:00 AM: "... Chlorpromaz 100 mg (milligram) (behavior), Clonidine 0.1 mg (aggression), Diazepam 2 mg (anxiety), Polyethylene Glycolate powder (constipation), Risperdal 2 mg (autism), Valproic Acid 250 mg (mood)."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated the client should be in the med room when the medications are being prepared.</p>						

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W 0201 Bldg. 00	<p>The LPN (Licensed Practical Nurse) was interviewed 7/17/24 at 1:49 PM. The LPN indicated if client #1 was in the shower, the DSP should have administered his medication last. The LPN indicated if the DSP didn't know client #1 was in the shower and prepared his medications, he could write client #1's initials and date on the med cup and lock the medications in the med cart until client #1 was available to take his medications.</p> <p>9-3-3(a)</p> <p>483.440(b)(4)(i) ADMISSIONS, TRANSFERS, DISCHARGE</p> <p>If a client is to be either transferred or discharged, the facility must have documentation in the client's record that the client was transferred or discharged for good cause.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2 had a discharge plan.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's ISP (Individual Support Plan) dated 4/03/2024 section under discharge criteria was blank.</p> <p>The Senior Director was interviewed on 7/17/24 at 2:55 PM. The Senior Director stated, "I can't tell you why we don't have a discharge plan. I don't know why it isn't in his plan."</p> <p>9-3-4(a)</p>			W 0201	<p><u>Corrective action for resident(s) 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> <ul style="list-style-type: none"> Behavior clinician will update individual #2's BSP to address discharge criteria. Once BSP is updated and HRC approved, all facility staff will be trained on the proactive and reactive techniques. IST for individual #2 will discuss discharge criteria at quarterly meetings to ensure criteria is achievable and still appropriate. <p><u>How facility will identify other residents potentially affected & what measures taken</u></p>		08/22/2024

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W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure: 1) client #1 had a plan to restore his right to have clothing in his room, and 2) client #2's BSP (Behavior Support Plan) included restrictions for locked exterior doors, pantry doors, refrigerator and cleaning supplies.	W 0240	All residents potentially are affected, and corrective measures address the needs of all clients. <u>Measures or systemic changes</u> <u>facility put in place to ensure no</u> <u>recurrence:</u> IST will continue to review behavior data and discharge criteria at quarterly meetings. Behavior Clinician will update program site with HRC approved BSPs annually and as needed for revisions to plan and/or medication changes, including changes to goals and target behaviors. All facility staff are trained upon hire, annually and as needed on BSPs and goal documentation. 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. Persons responsible: behavior clinician <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: ·Behavior clinician will update	08/22/2024	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM.</p> <p>1. At 1:37 PM, DSP (Direct Support Professional) #7 gave the surveyor a tour of the home. Client #1 had only a bed in his room. DSP #7 indicated client #1's clothing is locked in the laundry room.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's BSP dated 4/25/24 indicated the following targeted behaviors:</p> <p>"...1. Inappropriate Social Boundaries: Defined as targeting housemates and housemates' room or personal property including but not limited to behaviors such as staring and yelling at housemates, perseverating about getting into housemates' room, kicking and hitting housemates' door, hovering outside of housemates' room blocking entrance and exit, taking personal items, going into housemates' room, getting on bed and into blankets. Does not refer to times of positive, welcomed interactions with housemates.</p> <p>2. Food Theft: taking possession of an item or food not intended for client's personal use or immediate consumption. This includes client taking another's food or object.</p> <p>3. Property Destruction: Includes any act of destroying properly out of anger or rage or intent to destroy. Also includes the deliberate mistreatment of property such that it could be destroyed, such as slamming a door, or dropping an electronic device on a hard floor. Does not include property damage that is accidental. Property that is damaged out of anger, but was</p>				<p>Individual #1's BSP to incorporate a plan to restore his right to have clothing in his bedroom.</p> <p>·Behavior clinician will update Individual #2's restrictive measures to include standard restrictions in an ESN setting, such as locked chemicals and restrictions for housemate safety, including a locked main front door, pantry door, and child lock on the refrigerator.</p> <p>The behavior clinician manager will send updated BSPs to QIDP and Area Director to ensure all restrictive measures and plans to reduce restrictions are in all BSPs.</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>Behavior Clinician will update program site with HRC approved BSPs annually and as needed for revisions to plan and/or medication changes, including changes to restrictive measures and discharge criteria. Going forward the behavior clinician, QIDP, and Area Director will review discharge criteria quarterly to determine appropriateness and progress. All</p>		

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	<p>without intent to destroy, would still be considered an instance of the behavior, since it was damaged due to acting on anger.</p> <p>4. Physical Aggression: Defined as punching, kicking, slapping, biting, spitting, shoving, pinching, hair pulling, grabbing, or any physical act toward another individual with the intent to cause physical harm.</p> <p>5. Fecal Handling: client taking his feces and flinging at others or smearing/flinging his feces on furniture, walls or other objects/items...."</p> <p>The BC (Behavior Clinician) Manager was interviewed 7/17/24 at 4:02 PM. The BC indicated client #1 tears his clothing and his clothes are locked to prevent him from destroying them. The BC indicated there should be a plan to restore client #1's right to his clothing by gradually reintroducing access to his clothes.</p> <p>2. At 1:37 PM, DSP #7 gave the surveyor a tour of the home. The refrigerator in the kitchen had a sliding lock strapped to the door handles. The garage door, containing the freezer, extra food and an extra refrigerator, was locked. The pantry closet containing food and the trash can was locked. The laundry room was locked. The front door was locked with a key pad and the door knob had a child proof knob cover.</p> <p>Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's BSP dated 7/6/23 indicated the following restrictions: "...locked sharps, including knives, kitchen knives, cooking knives, other cutlery that has been determined to be a risk, alarms on the doors/windows, crisis intervention, psychotropic medication and financial restitution...."</p>				<p>facility staff are trained upon hire, annually and as needed on ISP/BSP goal documentation. QIDP and behavior clinician are 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>Persons responsible: behavior clinician</p> <p>-</p>		

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W 0249 Bldg. 00	<p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated client #2's current BSP is from his previous group home placement. The Lead DSP indicated the plan needs revisions. The Lead DSP indicated client #2 moved into the ESN (Extensive Support Needs) group home in March of 2024.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated an updated plan has been developed for client #2 and waiting on HRC (Human Rights Committee) approval.</p> <p>The BC (Behavior Clinician) Manager was interviewed 7/17/24 at 4:02 PM. The BC indicated client #2's BSP is waiting on HRC approval, which meets next month. The BC Manager indicated the delay in creating an updated plan for client #2 after he moved to the ESN home was due to waiting on data to complete an assessment of his behaviors. The BC Manager indicated the plan should include all rights restrictions.</p> <p>9-3-4(a)</p> <p>483.440(d)(1)</p> <p>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 of 2 of 2 sampled clients (#1 and #2), the facility failed to ensure 1) clients #1 and #2's goals were implemented during formal and informal</p>			W 0249	All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:		08/22/2024

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	<p>opportunities and 2) staff followed client #1's order for food to be cut into bite sized pieces.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>1A. On 7/15/24 at 2:02 PM client #1 was standing in the office doorway while DSP (Direct Support Professional) #3 was sitting in the office chair watching a video on his cell phone. DSP #5 and DSP #7 sat in the living room looking at their phones. Client #1 walked around the house. At 2:25 PM client #1 laid down on the futon in the day room and covered up with a blanket. Client #1 slept on the futon from 2:25 PM to 2:59 PM while DSP #3 sat in the day room looking at his phone and DSP #5 and DSP #7 sat in the living room looking at their cell phones. At 3:03 PM client #1 walked around the house. At 3:07 PM, client #1 walked into client #2's bedroom. DSP #3 sat in the day room looking at his cell phone and stated, "Come on [client #1]." Client #1 exited client #2's bedroom and walked back into client #2's bedroom. From 3:07 PM to 3:27 PM client #1 walked around the house. At 3:53 PM client #1 looked into the kitchen, made a vocalization and ran to the living room. At 3:59 PM, client #1 walked from the day room to the living room. At 4:04 PM, client #1 turned the door knob to the office, which was locked, and walked over to the couch pinching DSP #4 on the arm. From 4:10 PM to 4:51 PM client #1 walked back and forth from the living room to the day room. At 4:51 PM, client #1 laid on the futon in the day room and slept until 5:23 PM. At 5:24 PM, client #1 walked past the kitchen then back to the day room to lay on the futon. At 5:35 PM, client #1 stood looking into</p>				<p>-All facility staff were retrained on 8/14/24 on the High-Risk Plans and strategies for all clients at the facility, including training on appropriate supervision while eating and cutting up of food.</p> <p>The QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on implementing the individuals' programs during formal and informal opportunities and following dining risk plans for appropriate cutting up/serving of food. Initially these observations will be conducted at least once per week until competency is shown; observations may then reduce for the next two weeks and then titrate to 1 time per month for two months. Any observed concerns will be addressed through immediate retraining and coaching.</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 new employees are trained on</p>		

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	<p>the kitchen, walked to the living room and back to the day room to sit on the futon. He covered his head with a blanket and slept until 5:44 PM.</p> <p>On 7/16/24 from 7:20 AM to 7:42 AM client #1 went to the bathroom to shower. From 7:42 AM to 8:11 AM client #1 walked around the house until he ate breakfast.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's ISP (Individual Support Plan) dated 7/16/24 indicated the following goals:</p> <p>"...Given at most 3 prompts, [client #1] will be able to communicate his wants and needs with staff and peers, without engaging in a maladaptive behavior.</p> <p>After a demonstration from staff, [client #1] will be able to brush teeth with staff supervision with 85% accuracy...</p> <p>Given his clothes for the day, [client #1] will dress himself with 85% accuracy...</p> <p>Given a soapy washcloth, [client #1] will be able to move from a gestural prompt to wash his body to a verbal prompt with 80% accuracy...</p> <p>[Client #1] will move from a partial physical prompt to a demonstration/gestural prompt to take his medications independently with less than 2 prompts from staff...</p> <p>[Client #1] will go to the bathroom every 2 hours to ensure he stays dry requiring less than 3 prompts from staff...</p> <p>[Client #1] will start acclimating to different community settings in 5 minute intervals with one to one staff support with 80% accuracy...</p> <p>[Client #1] will be able to move his laundry from the washer to the dryer with less than 3 prompts from staff...</p>				<p>Individual support plans, BSPs, and high-risk plans upon hire, annually and as needed or revisions are made and on documentation requirements. QIDP or Area Director as well as Behavior Clinician and nurse to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation and review staff competency on how to document active treatment. 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 staff to be held accountable for expectations of documentation and implementation of risk plans per the job description, including retraining and disciplinary action as needed.</p> <p>Persons responsible: QIDP, behavior clinician, nurse, Area Director</p>		

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PRINTED: 09/03/2024

FORM APPROVED

OMB NO. 0938-039

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 07/23/2024	
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	<p>[Client #1] will move from verbal prompting to independence when loading his dirty dishes in the dishwasher, with 75% accuracy...."</p> <p>1B. Client #2 was in his bedroom using his tablet from 2:06 PM to 2:24 PM. The surveyor talked with client #2 from 2:31 PM to 2:56 PM. Client #2 indicated he spends most of his time in his room. Client #2 stated, "I am working on getting a job but I destroyed the deck and couldn't go. Nobody listens to me. They (DSPs) say they are too busy and don't have time to listen. The [lead DSP] says she is busy with morning stuff. I have anger issues. I would like to get a job to get a break from the house." At 3:07 PM, client #2 listened to music in his room. At 3:11 PM, client #2 came out of his room and stated, "I am giving up on [client #1]. He took my shoes." DSP #8 stated to client #2, "Are you going to stay in your room or not?" At 3:20 PM client #2 went to his bedroom until snack time at 3:27 PM. At 3:44 PM client #2 talked with DSP #3. Client #2 stated, "[DSP #8] is mad at me because I rolled my eyes at her. [DSP #8] isn't responding to me." DSP #3 asked client #2 if he wanted to go for a walk. At 3:47 PM to 3:56 PM client #2 went for a walk around the neighborhood with DSP #4. At 4:15 PM client #2 was in his room showing DSP #4 something on his TV. From 4:37 PM to 6:10 PM, client #2 was in the living room looking at his tablet. DSP #8 was in the kitchen cooking dinner.</p> <p>DSP #8 and client #2 were interviewed on 7/15/24 at 6:00 PM. DSP #8 indicated clients #2 and #3 have a goal to assist with meal prep. Client #2 indicated he would like to cook but has not been involved in meal prep since he moved to the home in March 2024.</p> <p>Client #2's record was reviewed on 7/16/24 at 1:23</p>						

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	<p>PM.</p> <p>Client #2's ISP dated 4/3/24 indicated the following goals:</p> <p>"...[Client #2] will with the help of staff practice reading and writing his name and passwords for his tablet and phone and keep them safe for use... He will know the times that the takes his medications...</p> <p>[Client #2] will establish a healthy sleeping system...</p> <p>[Client #2] will identify a place in the community to visit every month...</p> <p>[Client #2] will identify item he wants to buy and find out how much it is. He will then work with staff to budget for it through the money that he earns every week as incentives. ...</p> <p>[Client #2] will be taught how to respect boundaries for staff and other individuals when he interacts with them...</p> <p>[Client #2] will read a menu and with help of staff prepare a meal following instructions...."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP stated, "Goals should be done all day, morning to night. It doesn't hurt to over do goals."</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated goals should be implemented at all opportunities and staff should use incidental teaching when working on skills.</p> <p>2) Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>On 7/15/24 at 3:27 AM. Client #1 sat at the dining room table having his snack of graham crackers</p>						

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	<p>broken into 4 rectangles measuring 3 inches by 1/1/2 inches. At 3:31 PM, client #1 put 3 rectangles of graham crackers into his mouth. DSP (Direct Support Professional) #3 was standing next to client #1 and did not prompt him to take smaller bites or break his graham crackers into bite sized pieces.</p> <p>On 7/16/24 at 8:12 AM, DSP #6 brought client #1 a plate with 2 pieces of toast and mixed fruit setting it down in front of him. DSP #5 placed a bowl of cheerios in front of client #1. Client #1 picked up the whole piece of toast and ate it. At 8:22 AM client #1 ate his second piece of toast.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's MAR (Medication Administration Record) dated July 2024 indicated, "...Foods must be cut up into bite size pieces...."</p> <p>Client #1's nutrition assessment dated 3/30/24 indicated, "...he (client #1) receives a regular diet with food cut into nickel size pieces, and staff report an excellent appetite. He requires monitoring at meals for slow pace, not overstuffing mouth, and risk for choking. He does demonstrate diet intolerance, by drooling at meals. He may sometime need verbal cues...."</p> <p>Client #1's choking plan dated 2/26/24 indicated, "...[Client #1] has slight difficulty with understanding common health and safety risks; he requires supervision and occasional prompts when eating and drinking to ensure his safety...Interventions:</p> <ul style="list-style-type: none"> · If [client #1] puts too much food in his mouth, staff will pull his plate away from him until food is swallowed 						

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W 0250 Bldg. 00	<p>· Assist [client #1] with cutting his food into nickel-sized pieces</p> <p>· Encourage [client #1] to take small bites of food, alternate bites and small sips of fluid</p> <p>· As needed, remind him to chew food well if not doing (sic) independently...."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated client #1's food should be cut into bite sized pieces. The Lead DSP indicated staff should follow the dining instructions listed on the MAR. The Lead DSP stated, "All his (client #1's) food should be cut up. We know toast is something he had been eating for so long and he eats it in a certain way."</p> <p>The LPN (Licensed Practical Nurse) was interviewed 7/17/24 at 1:49 PM. The LPN indicated client #1's food should be cut into smaller bite sized pieces. The LPN stated, "The toast could have been cut toast in half."</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated staff should follow the diet orders and should have cut client #1's graham cracker and toast into bite sized pieces.</p> <p>9-3-4(a)</p> <p>483.440(d)(2)</p> <p>PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure client #1 and #2 had an</p>			W 0250	<p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey</p>		08/22/2024

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	<p>individualized active treatment schedule.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>1. On 7/15/24 at 2:02 PM client #1 was standing in the office doorway while DSP (Direct Support Professional) #3 was sitting in the office chair watching a video on his cell phone. DSP #5 and DSP #7 sat in the living room looking at their phones. From 2:06 PM to 2:24 PM, client #1 walked around the house. At 2:25 PM client #1 laid down on the futon in the day room and covered up with a blanket. Client #1 slept on the futon from 2:25 PM to 2:59 PM while DSP #3 sat in the day room looking at his phone and eating chips and DSP #5 and DSP #7 sat in the living room looking at their cell phones. At 3:03 PM client #1 walked around the house. At 3:07 PM, client #1 walked into client #2's bedroom. DSP #3 sat in the day room looking at his cell phone and stated, "Come on [client #1]." Client #1 exited client #2's bedroom and walked back into client #2's bedroom. From 3:07 PM to 3:27 PM client #1 wanted around the house. At 3:53 PM client #1 looked into the kitchen, made a vocalization and ran to the living room. At 3:59 PM, client #1 walked from the day room to the living room. At 4:04 PM, client #1 turned the door knob to the office which was locked and walked over to the couch pinching DSP #4 on the arm. From 4:10 PM to 4:51 PM client #1 walked back and forth from the living room to the day room. At 4:51 PM, client #1 laid on the futon in the day room and slept until 5:23 PM. At 5:24 PM, client #1 walked past the kitchen then back to the day room and laid on the futon. At 5:35 PM, client #1 stood looking into</p>				<p>with event ID will be fully implemented, including the following specifics:</p> <p>All facility staff were retrained on active treatment schedules on 8/14/24.</p> <p>·Active treatment schedules are posted and available in the facility for all individuals.</p> <p>Program Director/QIDP will verify that active treatment schedules are posted weekly to ensure active participation in goals by all supported individuals. QIDP will monitor Therap documentation and check staff competency on ISP goals during weekly site visits. Initially these competencies will be conducted at least once per week for the first two weeks. If competency is shown in that time, observations may reduce to two times per month for the next two months and then titrate to 1 time per month. Any observed concerns will be addressed through immediate retraining and coaching.</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 are trained upon</p>		

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	<p>the kitchen, walked to the living room and back to the day room to sit on the futon. He covered his head with a blanket and slept until 5:44 PM. At 5:44 PM client #1 went into the living room and kicked client #4. DSP #3 stood between client #1 and client #4. At 5:55 PM, DSP #3 asked client #1 to come with him to the office. Client #1 ran over to client #4 and kicked him. Client #1 sat on the floor, stood up and walked with DSP #3 to the day room. At 6:03 PM client #1 picked his leg up and put it down on client #4's lap, who sat in the recliner. Client #1 sat on the floor next to client #4. At 6:08 PM client #1 walked toward client #4 and DSP #3 stepped between client #1 and client #4. DSP #4 danced with client #1. Client #1 ate dinner at 6:13 PM.</p> <p>On 7/16/24 from 7:20 AM to 7:42 AM client #1 went to the bathroom to shower. From 7:42 AM to 8:11 AM client #1 walked around the house until he ate breakfast.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's record did not contain an active treatment schedule.</p> <p>2. Client #2 was in his bedroom using his tablet. The surveyor talked with client #2 from 2:31 PM to 2:56 PM. Client #2 indicated he spends most of his time in his room. Client #2 stated, "I am working on getting a job but I destroyed the deck and couldn't go. Nobody listens to me. They (DSPs) say they are too busy and don't have time to listen. The [lead DSP] says she is busy with morning stuff. I have anger issues. I would like to get a job to get a break from the house." At 3:07 PM, client #2 listened to music in his room. At 3:11 PM, client #2 came out of his room and</p>		<p>hire, annually and as needed on active treatment and ISP goal documentation. 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. QIDP will monitor active treatment schedules weekly to ensure they are posted, and DSPs are competent and implementing active treatment. Qualified supervisory staff will also report any violations to the QIDP and Area Director for follow up. Persons responsible: QIDP, Area Director</p>		

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	<p>stated, "I am giving up on [client #1]. He took my shoes." DSP #8 stated to client #2, "Are you going to stay in your room or not?" At 3:20 PM client #2 went to his bedroom until snack time at 3:27 PM. At 3:44 PM client #2 talked with DSP #3. Client #2 stated, "[DSP #8] is mad at me because I rolled my eyes at her. [DSP #8] isn't responding to me." DSP #3 asked client #2 if he wanted to go for a walk. At 3:47 PM to 3:56 PM client #2 went for a walk around the neighborhood with DSP #4. At 4:15 PM client #2 was in his room showing DSP #4 something on his TV. From 4:37 PM to 6:10 PM, client #2 was in the living room looking at his tablet. DSP #4 was looking at his phone. DSP #8 was in the kitchen cooking dinner and DSP #3 was in the backyard by himself looking at his phone. Client #2 ate dinner at 6:13 PM.</p> <p>On 7/16/24 at 7:22 AM client #2 woke up and took his shower. At 7:57 AM, client #2 stated, "I am going to watch my tablet and TV because that is all I do, there is nothing else to do." Client #2 was asked if he got bored during the day. Client #2 stated, "Every once in awhile." DSP #5 was in the kitchen preparing breakfast. DSP #7 was in the kitchen unloading the dishwasher. Client #2 sat at the table to eat breakfast at 8:10 PM.</p> <p>Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's record did not contain an active treatment schedule.</p> <p>DSP #7 was interviewed on 7/15/24 at 1:40 PM. DSP #7 stated, "Everyone does their own thing." DSP #7 indicated all the clients have a tablet. DSP #7 indicated clients start waking up at 7 AM to shower, breakfast is served between 8:30 AM and 9 AM. DSP #7 stated, "They do whatever they</p>						

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	<p>want to do, then eat lunch between 11:30 AM and 12:00 PM."</p> <p>DSP #4 was interviewed on 7/15/24 at 3:17 PM. DSP #4 was asked about the clients' schedule and activities. DSP #4 stated, "Everyone does their own thing."</p> <p>DSP #7 was interviewed on 7/16/24 at 7:15 AM. DSP #7 was asked to produce the active treatment schedules. DSP #7 was unable to locate the schedules and indicated she was not familiar with active treatment schedules. DSP #7 indicated she did not know who the BC (Behavior Consultant) or QIDP (Qualified Intellectual Disabilities Professional) were for the home.</p> <p>DSP #5 was interviewed on 7/16/24 at 8:15 AM. DSP #5 indicated the clients do not follow a schedule or have an activities calendar. DSP #5 stated, "If a behavior occurs it will ruin the plans." DSP #5 indicated the clients go to the nearby park as they are able.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP was unable to produce the clients' active treatment schedules. The Lead DSP stated, "Active Treatment should occur after the morning routine and whenever they (clients) are staring at the walls." Lead DSP indicated active treatment should occur in the afternoon and client #1 should be offered activities if he is roaming around the house.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated active treatment schedules should be in the home.</p> <p>9-3-4(a)</p>						

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>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.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to obtain written consent from the guardians for clients #1 and #2's BSPs (Behavior Support Plans) with restrictions.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's BSP dated 4/25/24 indicated the following restrictions, "...Redirection, Response Blocking, Planned To Ignore, Mobility Restrictions: 5-hour safety status, being asked to go to another area until calm, Locked Cleaning Supplies, Security Alarms on Doors and Windows, Locked Sharps, Locked Pantry Door and relocation of refrigerators (to locked area), Intense Staffing, Psychotropic Medications, Locked up clothing, Handle with Care Crisis Intervention Physical Restraint/Protective Restraint/Escort/Transport, Door code for front door...."</p> <p>The review did not include written informed consent for client #1's BSP with rights restrictions.</p> <p>2. Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's BSP dated 7/6/23 indicated the following restrictions, "...Guanfacine (Attention Deficit Hyperactivity Disorder), Escitalopram</p>			W 0263	<p><u>Corrective action for resident(s) 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> <ul style="list-style-type: none"> ·Behavior Clinician will be retrained on obtaining guardian consent for Behavior Support Plan requirements for updating annually and as needed. ·Going forward the behavior clinician will email BSPs and/or review during IST meetings to obtain guardian consent on restrictive measures and BSPs. ·Area Director will audit BSPs at least once per quarter to ensure that all BSPs are updated at least annually with the appropriate restrictions and have guardian consent, if applicable. <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>		08/22/2024

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OMB NO. 0938-039

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 07/23/2024	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929			
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W 0287 Bldg. 00	<p>(Anxiety), Aripiprazole (Bipolar), Locked Sharps, including knives, kitchen knives, cooking knives, other cutlery that has been determine to be a risk, alarms on doors/windows, crisis intervention, psychotropic medication and financial restitution...."</p> <p>The review did not include written informed consent for client #2's BSP with rights restrictions.</p> <p>An e-mail received from the Behavior Clinician Manager on 7/17/24 at 9:39 AM and read upon receipt indicated, "...Signatures should be in the printed BSPs in the Sites...."</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated the guardian should sign the BSPs to indicate consent.</p> <p>9-3-4(a)</p> <p>483.450(b)(3)</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2 had access to the trash can locked in the pantry, access to the bathroom with the bathtub and personal care items locked in the office.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p>			W 0287	<p>All new behavior clinicians/QIDPs are trained on Behavior Support Plans, expectations for revisions to BSPs, required components of BSPs, annual updates and changes as needed to BSPs. Area Director will audit BSPs quarterly and provide direct coaching to any behavior clinicians/QIDPs who fail to follow policy and training. Nurse will also report any non-compliance to risk plans, BSP, etc. to the PD/QIDP and Area Director for follow up.</p> <p>Persons responsible: behavior clinician, QIDP, Area Director</p>		08/22/2024
	<p>Corrective action for resident(s) found to have been affected</p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <p>·Behavior clinician will update all individuals' restrictive measures in their BSPs to include locking the trash can in the pantry and personal care items in the office.</p>						

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	<p>At 1:37 PM, DSP (Direct Support Professional) #7 gave surveyor a tour of the home. The trash can was locked in the pantry. Shampoo, conditioner, body wash and lotion were locked in the office. The bathroom with a bathtub outside client #1's bedroom was locked.</p> <p>On 7/16/24 at 7:20 AM, DSP (Direct Support Professional) #7 went to the office to get body wash and took it into the bathroom. At 7:23 AM, DSP #7 walked from the bathroom to the med room and put body wash on the counter. At 7:26 AM, DSP #7 exited the bathroom to go into the office to get lotion. At 7:28 AM, client #2 came to the med room to get a med cup full of shampoo and body wash that was sitting on the med cart and took them to the bathroom to shower.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's BSP (Behavior Support Plan) dated 4/25/24 indicated the following restrictions, "...Redirection, Response Blocking, Planned To Ignore, Mobility Restrictions: 5-hour safety status, being asked to go to another area until calm, Locked Cleaning Supplies, Security Alarms on Doors and Windows, Locked Sharps, Locked Pantry Door and relocation of refrigerators (to locked area), Intense Staffing, Psychotropic Medications, Locked up clothing, Handle with Care Crisis Intervention Physical Restraint/Protective Restraint/Escort/Transport, Door code for front door...."</p> <p>Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's BSP dated 7/6/23 indicated the</p>				<p>The lock on the bathroom door with the bathtub will be changed so that individuals have access.</p> <p>The behavior clinician manager, QIDP and Area Director will meet quarterly to discuss restrictive measures for all supported individuals.</p> <p>All facility staff will be trained on the updated BSPs once HRC approval is received.</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>Behavior Clinician will update program site with HRC approved BSPs annually and as needed for revisions to plan and/or medication changes, including changes to medication reduction plans, discharge criteria, and restrictive measures. QIDP and Nurse is to audit MAR, BSPs and Therap for HRC approved medications and BSPs and will also report any non-compliance to Area Director for follow up. Going forward the behavior clinician, QIDP, and Area Director will review discharge criteria and restrictive measures quarterly to determine appropriateness and progress. All</p>		

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	<p>following restrictions: "...locked sharps, including knives, kitchen knives, cooking knives, other cutlery that has been determined to be a risk, alarms on the doors/windows, crisis intervention, psychotropic medication and financial restitution...."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated the trash can stays locked in the pantry. The Lead DSP indicated client #1 will eat out of the trash can. The Lead DSP indicated the bathroom with the tub outside client #1's bedroom door is locked for client #1's safety. The Lead DSP indicated when client #1 moved to the group home in 2019, he got in the bathtub and laid face down in the water. The Lead DSP stated, "He was coughing and sputtering. He had to be lifted out of the tub." The Lead DSP indicated the shampoo, conditioner, body wash and lotion were kept in the office. The Lead DSP stated, "We provide the shampoo and conditioner. Everyone dumps the whole bottle down the drain, so we give them a measured amount." The Lead DSP indicated she wasn't sure if the restriction for the trash can being locked in the pantry, access to the bathroom with the bathtub and personal care items locked in the office were in clients' plans. The Lead DSP indicated clients #1 and #2 did not have a plan to teach them to use an appropriate amount of personal care products.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated the personal care items should not be locked in the office.</p> <p>The BC (Behavior Clinician) Manager was interviewed 7/17/24 at 4:02 PM. The BC Manager indicated clients #1 and #2 did not have</p>				<p>facility staff are trained upon hire, annually and as needed on ISP/BSP goal documentation. QIDP and behavior clinician are 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>Persons responsible: QIDP, behavior clinician, Area Director</p>		

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W 0312 Bldg. 00	<p>restrictions in their plans for the trash can to be locked in the pantry, the bathroom to be locked or personal care items to be locked in the office. The BC Manager indicated staff should not lock things up for their convenience. The BC Manager indicated staff should teach the clients to develop their skills and use these items appropriately. The BC Manager indicated locking items up was against clients rights.</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2 had attainable medication reduction goals in their BSPs (Behavior Support Plans).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's BSP dated 4/25/24 indicated, "...Target Behaviors: Inappropriate Social Boundaries, Food Theft, Property Destruction, Physical Aggression and Fecal Handling...Listed below are current psychotropic medications prescribed and monitored as needed by the individuals Psychiatrist. All medication frequency and prescribing physician can be found on [facility's documentation system] on the individuals Medication Administration Record (MAR) on</p>			W 0312	<p><u>Corrective action for resident(s) 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>·Behavior clinician will update BSPs for clients #1 and #2 to ensure medication reduction plans and discharge criteria are achievable.</p> <p>The behavior clinician manager, QIDP and Area Director met to discuss discharge criteria for all supported individuals and the ISTs will review at routine meetings to determine if criteria is still appropriate and progress towards discharge.</p>		08/22/2024

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	<p>attached document...."</p> <p>The section listing the psychotropic medications was blank.</p> <p>"...[Client #1] meets with a psychiatrist, on a minimum quarterly basis, who prescribes and assesses the effectiveness of her (sic) medications. His psychiatrist's assessment and recommendations will be reported to the treatment team. A summary of documented behavioral data and incident reports will be reviewed by her (sic) treatment team monthly. His information will also be provided to his prescribing psychiatrist. Once [client #1's] targeted behaviors occur at a rate of 0 incidents for 6 consecutive months, [client #1's] treatment team will collaborate with her (sic) prescribing psychiatrist to develop an appropriate medication reduction plan. Only with the written approval of the psychiatrist will medication be reduced. Once reduction occurs [client #1] will be monitored to adverse signs of withdrawals and or stabilization of mental status. Overall observation of medication reduction will be noted in the individuals file to track effectiveness. Psychotropic medications related to [client #1's] targeted behaviors are listed in the BSP...."</p> <p>Client #1's MAR (Medication Administration Record) dated July, 2024 indicated: "...Chlorpromazine (behavior), Clonidine (aggression/agitation), Diazepam (anxiety), Risperdal (Autism), Trazodone (insomnia), Valproic acid (mood stability)...."</p> <p>2. Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's BSP dated 7/6/23 indicated, "...Target Behaviors: Elopement, Uncooperative Behavior, Physical Aggression, Social Skills Deficits (Historically know as inappropriate sexual</p>				<p><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.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence:</u> Behavior Clinician is trained on medication reduction plans and will update program site with HRC approved BSPs annually and as needed for revisions to plan and/or medication changes. QIDP and Nurse is to audit MAR, BSPs and Therap for HRC approved medications and BSPs and will also report any non-compliance to Area Director for follow up. Persons responsible: behavior clinician, QIDP</p>		

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	<p>behaviors), property destruction and Suicidal Behavior...Listed below are current psychotropic medications prescribed and monitored as needed by the individual's physician. Guanfacine (Attention Deficit Hyperactivity Disorder), Escitalopram (anxiety), Aripiprazole (Bipolar)...All medication changes for [client #2] should be discussed with his psychiatrist and monitored on a quarterly basis. Staff will monitor side effects of his medications on a daily basis. Any recommendations made by his psychiatrist will be reviewed with his IST (Individual Support Team). A summary of his behavioral data and incident reports will be reviewed by his QIDP (Qualified Intellectual Disabilities Professional) on a monthly basis.</p> <p>Medication Reduction Plan: [Client #2] meets with a physician, on a minimum quarterly basis, who prescribes and assesses the effectiveness of his medications. His psychiatrist's assessment and recommendation will be reported to the treatment team. A summary of documented information will also be provided to his prescribing physician. Once [client #2's] targeted behaviors occur at a rate of 0 incidents for 6 consecutive months, [client #2's] treatment team will collaborate with his prescribing psychiatrist to develop an appropriate medication reduction plan...."</p> <p>The BC (Behavior Clinician) Manager was interviewed 7/17/24 at 4:02 PM. The BC Manager indicated a medication reduction occurring after 0 targeted behaviors for 6 months was not a realistic goal. The BC Manager indicated the team needed to have a discussion to have a more realistic medication reduction goals. The BC Manager stated, "We were in the process of reviewing these (med reduction goals) before the Behavior Clinician left."</p>						

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W 0323 Bldg. 00	<p>9-3-5(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure client #1 had a hearing evaluation conducted under sedation as recommended by his physician and client #2 had a hearing evaluation.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's hearing evaluation dated 7/29/2019 indicated, "...Hearing test...Dr. had said he was mildly to severe (sic) loss in both ears but was not sure how mild or how severe it really is. To determine this he needs to be sedated and monitored to read his brain waves when sounds are introduced to be sure. But if we are not going to do this then doctor suggested to keep doing what we are doing, signing, picture, voice communication. Doctor had asked if [client #1] was to get ear (sic) aids would [client #1] wear them. I told the doctor, he would not. So the procedure would not be necessary unless the company really wants to know or want (sic) the procedure done."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated client #1 had not had a hearing evaluation since 2019. The Lead DSP indicated an hearing evaluation needed to be scheduled. The</p>			W 0323	<p><u>Corrective action for resident(s) 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> <ul style="list-style-type: none"> ·The nurse assigned to the facility resigned. The Lead DSP is scheduling hearing evaluations for individuals #1 and #2. ·QIDP and/or Area Director will monitor appointments weekly to ensure hearing tests are scheduled and completed. ·Nursing department will complete the weekly assessments checklist and review completed appointments and upcoming appointments as part of the checklist, and follow up with the Area Director as needed. <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>		08/22/2024

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W 0327 Bldg. 00	<p>Lead DSP stated, "He doesn't react to hearing tests. That (hearing test under sedation) is something I can look into."</p> <p>2. Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's record did not include documentation of a hearing evaluation.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated client #2 is transitioning to local providers since his move to the group home in March 2024. The Lead DSP stated, "I am not sure if he (client #2) had a hearing evaluation."</p> <p>The LPN (Licensed Practical Nurse) was interviewed 7/17/24 at 1:49 PM. The LPN indicated hearing evaluations should be completed every 3 years.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure annual Mantoux (STU, PPD) tuberculosis (TB) screening was conducted for clients #1 and #2.</p>	W 0327	<p>On a quarterly basis, file audits are to be completed by the QIDP in conjunction with the Area Director to ensure compliance with this standard. A master medical schedule form will be used to track all scheduled and/or routine appointments. All QIDPs and Lead DSPs are trained on the master medical form upon hire and as needed. All nursing staff are trained on nursing assessment checklists upon hire and will report any identified needs to the QIDP and Area Director.</p> <p>Persons responsible: QIDP, Area Director</p> <p><u>Corrective action for resident(s) 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>	08/22/2024	

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	<p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/16/24 at 9:55 AM. Client #1's record did not contain documentation of a TB screening.</p> <p>2. Client #2's record was reviewed on 7/16/24 at 1:23 PM. Client #2's record did not contain documentation of a TB screening.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated clients #1 and #2 are past due for their TB screenings. The Lead DSP indicated clients #1 and #2 receive TB screenings at their doctors office. The Lead DSP indicated the doctors office is having trouble getting the kits to do the testing.</p> <p>The LPN (Licensed Practical Nurse) was interviewed 7/17/24 at 1:49 PM. The LPN indicated client #2 had a TB screening when he moved in on 3/4/24. The LPN stated, "I don't have the papers (for the TB screening)." The LPN indicated clients should receive a TB screening every year.</p> <p>9-3-6(a)</p>				<p>·TB tests will be scheduled by 8/23/24 for all individuals.</p> <p>·QIDP and/or Lead DSP will update Therap appointments and test results of the TB screening for tracking lab results.</p> <p>·Nursing department will complete weekly assessments checklist and review completed appointments and upcoming appointments as part of the checklist. Nursing will include TB screening in annual physical documentation and follow up with QIDP/Area Director 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>On a quarterly basis, file audits are to be completed by the QIDP in conjunction with the Area Director to ensure compliance with this standard. A master medical schedule form will be used to track all scheduled and/or routine appointments. All QIDPs and Lead DSPs are trained on the master medical form upon hire and as needed. All nursing staff are trained on nursing assessment checklists upon hire and will report any identified needs to the QIDP</p>		

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W 0367 Bldg. 00	<p>483.460(k) DRUG ADMINISTRATION</p> <p>The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1's medications were not set up while he was in the shower.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>At 7:29 AM, DSP (Direct Support Professional) #6 prepared client #1's medications in a med cup. DSP #6 administered the following medications into a pill cup: Chlorpromazine 100 mg (milligram) (behavior), Clonidine 0.1 mg (aggression), Risperdal 2 mg (autism), Valproic Acid 250 mg (mood). Client #1 was in the bathroom taking a shower. DSP #6 set the med cup on the med cart. At 7:35 AM, DSP #6 prepared client #4's medications. Client #4 came into the med room and swallowed his medications with water. At 7:44 AM, DSP #6 prepared and administered client #3's medications. Client #1's medications were sitting out on the med cart during the time clients #3 and #4 were in the med room taking their medication. At 7:50 AM, client #1 came to the med room and took his medications.</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55</p>		W 0367	<p>and Area Director. Persons responsible: QIDP, Area Director, Quality Assurance coordinator</p> <p><u>Corrective action for resident(s) 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 were retrained on proper medication administration and physician orders, including having individual in the med room when preparing medications on 8/14/24. Going forward, during weekly site visits, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct medication administration observations at varying times of the day to ensure that facility staff demonstrate competency on medication administration and following physician orders as written. Initially these observations will be conducted at least once per week for the first two weeks. If competency is shown in that time, observations may reduce to once every other week for the next two</p>		08/22/2024	

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FORM APPROVED
OMB NO. 0938-039

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W 0369 Bldg. 00	<p>AM.</p> <p>Client #1's MAR (Medication Administration Record) dated July 2024 indicated the following medications are schedule to be administered at 7:00 AM: "... Chlorpromaz 100 mg (milligram) (behavior), Clonidine 0.1 mg (aggression), Diazepam 2 mg (anxiety), Polyethylene Glycolate powder (constipation), Risperdal 2 mg (autism), Valproic Acid 250 mg (mood)."</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated the client should be in the med room when the medications are being prepared.</p> <p>The LPN (Licensed Practical Nurse) was interviewed 7/17/24 at 1:49 PM. The LPN indicated if client #1 was in the shower, the DSP should have administered his medication last. The LPN indicated if the DSP didn't know client #1 was in the shower and prepared his medications, he could write client #1's initials and date on the med cup and lock the medications in the med cart until client #1 was available to take his medications.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must</p>				<p>months and then titrate down. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><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.</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 and administering medications when the individual is present in the med room. 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. Persons responsible: QIDP, nurse, lead DSP, Area Director</p>		

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	<p>assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1 received his medications according to his physician's orders.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>At 7:24 AM DSP (Direct Support Professional) #6 began medication administration. DSP #6 administered the following medications into a pill cup: Chlorpromazine 100 mg (milligram) (behavior), Clonidine 0.1 mg (aggression), Risperdal 2 mg (autism), Valproic Acid 250 mg (mood).</p> <p>Client #1's record was reviewed on 7/16/24 at 9:55 AM.</p> <p>Client #1's MAR (Medication Administration Record) dated July 2024 indicated the following medications are schedule to be administered at 7:00 AM: "... Chlorpromaz 100 mg (milligram) (behavior), Clonidine 0.1 mg (aggression), Diazepam 2 mg (anxiety), Polyethylene Glycolate powder (constipation), Risperdal 2 mg (autism), Valproic Acid 250 mg (mood)."</p> <p>Client #1 did not receive his Diazepam 2 mg and Polyethylene Glycolate powder.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP checked the controlled count sheet for client #1's diazepam to discover he did not receive his 7 AM dose on 7/16/24. The Lead DSP indicated</p>			W 0369	<p><u>Corrective action for resident(s) 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 were retrained on proper medication administration and physician orders on 8/14/24.</p> <p>Going forward, during weekly site visits, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct medication administration observations at varying times of the day to ensure that facility staff demonstrate competency on medication administration and following physician orders as written. Initially these observations will be conducted at least once per week for the first two weeks. If competency is shown in that time, observations may reduce to once every other week for the next two months and then titrate down. Any observed concerns will be addressed through immediate retraining and coaching.</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</p>		08/22/2024

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W 0440 Bldg. 00	<p>yesterday was DSP #6's first time passing medications and other DSPs working should have helped him.</p> <p>The LPN (Licensed Practical Nurse) was interviewed 7/17/24 at 1:49 PM. The LPN indicated DSPs should follow the MAR and pass medication according the the physician's orders.</p> <p>9-3-6(a)</p>		W 0440	<p>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 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, crushing medications, and administering medications with food. 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>Persons responsible: QIDP, Lead DSP, Area Director</p>		08/22/2024	
	<p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 2 of 2 sampled clients (#1 and #2) and 2 additional clients (#3 and #4), the facility failed to conduct quarterly evacuation drills for each shift.</p> <p>Findings include:</p> <p>On 7/17/24 at 11:13 AM, a review of the facility's evacuation drills was conducted and indicated the following affecting clients #1, #2, #3 and #4.</p>			<p><u>Corrective action for resident(s) 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 were retrained on 8/14/24 on the completion of emergency evacuation drills and frequency of drills.</p> <p>Dungarvin is in the process of</p>			

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W 0488	<p>During the evening shift (3:00 PM to 11:00 PM), there were no evacuation drills conducted from 7/14/23 to 5/9/24.</p> <p>During the night shift (11:00 PM to 7:00 AM), there were no evacuation drills conducted from 9/3/23 to 6/30/24.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP indicated fire drills should be conducted once each shift per month. The Lead DSP stated, "I am not getting anywhere with staff. We used to have a fire drill schedule and staff would not do them. They say they forget."</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated fire drills should be conducted every quarter for each shift.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p>		<p>creating a new system for tracking fire and emergency drills.</p> <p>Going forward QIDP will review monthly evacuation drills in weekly supervision meetings with Area Director. Retraining and disciplinary action per Dungarvin policy will be completed for DSPs failing to complete evacuation drills.</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 new employees are trained on evacuation drills and frequency upon hire. 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. Area Director is developing a monitoring system in conjunction with the Quality Assurance Coordinator to monitor evacuation drills monthly to ensure that all required drills are present and filed at all times. Persons responsible: Lead DSP, QIDP, Area Director, Quality Assurance coordinator.</p>		

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Bldg. 00	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 2 of 2 sampled clients (#1 and #2) and 2 additional clients (#3 and #4), the facility failed to ensure clients #1, #2, #3 and #4 assisted with meal prep and served themselves during meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p> <p>On 7/15/24 at 5:02 PM, DSP (Direct Support Professional) #8 was in the kitchen. DSP #8 set a pan on the stove and cooked ground beef. Client #4 sat in the living room looking at his tablet. Client #1 was sleeping on a futon in the day room. Client #2 was looking at his tablet in the living room. Client #3 was in his bedroom. At 5:15 PM DSP #8 cut up a green pepper adding it to the ground beef. DSP #8 added spaghetti sauce and stirred the food in the pan on the stove. At 5:23 PM, client #1 stood looking into the kitchen. Client #2 talked with DSP #4 and client #4 sat in the living room looking at his tablet. Client #3 was in his bedroom. At 5:35 PM, client #1 stood in the kitchen doorway and watched DSP #8 cooking. Client #1 returned to the day room, sat on the futon and covered himself up with a blanket. At 6:10 PM, DSP #3 asked clients #2, #3 and #4 to wash their hands for dinner. At 6:13 PM, DSP #3 wiped client #1's hands at the table with a wet cloth. DSP #8 brought prepared plates with a ground beef mixture and baked potato and sat them in front of clients #1, #2, #3 and #4. DSP #8 sat cups of milk down in front of clients #1, #2, #3 and #4.</p>			W 0488	<p><u>Corrective action for resident(s) 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 were retrained on 8/14/24 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>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 at least once per week for the first three weeks. If competency is shown in that time, observations may reduce to 1 time bi-weekly for the next two months 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 &</u></p>		08/22/2024

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	<p>On 7/16/24 at 7:58 AM, DSP #5 poured cereal into bowls. Client #1 was walking around the living room. Client #4 was in the shower. Client #2 stood in the living room. At 8:00 AM, DSP #5 put bread into the toaster while client #2 stood in the kitchen doorway watching and client #1 walked around the house. At 8:05 AM, DSP #7 unloaded the dishwasher while clients #2 and #3 stood outside the kitchen. At 8:10 AM, clients sat at the dining room table. At 8:12 AM, DSP #7 brought cups of juice to the table placing them in front of clients #1, #2, #3 and #4. DSP #6 carried plates of toast to the table placing them in front of clients #1, #2, #3 and #4. DSP #5 brought bowls of cereal to the table placing them in front of clients #1, #2, #3 and #4.</p> <p>Client #3 was interviewed on 7/15/24 at 2:00 PM. Client #3 stated, "I want a chore back. I want to learn to cook."</p> <p>DSP #8 and client #2 were interviewed on 7/15/24 at 6:00 PM. DSP #8 indicated clients #2 and #3 have a goal to assist with meal prep. Client #2 had indicated to staff he would like to cook but has not been involved in meal prep since he moved to the home in March 2024.</p> <p>DSP #5 and DSP #7 were interviewed on 7/16/24 at 8:15 AM. DSP #7 indicated the clients usually cook dinner. DSP #5 indicated the clients do not eat family style or serve themselves.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 7/17/24 at 9:40 AM. The Lead DSP stated, "Staff should always ask for assistance with meal preparation." The Lead DSP was asked if clients should serve themselves in a family style manner. The Lead DSP stated, "That has been</p>				<p><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 facility put in place to ensure no recurrence:</u> All new employees are trained on individual risk plans, dining plans, and active treatment. 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. Nurse will also report any violations to the QIDP and Area Director for follow up. Persons responsible: QIDP, Area Director</p>		

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W 9999 Bldg. 00	<p>taken away. [Client #1] threw food on people. We haven't eaten family style in a long time."</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated clients should be involved in meal preparation during all meals and serve themselves.</p> <p>9-3-8(a)</p> <p>State Findings</p> <p>460 IAC 9-3-4 Active Treatment Services</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review, and interview for 1 of 2 sampled clients (client #2), the facility failed to develop and implement a program to meet client #2's active treatment needs pertaining to day services programming.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/15/24 from 1:33 PM to 6:21 PM and on 7/16/24 from 6:59 AM to 8:36 AM.</p>			W 9999	<p><u>Corrective action for resident(s) 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>The IST for individual #2 will meet to discuss day programming needs. Individual #2 has been placed on a waitlist for two day programs in the local community.</p> <p>The QIDP/Area Director is working with the Lead DSP on implementing a more structured day program within the facility to keep all individuals active and engaged in a meaningful day.</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</u></p>		08/22/2024

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	<p>Client #2 was in his bedroom using his tablet. The surveyor talked with client #2 from 2:31 PM to 2:56 PM. Client #2 indicated he spends most of his time in his room. Client #2 stated, "I am working on getting a job but I destroyed the deck and couldn't go. Nobody listens to me. They (DSPs (Direct Support Professionals)) say they are too busy and don't have time to listen. The [lead DSP] says she is busy with morning stuff. I have anger issues. I would like to get a job to get a break from the house." At 3:07 PM, client #2 listened to music in his room. At 3:20 PM client #2 went to his bedroom until snack time at 3:27 PM. At 3:44 PM client #2 talked with DSP #3. Client #2 stated, "[DSP #8] is mad at me because I rolled my eyes at her. [DSP #8] isn't responding to me." DSP #3 asked client #2 if he wanted to go for a walk. At 3:47 PM to 3:56 PM client #2 went for a walk around the neighborhood with DSP #4. At 4:15 PM client #2 was in his room showing DSP #4 something on his TV. From 4:37 PM to 6:10 PM, client #2 was in the living room looking at his tablet.</p> <p>On 7/16/24 at 7:22 AM client #2 woke up and took his shower. At 7:57 AM, client #2 stated, "I am going to watch my tablet and TV because that is all I do. There is nothing else to do." Client #2 was asked if he got bored during the day. Client #2 stated, "Every once in awhile."</p> <p>Client #2's record was reviewed on 7/16/24 at 1:23 PM.</p> <p>Client #2's ISP dated 4/3/24 indicated the following, "...Meaningful Day, Vocational/Work, and/or Day Program: (This area was blank) Current Schedule: Working on getting to a day program...Team met for her (sic) thirty-day post</p>				<p><u>recurrence:</u> QIDP will follow up with local day programs on waitlist status. Lead DSP and QIDP will implement a structured day program within the facility to encourage all individuals to be active and engaged. Area Director or other supervisory staff will audit facility based day programming monthly and all staff will be trained on day program expectations. Persons responsible: QIDP, Area Director, Lead DSP</p>		

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	<p>transition meeting on 4/3/2024. He told the team that he was happy at the site and wants job...His mother told the team she was worried about him staying in the house without doing anything and team agreed that he was going to try the day program that other individuals have used before...She said he enjoys being busy every day. His goal is to have a job and the team was worried about the wait list that [name] day program had before because of Covid 19. The team discussed options if he has a wait list (sic) was long. It was agreed that he can do things in the community and also have home programs where he can learn to write his name and address which he has been struggling with....."</p> <p>Client #2's BSP dated 7/6/23 indicated the following, "...Proactive Interventions: Many of [client #2's] target behaviors stem from his challenges processing his emotions, particularly when he is disappointed, feels rejected or excluded, or has his feeling hurt. Staff can focus proactively on offering safe and adaptive options for him to practice. Examples include:</p> <p>Communication- offer [client #2] the chance to sit and talk privately about what he is working on. If he does not want to talk to staff, asked (sic) [client #2] if he wants to discuss anything with his mom or any friend or counselor he has as a support in his life. Offer praise to [client #2] every time he manages difficult emotions by talking through them.</p> <p>Structured environment-providing structured activities can give [client #2] a framework to keep himself busy with positive daily activities. When [client #2] has too much down time, he could get into more conflicts with housemates or fixate on negative memories...."</p> <p>The Lead DSP (Direct Support Professional) was</p>						

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

PRINTED: 09/03/2024
FORM APPROVED
OMB NO. 0938-039

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 07/23/2024	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 821 SUNSET DR FLORA, IN 46929			
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	<p>interviewed on 7/17/24 at 9:40 AM. The Lead DSP stated, "We are working on getting [client #2] into a day program. He had a few behaviors that prevented him from visiting a day program." The Lead DSP indicated day programs were not answering the phone and they planned to visit in person to talk to them about client #2 attending the day program. The Lead DSP stated, "They (day program) won't accept him (client #2) with his behaviors." The Lead DSP indicated the team had not met to discuss a plan or goal that client #2 would need to meet before he could visit or attend a day program.</p> <p>The Senior Director was interviewed 7/17/24 at 2:55 PM. The Senior Director indicated the day programs will not accept clients living in ESN (Extensive Support Needs) group homes. The Senior Director stated, "We are looking at having a community based day program."</p> <p>9-3-4(b)</p>						