

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

PRINTED: 11/22/2024
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 10/21/2024	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 821 SUNSET DR FLORA, IN 46929			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 0000 Bldg. 00	<p>This visit was for a Post Certification Revisit (PCR) to the pre-determined full recertification and state licensure survey completed on 7/23/24.</p> <p>This visit was in conjunction with the investigation of complaint #IN00442497.</p> <p>Dates of Survey: 10/16/24, 10/17/24 and 10/21/24.</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 and #27547 on 10/29/24.</p>		W 0000				
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B) and 1 additional client (C), the facility failed to conduct investigations for incidents of elopement with police involvement, alleged client to client abuse, an injury of unknown origin and physical aggression toward staff resulting in an arrest.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 10/16/24 at 7:37 PM.</p> <p>1. A BDS report dated 9/1/24 indicated, "[Client A] had taken a PRN (as needed) medication for</p>		W 0154	<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: QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities. QIDP will be trained on 11/13/24 on conducting thorough investigations of significant incidents, including elopements, falls, peer-to-peer aggression, police intervention, and hospitalization. QIDP will also be</p>		11/14/2024	

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

TITLE

(X6) DATE

Greta Goins

Area Director

11/09/2024

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 disclosable 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>agitation earlier in the day and was in his bedroom watching TV and listening to music. At 2:30 pm he brought his tablet and phone to the staff to put in the office so he would not break them, which is part of his BSP (Behavior Support Plan) when he is upset. He went back to his bedroom and when staff went to check on him a few minutes later, he was no longer in the house. Staff stated that they heard a door close when he said he went to his bedroom but did not hear any window alarms. Staff searched the house and immediate outside area but were unable to locate him. Local police were contacted and staff drove around looking for him. [Client A] was located by police at 4:30 pm and evaluated by EMS (Emergency Medical Services). He (client A) was not injured and returned to the house with the police officers. The police officers left and went to his room. He immediately went out of his window to elope a second time. Staff followed him and he was agreeable to return to the house after 10 minutes. Plan to Resolve (Immediate and Long Term). Staff will continue to follow HRC (Human Rights Committee) approved BSP for proactive and reactive measures. IST (Individual Support Team) will meet to discuss BSP revisions for elopement. Staff were instructed to keep him in line of sight at all times and to remain outside of (sic) bedroom door to monitor his safety and wellbeing (sic) when in his bedroom. Staff will be trained on any BSP revisions once HRC approval is received...."</p> <p>An investigation for the incident on 9/1/24 was not available for review.</p> <p>2. A BDS report dated 9/2/24 indicated, "[Client A] refused his morning medications and staff continued about the morning routine. He became upset when he did not receive additional attention for it and took the toilet paper holder from the</p>				<p>trained on the importance of critically analyzing all possible causes when investigating significant incidents, to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated.</p> <p>QIDP will be trained on 11/13/24 on BDS policy on Reportable Incidents including the requirement that all reportable incidents must be reported within 24 hours in accordance with state law.</p> <p>QIDP will be trained on 11/13/24 on importance of reviewing GERs (internal incident reports) and staff daily shift logs in Therap every business day so that anything staff documented and failed to notify the Program Director or on-call supervisor to report is caught and reported immediately.</p> <p>QIDP is implementing aggressive documentation review and check ins with the individuals served and the staff on duty to ensure that all concerns are being accurately documented and reported.</p> <p>Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action</p>		

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	<p>bathroom and proceeded to break two windows in the common living area and then targeted a housemate. Staff blocked his access and view of housemate and he went into his bedroom and used it to break his bedroom window. As he went to climb through, staff attempted to place to him in a physical restraint per his HRC approved behavior support plan. [Client A] turned before the hold was implemented and struck staff several times with the toilet paper holder causing injury. Police were called to assist with managing the situation and [client A] calmed down upon their arrival. He was assessed by EMS for any injury and none were noted. [Client A] was then arrested and transported by police to the [name] County Jail.</p> <p>Plan to Resolve (Immediate and Long Term). Staff will continue to follow HRC approved BSP for proactive and reactive techniques. [Client A's] medications were brought to the jail to be administered until his bail is determined and his court appearance is set. IST (Individual Support Team) will meet to discuss BSP revisions for his safety...."</p> <p>An investigation for the incident on 9/2/24 was not available for review.</p> <p>3. A BDS report dated 9/19/24 indicated, "[Client B] came out of his room for his morning routine and his right hand was swollen. [Provider] nurse was contacted and he was taken to the emergency room to be evaluated. An x-ray was taken and it was determined that his index finger was broken and he was put in a temporary cast and prescribed Tylenol for pain as needed.</p> <p>Plan to Resolve: A follow up appointment with an ortho (orthopedic) specialist is scheduled for 9/20/24. Additional follow up is requested from ortho as</p>				<p>plans are timely, thorough, and effective.</p> <p>Area Director will review Therap documentation at least twice weekly to ensure staff are following Dungarvin policy.</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 on reportable incidents, BSPs and proactive measures to ensure health and safety of all individuals. All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, peer-to-peer aggression, falls, police intervention, and hospitalization. QIDP is responsible to be aware of all reportable incidents and to report them according to state law. Area Director and QIDP to do targeted review of Therap documentation on incidents during weekly supervision meetings to ensure that all incidents have been</p>		

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	<p>initial treating physician stated the break was old and he had somehow aggravated it to cause that much swelling. Incident investigation has been initiated into the injury of unknown origin. All staff will continue to follow BSP/ISP (Behavior Support Plan/Individual Support Plan) for supervision and wellbeing (sic) of [client B]...."</p> <p>An investigation for the incident on 9/19/24 was not available for review.</p> <p>4. A BDS report dated 9/20/24 indicated, "[Client C] was upset that a (sic) [client B] was going to the hospital for an injury. [Client C] reported to staff that he was worried that he caused the injury to [client B] because he ran up to him and pushed him off the deck to the ground about a week ago while staff were in the kitchen.</p> <p>Plan to Resolve (Immediate and Long Term). Incident was reported and incident investigation initiated to obtain additional details. Staff will continue to follow ISPs and BSPs and provide appropriate level of supervision to all individuals in the home...."</p> <p>An investigation for the incident on 9/20/24 was not available for review.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD indicated she was responsible for completing investigations. The QIDP/AD indicated investigations should be completed for incidents of elopement involving the police, arrests, injury of unknown origin and episodes of client to client aggression. The QIDP/AD indicated the team met to review and update plans following the incidents. The QIDP/AD indicated she did not complete investigations for these incidents.</p>				<p>reported as required. QIDP will review Therap documentation daily for appropriate reporting and follow-up. Area Director will review Therap at least twice per week to ensure appropriate documentation, implementation, and reporting</p> <p>Persons responsible: QIDP, Area Director</p> <p>-</p>		

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W 0249 Bldg. 00	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>Based on observation, interview and record review of 1 of 2 sampled clients (B), the facility failed to ensure staff followed client B's order for food to be cut into nickel sized pieces.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/16/24 from 2:57 PM to 5:20 PM.</p> <p>At 3:17 PM, client B sat at the dining room table. DSP (Direct Support Professional) #5 brought a plate with a peanut butter and honey sandwich, peeled banana, mandarin oranges and cup of water to the table sitting it down in front of client B. Client B's sandwich was cut in half and his banana was whole. Client B's food was not cut into small pieces.</p> <p>Client B's record was reviewed on 10/16/24 at 7:20 PM.</p> <p>Client B's MAR (Medication Administration Record) dated October 2024 indicated, "...Foods must be cut up into bite size pieces...."</p> <p>Client B's nutrition assessment dated 3/30/24 indicated, "...he (client B) 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>			W 0249	<p><u>Corrective action for resident(s)</u> <u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> ·All facility staff will be retrained on 11/14/24 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. ·All facility staff on shift during surveyor observation will receive disciplinary action according to Dungarvin policy for failure to follow individual's dining plan and training that was provided on 8/14/24. ·QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities. <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</p>		11/14/2024

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	<p>Client B's choking plan dated 2/26/24 indicated, "...[Client B] 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> <p>If [client B] puts too much food in his mouth, staff will pull his plate away from him until food is swallowed.</p> <p>Assist [client B] with cutting his food into nickel-sized pieces.</p> <p>Encourage [client B] 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>DSP #5 was interviewed on 10/16/24 at 3:20 PM. DSP #5 indicated client B needed only his meat cut up for him.</p> <p>The Lead DSP was interviewed on 10/17/24 at 12:20 PM. The Lead DSP indicated staff were trained to cut up client B's food and should follow the dining plan.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD indicated staff should follow client B's choking risk plan to cut his food into nickel sized pieces.</p> <p>This deficiency was cited on 7/23/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				<p>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 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</p>		

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W 0250 Bldg. 00	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure clients A and B had individualized active treatment schedules.</p> <p>Findings include:</p> <p>DSP (Direct Support Professional) #6 was interviewed on 10/16/24 at 3:20 PM. DSP #6 was asked to show the surveyor clients A and B's active treatment schedule. DSP #6 indicated clients A and B did not have a schedule they follow throughout the day. DSP #6 indicated clients A and B choose their activities or sleep during the day.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/16/24 at 4:22 PM. The QIDP/AD indicated the active treatment schedules should be available in the house. The QIDP/AD indicated she e-mailed the activity schedules to the lead DSP, but they were not printed out for staff to follow.</p> <p>The Lead DSP was interviewed on 10/17/24 at 12:20 PM. The lead DSP indicated there was a</p>	W 0250	<p>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, Area Manager, 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:</p> <ul style="list-style-type: none">·Active treatment schedules are posted and available in the facility for all individuals. They are additionally uploaded with this submission.·QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities. <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,</p>	11/14/2024	

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	<p>white board with a general schedule for staff to follow. The lead DSP indicated client B keeps taking down the board. The lead DSP indicated the white board listed general activities and were not client specific schedules.</p> <p>The QIDP/AD was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD indicated staff should be able to access the active treatment schedules.</p> <p>This deficiency was cited on 7/23/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>			<p>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> 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 are trained upon 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.</p> <p>Persons Responsible: QIDP, Area Manager, Area Director</p>			

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W 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure clients A and client B had a hearing evaluation.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 10/16/24 at 7:05 PM. Client A's record did not contain documentation of a hearing evaluation.</p> <p>2. Client B's record was reviewed on 10/16/24 at 7:20 PM. Client B's record did not contain documentation of a hearing evaluation.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 10/17/24 at 12:20 PM. The lead DSP indicated hearing evaluations for clients A and B have not been scheduled.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD indicated hearing evaluations for clients A and B should have been scheduled.</p> <p>This deficiency was cited on 7/23/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</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"> ·Individual #1 has a hearing evaluation scheduled for 11/13/24. ·Individual #2 needed a referral from his PCP to schedule the hearing evaluation. The earliest appointment available was for 12/19/24. The hearing evaluation will be scheduled once the referral is received at the appointment on 12/19/24. ·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</u></p>	11/14/2024	

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W 0327 Bldg. 00	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure annual Mantoux (STU, PPD) tuberculosis (TB) screenings were conducted for clients A and B.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 10/16/24 at 7:05 PM.</p> <p>Client A's record did not contain documentation of a TB screening.</p> <p>2. Client B's record was reviewed on 10/16/24 at 7:20 PM.</p>	W 0327	<p><u>recurrence</u> 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: Lead DSP, QIDP, Area Director, nurse</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: ·TB tests will be completed at next PCP appointments for individuals #1 and #2. ·QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities. ·QIDP and/or Lead DSP will update Therap appointments and test results of the TB screening for tracking lab results. ·Nursing department will</p>	11/15/2024	

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PRINTED: 11/22/2024
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 10/21/2024
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 0440	<p>Client B's record did not contain documentation of a TB screening.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 10/17/24 at 12:20 PM. The lead DSP indicated client B had his TB screening on 10/16/24. The lead DSP was asked to provide documentation of client B's TB screening. Documentation of client B's TB screening was not received for review. The lead DSP indicated client A had not been scheduled to have a TB screening.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD indicated clients A and B should have been scheduled for TB screenings.</p> <p>This deficiency was cited on 7/23/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p>		<p>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 and Area Director.</p> <p>Persons responsible: Lead DSP, QIDP, Area Director, Nurse</p>		

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Bldg. 00	<p>Based on record review and interview for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>The surveyor reviewed the evacuation drills on 10/16/24 at 4:55 PM with the QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director).</p> <p>There were no drills available for review for the months of August and September 2024. The QIDP/AD indicated evacuation drills should be completed once a month for each shift per the provider's policy. This affected clients A, B, C and D.</p> <p>The Lead DSP (Direct Support Professional) was interviewed on 10/17/24 at 12:20 PM. The lead DSP stated, "Some of the fire drills for the last month fell by the wayside due to behaviors and injuries."</p> <p>This deficiency was cited on 7/23/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>			W 0440	<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 will beretrained on 11/14/24 on the completion of emergency evacuation drills and frequency of drills. Staff that fail to complete scheduled fire drills will receive disciplinary action per Dungarvin policy.</p> <p>Dungarvin is in the process of creating a new system for tracking fire and emergency drills and it is anticipated to roll out January 2025.</p> <p>QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities.</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</u></p>		11/14/2024

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>Based on observation and interview for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the facility failed to ensure clients A, B, C and D assisted with meal prep and served themselves during meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/16/24 from 2:57 PM to 5:20 PM.</p> <p>At 3:17 PM, clients A, B, C and D sat at the dining room table. DSP (Direct Support Professional) #5 and #6 brought plates with peanut butter and honey sandwiches, peeled bananas, mandarin oranges and cups of water to the table setting them in front of clients A, B, C and D.</p>	W 0488	<p><u>facility put in place to ensure no recurrence:</u> 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.</p> <p>Persons responsible: Lead DSP, QIDP, Area Manager, 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 will be retrained on 11/14/24 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. QIDP was hired at this facility on 10/28/24 and will be taking on position responsibilities. The QIDP, Nurse, Area</p>	11/14/2024	

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	<p>At 4:05 PM, DSP #5 was in the kitchen opening cans of green beans and pasta putting them into pans on the stove. Client A stood in the doorway of the kitchen talking to DSP #5. At 5:10 PM, clients A, B, C and D sat at the dining room table. DSP #6 opened bottles of flavored water and poured them into cups with lids. DSP #5 prepared plates of meatballs and pasta, green beans, biscuits and fruit cups at the counter in the kitchen. At 5:13 PM, DSP #5 and #6 carried the prepared plates and cups into the dining room sitting them down in front of clients A, B, C and D. DSP #5 and #6 indicated clients A, B, C and D do not participate in family style dining by preparing their own plates.</p> <p>The Lead DSP was interviewed on 10/17/24 at 12:20 PM. The lead DSP indicated client A helped her put meatballs in the crockpot this morning. The lead DSP was asked if the clients participated in meal prep and serving themselves and stated, "That has been out the window because of the clients that live there. We have not been able to do family style. [Clients A, B, C and D] fight over food on each other's plate." The lead DSP indicated clients A, B, C and D recently made individual pizzas and tacos and they were able to make their own.</p> <p>The QIDP/AD (Qualified Intellectual Disabilities Professional/Area Director) was interviewed on 10/17/24 at 1:23 PM. The QIDP/AD stated, "[Clients A, B, C and D] will sometimes participate in meal prep. [Client A] sets the table. [Client D] takes all of the food if given a serving bowl. [Client C] does the same thing. The staff portion it (food) out due to behaviors. [Clients C and D] have goals for appropriate portion sizes. It takes small steps. Individuals should participate to the</p>			<p>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 & 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</p>			

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W 9999 Bldg. 00	best of their ability." This deficiency was cited on 7/23/24. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-8(a)	W 9999	to follow policy and training. Nurse will also report any violations to the QIDP and Area Director for follow up. Persons responsible: Lead DSP, QIDP, Area manager, Area Director, Nurse <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 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. 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. - <u>How facility will identify other residents potentially affected & what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients. <u>Measures or systemic changes facility put in place to ensure no</u>	11/14/2024	

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			<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, Lead DSP		