

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 the investigation of complaint #IN00391931.</p> <p>Complaint #IN00391931: Substantiated, Federal and state deficiencies related to the allegations are cited at W149, W153, and W154.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: November 17, 18, 21, and 22, 2022.</p> <p>Facility Number: 012557 Provider Number: 15G791 Aims Number: 201017960A</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 12/2/22.</p>			W 0000			
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 2 sample clients (A and B), plus 2 additional clients (C and D), the facility failed to ensure clients A, B, C, and D received services from a behavior clinician to meet their maladaptive behavioral needs.</p> <p>Findings include:</p>			W 0104	<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 has been providing support to individuals. BC took over ESN home the end of November and every week she 		12/16/2022

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

TITLE

(X6) DATE

Greta Goins

Area Director

12/16/2022

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.

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>1. Client A's record was reviewed on 11/18/22 at 10:38 am and did not include documentation of the time a behavior clinician spent in the group home monitoring client A's behavior.</p> <p>- Client A's record did not include documentation of behavioral data, data reviews, or revisions to the BSP by the behavior clinician since 3/24/22.</p> <p>2. Client B's record was reviewed on 11/18/22 at 10:45 am and did not include documentation of the time a behavior clinician spent in the group home monitoring client B's behavior.</p> <p>- Client B's record did not include documentation of behavioral data, data reviews, or revisions to the BSP by the behavior clinician since 3/24/22.</p> <p>3. Client C's record was reviewed on 11/18/22 at 11:07 am and did not include documentation of the time a behavior clinician spent in the group home monitoring client C's behavior.</p> <p>- Client C's record did not include documentation of behavioral data, data reviews, or revisions to the BSP by the behavior clinician since 12/16/21.</p> <p>4. Client D's record was reviewed on 11/18/22 at 11:19 am and did not include documentation of the time a behavior clinician spent in the group home monitoring client D's behavior.</p> <p>- Client D's record did not include documentation of behavioral data, data reviews, or revisions to the BSP by the behavior clinician since 3/24/22.</p> <p>Area Director (AD) #1 was interviewed on 11/17/22 at 4:10 pm and stated, "We have a temporary Behavior Clinician (BC). She started this week." AD #1 stated, "The BC does trainings with staff and works on establishing a rapport with individuals. They recommend and make revisions to the Behavior Support Plan (BSP). They should be in the home 10 hours every</p>				<p>has increased the number of hours in the home. A copy of Behavior Clinician hours since her introduction into the home is submitted with this plan.</p> <p>· Going forward, the Behavior Clinician will send weekly hours to the Area Director and Behavior Clinician Manager for verification of support hours provided.</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 Behavior Clinicians have been trained on the required number of support hours for ESN homes and the procedure for submitting documentation of support provided.</p> <p>Going forward, the Behavior Clinician is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor for the overall BSP implementation, individual sessions, and staff training. In addition, the Area Director is to audit support hours to verify that the hours requirement is being met.</p>		

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0149 Bldg. 00	<p>week." AD #1 stated, "The individuals weren't getting 10 hours per week with the BC through September 2022 and October 2022. I don't have documentation of the time they spent in the home. I can't prove that she did anything. We met almost every week to review the BSPs from August 2022 through October 2022. We talked about changes, but none of those changes have been made." AD #1 indicated the current BC had been working at the facility a few days, and the previous 2 BCs worked at the facility for a few months.</p> <p>The undated Reimbursement Guidelines for the 24 hour Extensive Supports Needs Residences was reviewed on 11/17/22 at 2:00 pm and indicated the following: "To qualify as an Extensive Needs Residence, a home must:Require and provide at least 10 hours per week of behavior services by the behavior clinician(s) in the home for direct monitoring, assessment, intervention, etc...."</p> <p>9-3-1(a)</p> <p>483.420(d)(1)</p> <p>STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 15 of 18 allegations of abuse, neglect, and mistreatment reviewed, the facility failed to implement its policy and procedure to prevent, report, and thoroughly investigate one allegation of neglect of clients A, C, and D when riding in staff's vehicle, 7 incidents of self-injurious behavior (SIB) for client B, 1 incident of elopement requiring police intervention for client C, and 5 incidents of SIB</p>			W 0149	<p>Person responsible: 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:</p> <p>· All facility staff were trained on 12/16/22 on proactive</p>		12/16/2022

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>and physical aggression for client D.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 11/17/22 at 2:00 pm.</p> <p>1. A BDDS Incident Follow-up Report dated 11/15/22 indicated the following: "Date and Time of Incident: 9/25/22 5:00 pm. Date of Knowledge: 9/27/22. [Client A's] mother called stating [client A] informed her that [Direct Support Professional (DSP) #1] encouraged her and [client D] to fight. [Client A] also stated that [DSP #1] took her on a community outing and [client A] sat on the floor because the sit (sic) belts did not work in the vehicle. This report was originally generated on 9/27/22; however, the report did not come through (sic)."</p> <p>An Investigation Report and Summary dated 10/5/22 and signed by the investigator on 10/12/22 indicated the following: An interview with client A indicated the following: "[Client A] said on Sunday they went to [store] in [DSP #1's] truck. She stated that she had to sit on the floor [clients D and C] was (sic) sitting in the seat but [client D] couldn't get her seat belt to work. [Client C] stayed in the car when [clients D and A] went into [store]. DSP #1 told [DSP #2] that she had a gun and tazer (sic) in the car if she needed it."</p> <p>An interview with client D indicated the following: "[Client D] stated it was a regular day on Saturday (9/24). She said [DSP #1] said that she needed to go get dog food. She stated that they got into [DSP #1's] truck. She said [client A] was on the</p>				<p>measures in the BSPs for all individuals served in to become involved quickly when there are signs that an escalation or conflict is developing.</p> <ul style="list-style-type: none"> QIDP was trained on 10/06/22 and 11/22/22 on conducting thorough investigations of significant incidents, including elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDP was also trained on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated. QIDP, Area Director, and Behavior Clinician to meet weekly as needed after staff training to discuss plan implementation observations and documentation and staff progress on implementation of corrective actions in place to prevent recurrence of significant issues. 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 plans are timely, thorough, and effective. 		

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>floor in the back and that none of our seatbelts would work, so they went without them on. She stated that when they arrived to the store, [DSP #1] told [DSP #2] that if she needed to use her gun and taser if they got out hand. [DSP #2] laughed at [DSP #1] and said, 'I won't need it.'"</p> <p>An interview with client C indicated the following: "[Client C] stated they went to [store] on Sunday, September 25. [Client C] stated when [DSP #1] got here, they went to [store] to get dog food. She stated that they did not shopping for themselves. She heard [DSP #1] say that she had a gun and I think she said a knife in her car. [Client C] stated that she knows that she said a gun. She said that if we run, that she had a gun and knife in her car. She said she ain't (sic) afraid to use it on them. She stated no one had seatbelts on because they didn't work, and [client A] was sitting on the floor."</p> <p>"Evidence Reviewed/Obtained: The following evidence and/or documents were obtained and reviewed during the course of the investigation: Initial Incident Report: This was completed on 10/5/22 by [Qualified Intellectual Disabilities Professional (QIDP) #1].</p> <p>T-Logs (staff notes): All T-logs were evaluated for the purposes of the investigation. The T-logs did not indicate there was an outing, nor an (sic) physical altercation. All t-logs stated were general and vague in the day's description.</p> <p>Findings of Fact:</p> <p>There was a discrepancy of which day the outing did occur; however, it was proven that an outing to [store] took place in [DSP #1's] personal vehicle to get [DSP #1's] dog food and that they went to the residence in [town] to feed and walk the dog. All individuals were also not properly restrained or seated. Due to lack of evidence, it could not be proven what the role for [DSP #1] was in encouraging the physical altercation as well as if</p>				<p>- <u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>All facility staff have been trained on 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, police intervention, and hospitalization.</p> <p>Person responsible: QIDP, Area Director, Behavior clinician</p>		

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>the statement was made in regards to a gun and a tazer (sic). Investigator will further discuss this at the exit meeting."</p> <p>- The report and investigation did not clearly state which clients were involved. Clients A, C, and D were mentioned in the documentation. It was unclear if client B was present.</p> <p>An Investigation Plan of Correction Report dated 10/13/22 and signed by Area Director (AD) #1 on 10/15/22 indicated the following: "Subject of Investigation: Allegation of abuse - unsubstantiated. Action Step(s): Retraining for [DSP #1] on ANE (Abuse, Neglect, and Exploitation), client interactions, professionalism. Actual Completion Date 10/13/22. Probationary Counseling report for [DSP #1]: allegation unsubstantiated, but she has a trend of unprofessional interactions with supported individuals and doing personal errands on Dungarvin time." - The review indicated DSP #1 would be retrained and put on probation.</p> <p>- The BDDS report indicated the allegations were reported to QIDP #1 by client A's family member. The staff failed to report an allegation of neglect to administration within 24 hours knowledge. The investigation indicated staff witnessed a fight between clients A and D and failed to report an allegation of peer to peer abuse to administration within 24 hours of knowledge. The facility failed to report the allegations to BDDS within 24 hours of knowledge. The facility failed to complete a thorough investigation within 5 business days of knowledge of the incident. - The Investigation Report indicated client A was not properly restrained or seated in the moving</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>vehicle. However, the Investigation Plan of Correction Report did not substantiate an allegation of neglect for client A.</p> <p>- The Investigation Report indicated DSP #1's role in a physical altercation between clients A and D could not be substantiated. However, the Investigation Report did not indicate whether a peer to peer altercation occurred.</p> <p>2. A BDDS report dated 7/5/22 indicated the following: "When [QIDP #1] arrived at the home, [client D] stated she wanted to speak with [QIDP #1]. [QIDP #1] asked several times what she wanted to talk about. [Client D] stated she would tell [QIDP #1] later. When [client D] was getting ready for bed, [QIDP #1] inquired what [client D] wanted to talk about. [Client D] stated that [DSP #1] had hit [client B] with a belt. [Client D] stated it was a while ago when it happen (sic), and she is not sure of the date. [Client D] stated no one else seen (sic) this happen or knew about it because this was the first time she told anyone."</p> <p>An investigation dated 7/8/22 included the following interviews: An undated interview with [client A] indicated the following: "[Client A] stated [DSP #1] has joked around with all the individuals, saying she was going to hit them with a belt, but [DSP #1] did not have a belt when statement was made." An undated interview with DSP #1 indicated the following: "[DSP #1] states (sic) has never hit [client B] with or without a belt, neither does she have a belt at the site. She has never threatened to beat any of the individuals up. [DSP #1] does joke around with [the clients], telling them she is going to whoop them, but has never hit anyone."</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>- The investigation finding of fact did not address the allegation of DSP #1 stating she would use physical punishment towards clients A, B, C, or D.</p> <p>3A. A BDDS report dated 8/3/22 indicated the following: "Date and Time of Incident: 8/1/22 9:45 pm. Date of Knowledge: 8/2/22. Staff asked [client B] to stop picking at a scab on her wrist that she caused to bleed. Staff redirected [client B] several times and instructed her to place her hands on her lap. Staff left the room to get (sic) first aide (sic) kit. After a few minutes [client B] began to scream. Upon returning to the room, staff saw [client B] hitting herself in the face with a clothing crate (similar to a milk crate). When she saw staff enter her room, she attempted to hit staff by swinging the clothing crate and hit herself in the face again. Staff was able to take the crate from [client B] and place her in a two man HRC (Human Rights Committee) hold per behavior plan. [Client B] has a cut on her nose less than an inch long and some bruising. First aide (sic) was applied, no outside medical treatment was required. [Client B] had no further incidents."</p> <p>An investigation dated 8/5/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's Behavior Support Plan (BSP) was implemented but did not indicate what parts of the plan were implemented. The investigation indicated, "Is a Behavior Support Plan modification recommended and why? Yes to keep [client B] safe, all items, including clothing has been removed from her room until [client B] is able to demonstrate the</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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		
	<p>medication changes is (sic) effective."</p> <p>3B. A BDDS report dated 8/7/22 indicated the following: "Date: 8/6/22. Date of Knowledge: 8/6/22. [Client B] was bouncing on her ball, listening to music, when, out of the blue, she jumped up and started to slap herself in the head when staff went toward her, [client B] started banging her head into the wall. When staff attempted to put [client B] in a hold, [client B] fell down to the floor banging her head on the floor and tried kicking, biting, and scratching staff. Two staff were able to place [client B] in an HRC approved two man hold per behavioral plan (sic) 20 minutes." - The review did not include an investigation.</p> <p>3C. An Incident Follow-up Report dated 8/22/22 indicated the following: "Date and Time of Incident: 8/11/22 7:30 pm. Date of Knowledge: 8/11/22 [Client B] was completing her chores when she went into behavior mode, flipping over the bucket of mop water then running into her room, breaking the closet build (sic) in shelves and draws (sic). [Client B] started hitting herself in the face and biting her right wrist, causing a one inch scratch to her nose and a injury to her wrist from the biting. Staff place (sic) [client B] in a one man HRC approved hold per behavior plan until [client B] calmed down. The bleeding on [client B's] wrist would not stop bleeding. [Client B] was taken to hospital for wound care and mental health melt down. [Client B] was placed in an observation room until placement could be made. However, no placement was accepting of [client B] due to communication barrier. [Client B] was discharged and returned home."</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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		
	<p>An investigation dated 8/14/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated, "Is a Behavior Support Plan modification recommended and why? Yes. To keep [client B] safe." However, the investigation did not indicate how the BSP should be modified. The investigation indicated, "Was medical intervention required? No. What medical intervention was provided? Taken to hospital."</p> <p>3D. An investigation dated 8/13/22 indicated the following: "[Client B] went into behavior mode, damaging property in closet, biting and hit herself in (sic) face. Staff followed behavior (sic) by placing [client B] in (sic) hold while in SIB." - The review did not include a BDDS report.</p> <p>The investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why?: No, this is a new behavior for [client B]. [Client B] is/has experienced so (sic) major changes in the past few months which could be contributing toward the behaviors. 2 long term staff have left the site, and the house coordinator has been out since May. Anything (sic) more changes could contribute toward more</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>behaviors."</p> <p>3E. A BDDS report dated 9/11/22 indicated the following: "Date and Time of Incident: 9/8/22 4:30 am. Date of Knowledge: 9/10/22. Staff reported [client B] woke up asking for milk, coffee, chocolate, and candy. Staff stated they redirected [client B] to her bedroom, and [client B] return (sic) to bed and shortly after returning to her room, staff stated [client B] started screaming, and, when staff enter (sic) [client B's] room, [client B] was pulling down the wooden shelf clothes organizer in her closet. Staff stated the organizer collapsed and [client B] began hitting herself in the face and head. Staff placed [client B] in a HRC two man hold per behavioral plan for 30 minutes until [client B] calmed down. Staff stated [client B] returned to bed for 1 hour before [client B] started throwing feces out of her room at staff. Staff verbally redirect [client B], and [client B] stopped. Staff cleaned [client B] up, and [client B] went back to bed with no further incidents. [Client B] obtained a cut less than 1 inch on her nose from the organizer falling. Staffed (sic) treated with first aide (sic) no further medical treatment was required." - The incident was not reported to administration within 24 hours of knowledge.</p> <p>An investigation dated 9/15/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why?: Spoke</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>with behaviorist regarding new techniques." The investigation did not indicate what new techniques were discussed or whether they would be implemented.</p> <p>3F. A BDDS report dated 9/14/22 indicated the following: "Date 9/12/22. Date of knowledge: 9/13/22. [Client B] was sitting in the chair in the CAB (common area back), listening to her music, when, for no known reason, [client B] jumped up from (sic) chair and threw her stuffed bear and radio across the room and started hitting herself on both side (sic) of her head. [Client B] then bit her right arm, opening a wound less than (sic) inch. [Client B] was put in a one man HRC approved hold per her behavioral plan for 12 minutes. Minor first aid was applied to the wound."</p> <p>An investigation dated 9/14/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>3G. A BDDS report dated 9/20/22 indicated the following: "Date: 9/19/22. Date of knowledge: 9/20/22. [Client B] was sitting in the CAB, bounce (sic) on her ball, and, for no apparent reason started hitting herself, then ran into her room while biting herself on (sic) left wrist. Staff followed [client B], prompting her to calm down. [Client B] refused to follow directive and was than (sic) place (sic) in a one man HRC approved hold per behavior plan for</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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		
	<p>10 minutes and was given PRN (as needed) Alprazolam (sedative) 1 mg (milligram) and first aid was completed on [client B's] left wrist. It was cleaned and covered."</p> <p>- The BDDS report did not indicate whether staff contacted administration or a nurse prior to administering the PRN medication.</p> <p>An undated investigation did not indicate the name of the investigator, the names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>Client B's record was reviewed on 11/18/22 at 10:45 am. Client B's BSP dated 3/24/22 indicated the following: "Proactive Strategies: Self-soothing/relaxation techniques: - Allow [client B] to engage in self-directed sensory activities. Listening to music, counting to 10, breathe/'take deep breaths,' playing with 'pink' and 'purple' baby dolls, bounce on yoga ball, go for a walk, have her relax, sit down, and place her hands on her knees, if [client B] is awake at night, offer 'bounce ball' as an activity. - Staff should monitor [client B's] mood by observation and should engage her in fun conversation or activities when she appears depressed and/or anxious.... - Staff will encourage [client B] to move to a quieter, calmer area away from her peers, especially a specific peer with whom she is upset, if she appears agitated.... Communication - Staff should provide [client B] with positive</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>praise and attention. In additional, staff should ensure that [client B] is receiving regular 1:1 (one staff to one client) social interaction....</p> <p>Structured Environment</p> <ul style="list-style-type: none"> - Keeping [client B's] environment as structured, calm, and consistent as possible will help to mitigate [client B's] SIB target behaviors... <p>Reactive Strategies...</p> <p>Self-Injurious Behavior:</p> <p>Intervention Steps:</p> <ul style="list-style-type: none"> - If staff notices that [client B] wants staff's attention, she should be prompted to ask for attention appropriately before engaging in SIB. - Staff should prompt [client B] to ask for attention appropriately by saying, '[Client B], it seems like you want my attention right now. Do you want to go to somewhere quiet?' - If staff observes [client B] engaging in self-injurious behavior, staff should briefly assess [client B] to see if she has injuries that require immediate medical attention.... - Staff should use verbal prompts to interrupt the behavior immediately.... - As soon as staff notice that [client B] is engaging in the the target behavior, staff should immediately prompt the replacement behavior to gain attention appropriately.... - If [client B] continues, engaging in the behavior, staff should prompt a second time to gain attention appropriately.... - If [client B] does not stop the self-injury after the second prompt, and she's causing injury that will require medical attention, staff should implement Dungarvin approved and trained Handle with Care (physical intervention) techniques beginning with the least restrictive interventions first...." - Client B's BSP did not include the use of a PRN medication to address her behaviors. <p>4A. A BDDS report dated 7/17/22 indicated the</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>following: "Date: 7/16/22. Date of knowledge: 7/16/22. Staff was addressing a behavior when [client C] walked out of the home, going into the woods, and was not able to be seen or followed. Staff attempted to go into the woods but could not see [client C]. Police were call (sic), and [client C] was found up the road, sitting in the woods on a hill. [Client C] immediately told police she wanted to kill herself. She was taken to [hospital], evaluated by [mental health provider] and released to go home. [Client C] was taken home and had no further incidents."</p> <p>An investigation dated 7/16/22 indicated the following: "Staff A was in office preparing for 2 pm medication pass. Staff B was in individual room addressing behavior." The investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client C's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>4B. A BDDS report dated 10/26/22 indicated the following: "Date: 10/25/22. Date of knowledge: 10/26/22. Staff called and reported [client C] was in behavior mode again. It was reported that [client C] has been in behavior mode all week. Staff stated [client C] broke he (sic) bedroom door. Also, [client C] was placed in an HRC approved 2 man hold per behavior plan twice after stripping down to her underwear and running into the woods, staff was about (sic) to maintained (sic) line of</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>sight at all times. [Client B] told this writer that voices are telling her to run, and she cannot help it, she must run...."</p> <p>An investigation dated 10/26/22 indicated QIDP #1 was a person involved in the incident. The investigation indicated QIDP #1 completed the investigation.</p> <p>4C. A separate investigation dated 10/26/22 indicated client C engaged in physical aggression on 10/20/22 and was placed in a hold.</p> <p>A separate investigation dated 10/26/22 indicated client C refused to leave the facility owned vehicle. Staff left client C alone and went inside the home to get help. Client C got out of the van and rolled underneath it. Client C removed her clothing and ran into the woods. Client C was placed in a hold.</p> <p>A staff note dated 10/22/22 indicated the event occurred on 10/22/22 and indicated the following, "Staff followed her into the woods and put her in a HWC (Handle with Care - a physical intervention) hold, and she started tussling, grabbing, pulling tree branches and slinging them at staff, and staff continued to put her in complete HWC hold. Once in a complete HWC hold, [client C] tussled more but was unable to get loose, and staff held her there until she calmed down. Staff was able to talk her into coming in the house. [Client C] received a lot of bruises and abrasions during the tussle in the woods."</p> <p>- The BDDS report and investigation did not address the injuries client C sustained. The investigation did not address the discrepancy in the date of the staff note and the date of the BDDS report.</p> <p>- The investigation indicated client C's BSP was</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>implemented but did not indicate what parts of the plan were implemented.</p> <p>Client C's record was reviewed on 11/18/22 at 10:07 am.</p> <p>Client C's BSP dated 12/16/21 indicated the following:</p> <p>"Reactive Strategies:</p> <p>Elopement:</p> <p>Intervention Steps</p> <ul style="list-style-type: none"> - If [client C] leaves the ESN (Extensive Support Needs) home without staff, staff will follow her in order to monitor her safety. - In all cases of elopement, staff will adhere to Dungarvin policies regarding elopement. If [client C] elopes, staff will notify [QIDP] and complete a GER (General Event Report). - If [client C] attempts to leave the home, staff should ask if she needs to take a break. If she goes outside of the home, staff should follow her, keeping her within eye sight at all times, if possible. - Staff should prompt her to return to the home... - As a last resort, staff should implement an approved Handle With Care technique if an escort is not possible and safety becomes a concern.... <p>Due to target behaviors of elopement, [client C] requires 1:1 staffing between the hours of 7 am - 9 pm which was discussed during a team meeting and ISP (Individual Support Plan) update on 7/23/20. This includes staff being in 1 arm's length away from [client C] at all times. Staff should remain with [client C] when she is outside and when at the ESN home."</p> <p>5A. A BDDS report dated 9/17/22 indicated the following:</p> <p>"Date: 9/15/22.</p> <p>Date of knowledge: 9/15/22.</p> <p>While out in the community, [client D] became</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>upset with her housemate. When staff attempted to talk to [client D] regarding the matter, [client D] climbed into the front seat of the van, trying to fight staff. Once staff got of (sic) van, [client D] jump (sic) out of the van and tried to hit staff. The police were call (sic) by on looker (sic). By (sic) time police arrived, [client D] was attempting to elope and police intervene (sic). [Client D] attacked police and stated she wanted to kill herself, so she was taken to the hospital. Once at the hospital, [client D] fought with doctors and nurses. She was given a shot to help her calm down."</p> <p>An undated investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>5B. A BDDS report dated 9/20/22 indicated the following: "Date: 9/17/22. Date of knowledge: 9/19/22. [Client D] went into behavior mode on the 17th and 18th after having a disagreement with housemate. [Client D] went into her room and started banging her head against the walls and slapping herself in the face. [Client D] was placed in a one man HRC approved hold pre (sic) behavioral plan. Once released, [client D] asked to go outside for (sic) walk to further calm down. Once outside, [client D] ran to (sic) van and attempted to bang her head on (sic) van. [Client D] was placed in another HRC one man approved hold and walked into the house. [Client D] had (sic) outburst throughout the night and spilled</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>over into the 18th with [client D] breaking antennal (sic) from tv (television) and attempting to wrap it around her neck. [Client D] also obtained a tiny screw from the wall and scratched her left wrist causing cuts less than (sic) an inch long. Minor medical treatment was applied."</p> <p>- The incident was not reported to administration within 24 hours of knowledge.</p> <p>An undated investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why? Yes, behaviorist is trying new techniques." The investigation did not indicate what new techniques would be implemented.</p> <p>5C. An Initial Incident Report dated 9/11/22 indicated client D was placed in a hold on 9/3/22. The incident report indicated the hold was not known by the facility until 9/10/22.</p> <p>An investigation dated 9/15/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why? Yes. To keep [client B] (sic) safe." The investigation did not indicate what modifications were</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>recommended.</p> <p>Client D's record was reviewed on 11/18/22 at 11:09 am.</p> <p>Client D's BSP dated 3/24/22 indicated the following:</p> <p>"Reactive Strategies</p> <p>Physical Aggression:</p> <p>Intervention Steps</p> <ul style="list-style-type: none"> - [Client D] should be prompted to ask for a break before she engages in verbal or physical aggression. - If staff notices that [client D] is becoming upset, staff can prompt her to ask for a break.... - If [client D] is physically aggressive with a staff, the target staff should use Handle With Care techniques to protect themselves from bodily harm without being aggressive.... <p>Staff should follow the protocols and techniques outlined in HWC until [client D] transitions back to a non-aggressive state....</p> <p>Self-Injurious/Suicidal Behavior</p> <p>Intervention Steps</p> <ul style="list-style-type: none"> - If [client D] begins to demonstrate isolative, depressed behaviors, staff should encourage 1:1 interaction with staff... - Staff should be proactive and remind [client D] that staff is there to help her to talk so that she doesn't engage in SIB. - Staff should encourage [client D] to engage in communications with Behavior Clinician. - Staff will, in the event of self-injurious behavior, or the threat thereof, authorize a room sweep whereby any items with the potential to be used to self-harm will be removed and placed in a safe location. [Client D] will have her belongings returned to her after 48 hours if there are 0 incidents of SIB or aggressive behaviors. In the event this time period should exceed 1 week the IDT (Interdisciplinary Team) 						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>will collaborate via email regarding items removed. The team will work together to ensure items are returned safely and timely."</p> <p>Area Director (AD) #1 was interviewed on 11/18/22 at 11:48 am and stated, "Allegations of abuse and neglect should be reported by staff to the administrator on call immediately." AD #1 stated, "Allegations of abuse and neglect should be reported to BDDS within 24 hours of knowledge." Area Director (AD) #1 was interviewed on 11/17/22 at 4:10 pm and stated, "The date of the incident should be on the investigation. The names of all witnesses, clients, staff, and the investigator should be listed." AD #1 stated, "The investigator should interview the staff and clients who were present. It doesn't have to be a formal interview for all incidents. They can have a conversation. We don't necessarily have a signed witness statement if it's not an allegation of abuse or neglect. The investigation should identify who said what." AD #1 stated, "The investigation should include anything from the BSP that is applicable. It should indicate if staff followed the plan, what the targeted behavior is. It should indicate if there has been an increase or change in the behavior. It should indicate if there should be revisions and if the IDT needs to get together. It should specifically list what needs to be done."</p> <p>The facility's Policy and Procedure Concerning Abuse, Neglect, and Exploitation dated 5/21/21 was reviewed on 11/18/22 at 9:00 am and indicated the following: "Physical abuse is defined as any act which constitutes a violation of the assault, prostitution, or criminal sexual conduct statutes, including intentionally touching another person in a rude, insolent, or angry manner; willful infliction of</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>injury, unnecessary restraint/confinement, resulting from physical or chemical intervention.... Unnecessary restraint/confinement is defined as any physical intervention that limits the movement or mobility of an individual that is not outlined in an individual's behavior support Plan. Any restraint that is done to prevent serious harm or injury to the individual or others may be necessary in emergency situations; however, each instance will be investigated as potential abuse as outlined in section III B of this policy. Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury, and is not accidental; any repeated conduct which produces, or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in an individual's presence with intent to cause fear of retaliation or fear of confinement or restraint.... and/or repeated conduct which causes or could reasonably be expected to cause an individual to react in a negative manner.</p> <p>Neglect is defined as failure to provide appropriate care, supervision, or training.... Dungarvin responds promptly to actual and suspected abuse. While allegations of suspected or actual abuse may be reported by the individual, family members, visitors, or external stakeholders. Dungarvin employees are required by law to report suspected or actual abuse, neglect, or exploitation....</p> <p>The first step is to immediately contact the program supervisor for the individual.... Within 24 hours of knowledge of the suspected or actual abuse, neglect, or exploitation, the program director/manager... will report the incident to the Bureau of Developmental Disabilities Services (BDDS) using the on-line incident reporting process....</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0153 Bldg. 00	<p>The program director/manager, area director/manager, senior director, or his/her delegate will conduct a thorough investigation of any alleged, suspected, or actual abuse, neglect, or exploitation. Within 5 business days, the results and/or status of the investigation will be reported to the administrator. A written investigation report including written witness statements, pertinent history, evidence, a summary of findings and conclusion, and recommendations for disciplinary action utilizing the format recommended by BDDS will be developed at the conclusion of the investigation...."This federal tag relates to complaint #IN00391931.9-3-2(a) 483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 8 of 18 allegations of abuse, neglect, and mistreatment reviewed, the facility failed to ensure staff reported allegations of abuse and neglect to administrators immediately and failed to ensure the facility reported allegations of abuse and neglect for clients A, B, C, and D to the appropriate state authority within 24 hours in accordance with state law.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 11/17/22 at 2:00</p>			W 0153	<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"> QIDP retrained on 11/22/22 on BDDS policy on Reportable Incidents including the requirement that all reportable incidents must be reported within 24 hours in accordance with state law. All facility staff retrained on 12/16/22 on Dungarvin policy on 		12/16/2022

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>pm.</p> <p>1. An Incident Follow Up Report dated 11/15/22 indicated the following: "Date and Time of Incident: 9/25/22 5:00 pm. Date of Knowledge: 9/27/22. [Client A's] mother called stating [client A] informed her that [Direct Support Professional (DSP) #1] encouraged her and [client D] to fight. [Client A] also stated that [DSP #1] took her on a community outing and [client A] sat on the floor because the sit (sic) belts did not work in the vehicle. This report was originally generated on 9/27/22; however, the report did not come through (sic)."</p> <p>- The BDDS report indicated the allegations were reported by client A's family member to Qualified Intellectual Disabilities Professional (QIDP) #1. Staff failed to report an allegation of neglect to administration within 24 hours knowledge. The staff failed to report an allegation of peer to peer abuse to administration within 24 hours of knowledge. The facility failed to report the allegations to BDDS within 24 hours of knowledge.</p> <p>2. An investigation dated 8/13/22 indicated the following: "[Client B] went into behavior mode, damaging property in closet, biting and hit herself in (sic) face. Staff followed behavior (sic) by placing [client B] in (sic) hold while in SIB." - The review did not include documentation of a BDDS report.</p> <p>3. A BDDS report dated 9/11/22 indicated the following: "Date and Time of Incident: 9/8/22 4:30 am. Date of Knowledge: 9/10/22.</p>				<p>Incident Reporting; training to focus on requirement that all reportable incidents must be immediately reported and directly to a Program Director.</p> <ul style="list-style-type: none"> QIDP retrained on 11/22/22 on importance of reviewing GERS (internal incident reports) in Therap on every business day so that anything staff documented and failed to call the Program Director to report is caught and reported immediately. All facility staff who fail to comply with this regulation and Dungarvin policy on Incident Reporting will be subject to both retraining and disciplinary action in accordance with Dungarvin policy. <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. 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</p>		

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>Staff reported [client B] woke up asking for milk, coffee, chocolate, and candy. Staff stated they redirected [client B] to her bedroom, and [client B] return (sic) to bed and shortly after returning to her room, staff stated [client B] started screaming, and, when staff enter (sic) [client B's] room, [client B] was pulling down the wooden shelf clothes organizer in her closet. Staff stated the organizer collapsed and [client B] began hitting herself in the face and head. Staff placed [client B] in a HRC two man hold per behavioral plan for 30 minutes until [client B] calmed down. Staff stated [client B] returned to bed for 1 hour before [client B] started throwing feces out of her room at staff. Staff verbally redirect [client B], and [client B] stopped. Staff cleaned [client B] up, and [client B] went back to bed with no further incidents. [Client B] obtained a cut less than 1 inch on her nose from the organizer falling. Staffed (sic) treated with first aide (sic) no further medical treatment was required."</p> <p>- The incident was not reported to administration within 24 hours of knowledge.</p> <p>4. A BDDS report dated 10/26/22 indicated the following: "Date: 10/25/22. Date of knowledge: 10/26/22. Staff called and reported [client C] was in behavior mode again. It was reported that [client C] has been in behavior mode all week. Staff stated [client C] broke he (sic) bedroom door. Also, [client C] was placed in an HRC approved 2 man hold per behavior plan twice after stripping down to her underwear and running into the woods, staff was about (sic) to maintained (sic) line of sight at all times. [Client B] told this writer that voices are telling her to run, and she cannot help it, she must run...."</p>				<p>that all incidents have been reported as required.</p> <p>Person responsible: QIDP, Area Director</p>		

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>A separate investigation dated 10/26/22 indicated client C engaged in physical aggression on 10/20/22 and was placed in a hold.</p> <p>- The review did not include a BDDS report for the incident on 10/20/22.</p> <p>5. A separate investigation dated 10/26/22 indicated client C refused to leave the facility owned vehicle. Staff left client C alone and went inside the home to get help. Client C got out of the van and rolled underneath it. Client C removed her clothing and ran into the woods. Client C was placed in a hold.</p> <p>A staff note dated 10/22/22 indicated the following, "Staff followed her into the woods and put her in a HWC (Handle with Care - physical restraint) hold, and she started tussling, grabbing, pulling tree branches and slinging them at staff, and staff continued to put her in complete HWC hold. Once in a complete HWC hold, [client C] tussled more but was unable to get loose, and staff held her there until she calmed down. Staff was able to talk her into coming in the house. [Client C] received a lot of bruises and abrasions during the tussle in the woods."</p> <p>- The review did not include a BDDS report for the incident on 10/22/22.</p> <p>6. An Initial Incident Report dated 9/10/22 indicated the following: "Date and Time of Incident: 9/7/22 9:00 pm. Date of knowledge: 9/9/22. [Client D] used a plastic crochet hook to scratch her left forearm that she hid (sic) from an activity box earlier that day. Scratches were superficial, less than 1 inch and did not require any medical treatment." - The incident was not reported to administration within 24 hours of knowledge.</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>7. A BDDS report dated 9/20/22 indicated the following: "Date: 9/17/22. Date of knowledge: 9/19/22. [Client D] went into behavior mode on the 17th and 18th after having a disagreement with housemate. [Client D] went into her room and started banging her head against the walls and slapping herself in the face. [Client D] was placed in a one man HRC approved hold pre (sic) behavioral plan. Once released, [client D] asked to go outside for (sic) walk to further calm down. Once outside, [client D] ran to (sic) van and attempted to bang her head on (sic) van. [Client D] was placed in another HRC one man approved hold and walked into the house. [Client D] had (sic) outburst throughout the night and spilled over into the 18th with [client D] breaking antennal (sic) from tv (television) and attempting to wrap it around her neck. [Client D] also obtained a tiny screw from the wall and scratched her left wrist causing cuts less that (sic) an inch long. Minor medical treatment was applied." - The incident was not reported to administration within 24 hours of knowledge.</p> <p>8. An Initial Incident Report dated 9/11/22 indicated client D was placed in a hold on 9/3/22. The incident report indicated the hold was not known by the facility until 9/10/22.</p> <p>Area Director (AD) #1 was interviewed on 11/18/22 at 11:48 am and stated, "Allegations of abuse and neglect should be reported by staff to the administrator on call immediately." AD #1 stated, "Allegations of abuse and neglect should be reported to BDDS within 24 hours of knowledge."</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0154 Bldg. 00	<p>This federal tag relates to complaint #IN00391931.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 13 of 18 allegations of abuse, neglect, and mistreatment reviewed, the facility failed to thoroughly investigate one allegation of neglect for clients A, C, and D, 6 allegations of Self-Injurious Behavior (SIB) for client B, 2 incidents of physical restraint for client C, 1 allegation of elopement requiring police assistance for client C, and 3 allegations of SIB and physical aggression for client D.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 11/17/22 at 2:00 pm.</p> <p>1. A BDDS report dated 9/25/22 indicated the following: "Date and Time of Incident: 9/25/22 5:00 pm. Date of Knowledge: 9/27/22. [Client A's] mother called stating [client A] informed her that [Direct Support Professional (DSP) #1] encouraged her and [client D] to fight. [Client A] also stated that [DSP #1] took her on a community outing and [client A] sat on the floor because the sit (sic) belts did not work in the vehicle. This report was originally generated on 9/27/22; however, the report did not come through (sic)."</p> <p>An Investigation Report and Summary dated</p>			W 0154	<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"> QIDP was retrained on 11/22/22 on conducting thorough investigations of significant incidents, including peer to peer aggression, elopements, non-emergency calls to 911, police intervention, and hospitalization. QIDP also received retraining 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. 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 plans are timely, thorough, and 		12/16/2022

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>10/5/22 and signed by the investigator on 10/12/22 indicated the following:</p> <p>"Evidence Reviewed/Obtained: The following evidence and/or documents were obtained and reviewed during the course of the investigation: Initial Incident Report: This was completed on 10/5/22 by [Qualified Intellectual Disabilities Professional (QIDP) #1].</p> <p>T-Logs (staff notes): All T-logs were evaluated for the purposes of the investigation. The T-logs did not indicate there was an outing, nor an (sic) physical altercation. All t-logs stated were general and vague in the day's description.</p> <p>Findings of Fact:</p> <p>There was a discrepancy of which day the outing did occur; however, it was proven that an outing to [store] took place in [DSP #1's] personal vehicle to get [DSP #1's] dog food and that they went to the residence in [town] to feed and walk the dog. All individuals were also not properly restrained or seated. Due to lack of evidence, it could not be proven what the role for [DSP #1] was in encouraging the physical altercation as well as if the statement was made in regards to a gun and a tazer (sic). Investigator will further discuss this at the exit meeting."</p> <p>An Investigation Plan of Correction Report dated 10/13/22 and signed by Area Director (AD) #1 on 10/15/22 indicated the following:</p> <p>"Subject of Investigation: Allegation of abuse - unsubstantiated.</p> <p>Action Step(s):</p> <p>Retraining for [DSP #1] on ANE (Abuse, Neglect, and Exploitation), client interactions, professionalism. Actual Completion Date 10/13/22.</p> <p>Probationary Counseling report for [DSP #1]: allegation unsubstantiated, but she has a trend of unprofessional interactions with supported</p>				<p>effective.</p> <ul style="list-style-type: none"> 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. Area Director is reviewing actions taken to fully implement this plan of correction during weekly supervision with the QIDP. All issues reviewed and action taken are reviewed during this supervision meeting so that the Area Director can verify that appropriate measures are being taken to thoroughly investigate all allegations of abuse, neglect and mistreatment at the facility, including peer to peer aggression, elopement, 911 calls, police intervention, and other events that pose a risk to the health and safety of the individuals served at the facility <u>How facility will identify other residents potentially affected & what measures taken</u> <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 QIDPs are being trained to complete thorough, timely investigations of all significant</p>		

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>individuals and doing personal errands on Dungarvin time."</p> <p>- The Investigation Report indicated client A was not properly restrained or seated in the moving vehicle. However, the Investigation Plan of Correction Report did not substantiate an allegation of neglect for client A.</p> <p>- The Investigation Report indicated DSP #1's role in a physical altercation between clients A and D could not be substantiated. However, the Investigation Report did not indicate whether a peer to peer altercation occurred.</p> <p>- The report and investigation do not clearly state which clients were involved. Clients A, C, and D are mentioned in the documentation. It is unclear if client B was present.</p> <p>2. A BDDS report dated 8/7/22 indicated the following: "Date: 8/6/22. Date of Knowledge: 8/6/22. [Client B] was bouncing on her ball, listening to music, when, out of the blue, she jumped up and started to slap herself in the head when staff went toward her, [client B] started banging her head into the wall. When staff attempted to put [client B] in a hold, [client B] fell down to the floor banging her head on the floor and tried kicking, biting, and scratching staff. Two staff were able to place [client B] in an HRC approved two man hold per behavioral plan (sic) 20 minutes." - The review did not include an investigation.</p> <p>3. An Incident Follow-up Report dated 8/22/22 indicated the following: "Date and Time of Incident: 8/11/22 7:30 pm. Date of Knowledge: 8/11/22 [Client B] was completing her chores when she went into behavior mode, flipping over the bucket</p>				<p>incidents which could be indicative of abuse, neglect, or exploitation, including peer to peer aggression, elopements, non-emergency calls to 911, police intervention, and hospitalization. Person responsible: QIDP, Area Director</p>		

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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		
	<p>of mop water then running into her room, breaking the closet build (sic) in shelves and draws (sic). [Client B] started hitting herself in the face and biting her right wrist, causing a one inch scratch to her nose and a injury to her wrist from the biting. Staff place (sic) [client B] in a one man HRC approved hold per behavior plan until [client B] calmed down. The bleeding on [client B's] wrist would not stop bleeding. [Client B] was taken to hospital for wound care and mental health melt down. [Client B] was placed in an observation room until placement could be made. However, no placement was accepting of [client B] due to communication barrier. [Client B] was discharged and returned home."</p> <p>An investigation dated 8/14/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's Behavior Support Plan (BSP) was implemented but did not indicate what parts of the plan were implemented. The investigation indicated, "Is a Behavior Support Plan modification recommended and why? Yes. To keep [client B] safe." However, the investigation did not indicate how the BSP should be modified. The investigation indicated, "Was medical intervention required? No. What medical intervention was provided? Taken to hospital."</p> <p>4. An investigation dated 8/13/22 indicated the following: "[Client B] went into behavior mode, damaging property in closet, biting and hit herself in (sic) face. Staff followed behavior (sic) by placing [client B] in (sic) hold while in SIB."</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>The investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why?: No, this is a new behavior for [client B]. [Client B] is/has experienced so (sic) major changes in the past few months which could be contributing toward the behaviors. 2 long term staff have left the site, and the house coordinator has been out since May. Anything (sic) more changes could contribute toward more behaviors."</p> <p>5. A BDDS report dated 9/11/22 indicated the following: "Date and Time of Incident: 9/8/22 4:30 am. Date of Knowledge: 9/10/22. Staff reported [client B] woke up asking for milk, coffee, chocolate, and candy. Staff stated they redirected [client B] to her bedroom, and [client B] return (sic) to bed and shortly after returning to her room, staff stated [client B] started screaming, and, when staff enter (sic) [client B's] room, [client B] was pulling down the wooden shelf clothes organizer in her closet. Staff stated the organizer collapsed and [client B] began hitting herself in the face and head. Staff placed [client B] in a HRC two man hold per behavioral plan for 30 minutes until [client B] calmed down. Staff stated [client B] returned to bed for 1 hour before [client B] started throwing feces out of her room at staff. Staff verbally redirect [client B], and [client B] stopped. Staff cleaned [client B] up, and [client B] went back to bed with no further incidents. [Client B] obtained a cut less than 1 inch on her</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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		
	<p>nose from the organizer falling. Staffed (sic) treated with first aide (sic) no further medical treatment was required."</p> <p>An investigation dated 9/15/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why?: Spoke with behaviorist regarding new techniques." The investigation did not indicate what new techniques were discussed or whether they would be implemented.</p> <p>6. A BDDS report dated 9/14/22 indicated the following: "Date 9/12/22. Date of knowledge: 9/13/22. [Client B] was sitting in the chair in the CAB (common area back), listening to her music, when, for no known reason, [client B] jumped up from (sic) chair and threw her stuffed bear and radio across the room and started hitting herself on both side (sic) of her head. [Client B] then bit her right arm, opening a wound less than (sic) inch. [Client B] was put in a one man HRC approved hold per her behavioral plan for 12 minutes. Minor first aid was applied to the wound."</p> <p>An investigation dated 9/14/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>implemented but did not indicate what parts of the plan were implemented.</p> <p>7. A BDDS report dated 9/20/22 indicated the following: "Date: 9/19/22. Date of knowledge: 9/20/22. [Client B] was sitting in the CAB, bounce (sic) on her ball, and, for no apparent reason started hitting herself, then ran into her room while biting herself on (sic) left wrist. Staff followed [client B], prompting her to calm down. [Client B] refused to follow directive and was then (sic) placed (sic) in a one man HRC approved hold per behavior plan for 10 minutes and was given PRN (as needed) Alprazolam (sedative) 1 mg (milligram) and first aid was completed on [client B's] left wrist. It was cleaned and covered." - The BDDS report did not indicate whether staff contacted administration or a nurse prior to administering the PRN medication.</p> <p>An undated investigation did not indicate the name of the investigator, the names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>8. A BDDS report dated 7/17/22 indicated the following: "Date: 7/16/22. Date of knowledge: 7/16/22. Staff was addressing a behavior when [client C] walked out of the home, going into the woods, and was not able to be seen or followed. Staff attempted to go into the woods but could not see [client C]. Police were called (sic), and [client C] was</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>found up the road, sitting in the woods on a hill. [Client C] immediately told police she wanted to kill herself. She was taken to [hospital], evaluated by [mental health provider] and released to go home. [Client C] was taken home and had no further incidents."</p> <p>An investigation dated 7/16/22 indicated the following: "Staff A was in office preparing for 2 pm medication pass. Staff B was in individual room addressing behavior." The investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client C's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>9. A BDDS report dated 10/26/22 indicated the following: "Date: 10/25/22. Date of knowledge: 10/26/22. Staff called and reported [client C] was in behavior mode again. It was reported that [client C] has been in behavior mode all week. Staff stated [client C] broke he (sic) bedroom door. Also, [client C] was placed in an HRC approved 2 man hold per behavior plan twice after stripping down to her underwear and running into the woods, staff was about (sic) to maintained (sic) line of sight at all times. [Client B] told this writer that voices are telling her to run, and she cannot help it, she must run...."</p> <p>An investigation dated 10/26/22 indicated QIDP #1 was a person involved in the incident. The investigation indicated QIDP #1 completed the investigation.</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>A separate investigation dated 10/26/22 indicated client C engaged in physical aggression on 10/20/22 and was placed in a hold.</p> <p>10. A separate investigation dated 10/26/22 indicated client C refused to leave the facility owned vehicle. Staff left client C alone and went inside the home to get help. Client C got out of the van and rolled underneath it. Client C removed her clothing and ran into the woods. Client C was placed in a hold.</p> <p>A staff note dated 10/22/22 indicated the following, "Staff followed her into the woods and put her in a HWC (Handle with Care - physical restraint) hold, and she started tussling, grabbing, pulling tree branches and slinging them at staff, and staff continued to put her in complete HWC hold. Once in a complete HWC hold, [client C] tussled more but was unable to get loose, and staff held her there until she calmed down. Staff was able to talk her into coming in the house. [Client C] received a lot of bruises and abrasions during the tussle in the woods."</p> <p>- The investigation did not address the injuries client C sustained. The investigation did not address the discrepancy in the date of the staff note and the date of the BDDS report.</p> <p>- The investigation indicated client C's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>11. A BDDS report dated 9/17/22 indicated the following: "Date: 9/15/22. Date of knowledge: 9/15/22. While out in the community, [client D] became upset with her housemate. When staff attempted to talk to [client D] regarding the matter, [client D]</p>						

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>climbed into the front seat of the van, trying to fight staff. Once staff got of (sic) van, [client D] jump (sic) out of the van and tried to hit staff. The police were call (sic) by on looker (sic). By (sic) time police arrived, [client D] was attempting to elope and police intervene (sic). [Client D] attacked police and stated she wanted to kill herself, so she was taken to the hospital. Once at the hospital, [client D] fought with doctors and nurses. She was given a shot to help her calm down."</p> <p>An undated investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented.</p> <p>12. A BDDS report dated 9/20/22 indicated the following: "Date: 9/17/22. Date of knowledge: 9/19/22. [Client D] went into behavior mode on the 17th and 18th after having a disagreement with housemate. [Client D] went into her room and started banging her head against the walls and slapping herself in the face. [Client D] was placed in a one man HRC approved hold pre (sic) behavioral plan. Once released, [client D] asked to go outside for (sic) walk to further calm down. Once outside, [client D] ran to (sic) van and attempted to bang her head on (sic) van. [Client D] was placed in another HRC one man approved hold and walked into the house. [Client D] had (sic) outburst throughout the night and spilled over into the 18th with [client D] breaking antennal (sic) from tv (television) and attempting</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>to wrap it around her neck. [Client D] also obtained a tiny screw from the wall and scratched her left wrist causing cuts less than (sic) an inch long. Minor medical treatment was applied."</p> <p>An undated investigation did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why? Yes, behaviorist is trying new techniques." The investigation did not indicate what new techniques would be implemented.</p> <p>13. An Initial Incident Report dated 9/11/22 indicated client D was placed in a hold on 9/3/22. The incident report indicated the hold was not known by the facility until 9/10/22.</p> <p>An investigation dated 9/15/22 did not indicate the name of the investigator, names of staff and/or clients who were present at the time of the incident, or interviews with staff and/or clients present at the time of the incident. The investigation indicated client B's BSP was implemented but did not indicate what parts of the plan were implemented. The investigation indicated the following: "Is a Behavior Support Plan modification recommended and why? Yes. To keep [client B] (sic) safe." The investigation did not indicate what modifications were recommended.</p> <p>Area Director (AD) #1 was interviewed on 11/17/22 at 4:10 pm and stated, "The date of the</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0262 Bldg. 00	<p>incident should be on the investigation. The names of all witnesses, clients, staff, and the investigator should be listed." AD #1 stated, "The investigator should interview the staff and clients who were present. It doesn't have to be a formal interview for all incidents. They can have a conversation. We don't necessarily have a signed witness statement if it's not an allegation of abuse or neglect. The investigation should identify who said what." AD #1 stated, "The investigation should include anything from the BSP that is applicable. It should indicate if staff followed the plan, what the targeted behavior is. It should indicate if there has been an increase or change in the behavior. It should indicate if there should be revisions and if the IDT needs to get together. It should specifically list what needs to be done."</p> <p>This federal tag relates to complaint #IN00391931.</p> <p>9-3-2(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 2 sample clients (B), plus 1 additional client (D), the facility failed to ensure medications used to manage clients B and D's behaviors were approved by the Human Rights Committee (HRC).</p> <p>Findings include:</p> <p>1) Client B's record was reviewed on 11/18//22 at</p>			W 0262	<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"> Client B's BSP was updated with current psychotropic medications and HRC approval was received. It is uploaded with 		12/16/2022

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>10:45 am.</p> <p>Client B's Medication Administration Record for November 2022 indicated the following:</p> <p>1A. "Alprazolam 1 mg (milligrams) tablet. Indication/Purpose: Actively self-harming or aggressive. Cannot redirect. Begin Date & Time: 09/09/2022, 10:00 pm. Schedule Repeat: PRN (as needed). Instructions: Give 1 tablets by mouth every 12 hours as needed for anxiety....</p> <p>1B. Xanax, 2 mg (milligram) tablet. Indication/Purpose: Xanax is used to treat anxiety disorder and anxiety caused by depression. Xanax is also used to treat panic disorders with or without a fear of places and situations that might cause panic, helplessness, or embarrassment. Begin Date & Time: 08/13/2022. Schedule Repeat: PRN (as needed) 3 time(s) a day. Instruction: Give 1 tab PO (by mouth) TID (3 times daily) for anxiety."</p> <p>An Emergency Department Discharge Instruction dated 8/12/22 indicated the following: "Prescriptions: Alprazolam (Xanax 2 mg oral tablet), 2 Milligrams, 1 tab(s), oral, three times a day as needed for for (sic) anxiety."</p> <p>A doctor's note dated 8/22/22 indicated the following: "Continue Xanax 2 mg TID PRN until seen by the psychiatrist. Script sent in. Return to clinic in 6 weeks."</p> <p>A psychiatrist note dated 9/9/22 indicated the following: "Mood/behavior improving. D/C (discontinue) Lorazepam - note faxed to [pharmacy]. Continue with other medications. I'll be prescribing Alprazolam 1 mg, 2 times a day, PRN. Return in 6</p>				<p>this submission.</p> <ul style="list-style-type: none"> Client D's BSP was updated with current psychotropic medications and HRC approval was received. It is uploaded with this submission. The QIDP was trained on 11/22/22 on the proper procedure for notifying the Behavior Clinician and nurse when medications used to manage behaviors were modified or added. Going forward the Behavior Clinician will be involved in all psychiatry appointments and will obtain HRC approval for psychotropic medications before medication is entered on the MAR. The nurse will verify HRC approval prior to approving the MAR modification(s) for medication changes. <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 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</p>		

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>weeks.</p> <p>Give [client B] Alprazolam if:</p> <ul style="list-style-type: none"> - Actively self-harming or aggressive. - Cannot be redirected. - 2+ staff in agreement Alprazolam is needed. - Supervisor is notified on front end." <p>Client B's record did not include HRC approval for the use of Xanax 2 mg, 3 times a day or Alprazolam 1 mg, 2 times a day.</p> <p>2) Client D's record was reviewed on 11/18/22 at 11:15 am.</p> <p>Client D's MAR for March 2022 indicated the following:</p> <p>"Aripiprazole 20 mg tablet.</p> <p>Indication/purpose: Major depressive disorder.</p> <p>Begin Date & Time: 10/23/20, 8:00 am.</p> <p>Schedule Repeat: Every day 1 time(s) a day.</p> <p>Schedule Time Slot: 8:00 am."</p> <p>Client D's MAR for November 2022 indicated the following:</p> <p>2A. "Aripiprazole 30 mg tablet.</p> <p>Indication/purpose: Major depressive disorder.</p> <p>Begin Date & Time: 04/30/2022, 8:00 am.</p> <p>Schedule Repeat: Every day 1 time(s) a day.</p> <p>Schedule Time Slot: 8:00 am....</p> <p>2B. Busiprone 5 mg tablet.</p> <p>Indication/Purpose: Depression Disorder.</p> <p>Begin Date & Time: 04/30/2022, 8:00 am.</p> <p>Schedule Repeat: Every day 1 time(s) a day.</p> <p>Schedule Time Slot: 8:00 am....</p> <p>2C. Lithium Carbonate 300 mg tablet ER (extended release).</p> <p>Indication/Purpose: For mood disorder.</p> <p>Begin Date & Time: 09/20/2022.</p> <p>Schedule Repeat: Every day 2 time(s) a day.</p>				<p>BSPs and will also report any non-compliance to Area Director for follow up.</p> <p>Person responsible: QIDP, behavior clinician, nurse, area director</p>		

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0312	<p>Schedule Time Slot: 8:00 am, 8:00 pm....</p> <p>2D. Naltrexone 50 mg. Indication/Purpose: For mood instability. Begin Date & Time: 09/20/2022. Schedule Repeat: Every day 2 time(s) a day. Schedule Time Slot: 8:00 am, 8:00 pm."</p> <p>Client D's record did not include HRC approval for the increase in Aripiprazole from 20 milligrams to 30 milligrams. Client D's record did not include HRC approval for the use of Busiprone 5 mg daily, Lithium Carbonate 300 mg 2 times a day, or Naltrexone 50 mg 2 times a day.</p> <p>Area Director (AD) #1 was interviewed on 11/18/22 at 11:48 am and stated, "As soon as the [Qualified Intellectual Disabilities Professional (QIDP)] is made aware of a (psychotropic) medication change, she's supposed to notify the Behavior Clinician (BC), and the nurse. The BC is supposed to update the BSP (Behavior Support Plan) for those medications and request HRC approval. Once they are approved, the nurse adds it to the MAR and approves it."</p> <p>Registered Nurse (RN) #1 was interviewed by phone on 11/21/22 at 3:30 pm and stated, "When nursing gets a call to add a new medication, they reach out to the nursing manager to let them know of the change. Responsibility falls on the nurse and [QIDP] to get it presented to the HRC. It should be approved by the HRC before it is put on the MAR and given to the client."</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE</p>						

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
Bldg. 00	<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 1 of 2 sample clients (B), plus 1 additional client (D), the facility failed to ensure the use of medications used to manage clients B and D's behaviors were specifically indicated in their Behavior Support Plans (BSPs) with a plan to reduce the use of the psychotropic medications.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 11/18/22 at 10:45 am.</p> <p>Client B's Medication Administration Record for November 2022 indicated the following: "Alprazolam 1 mg (milligrams) tablet. Indication/Purpose: Actively self-harming or aggressive. Cannot redirect. Begin Date & Time: 09/09/2022, 10:00 pm. Schedule Repeat: PRN (as needed). Instructions: Give 1 tablets by mouth every 12 hours as needed for anxiety."</p> <p>An Emergency Department Discharge Instruction dated 8/12/22 indicated the following: "Prescriptions: Alprazolam (Xanax 2 mg oral tablet), 2 Milligrams, 1 tab(s), oral, three times a day as needed for for (sic) anxiety."</p> <p>A doctor's note dated 8/22/22 indicated the following: "Continue Xanax 2 mg TID PRN until seen by the psychiatrist. Script sent in. Return to clinic in 6 weeks."</p> <p>A psychiatrist note dated 9/9/22 indicated the</p>			W 0312	<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"> · Client B's BSP was updated with current medications and medication reduction plan. · Client D's BSP was updated with current medications and medication reduction plan. · Going forward the Behavior Clinician will be involved in all psychiatry appointments and will obtain HRC approval for psychotropic medications before medication is entered on the MAR. The nurse will verify HRC approval prior to approving the MAR modification(s) for medication changes. <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 will update program site with HRC approved</p>		12/16/2022

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>following: "Mood/behavior improving. D/C (discontinue) Lorazapam - note faxed to [pharmacy]. Continue with other medications. I'll be prescribing Alprazolam 1 mg, 2 times a day, PRN. Return in 6 weeks. Give [client B] Alprazolam if: - Actively self-harming or aggressive. - Cannot be redirected. - 2+ staff in agreement Alprazolam is needed. - Supervisor is notified on front end."</p> <p>Client B's BSP dated 3/24/22 did not indicate the use of Xanax, its purpose, directions for use, or a plan of reduction.</p> <p>2. Client D's record was reviewed on 11/18/22 at 11:15 am. Client D's MAR for November 2022 indicated the following: "Aripiprazole 30 mg tablet. Indication/purpose: Major depressive disorder. Begin Date & Time: 04/30/2022, 8:00 am. Schedule Repeat: Every day 1 time(s) a day. Schedule Time Slot: 8:00 am....</p> <p>Busiprone 5 mg tablet. Indication/Purpose: Depression Disorder. Begin Date & Time: 04/30/2022, 8:00 am. Schedule Repeat: Every day 1 time(s) a day. Schedule Time Slot: 8:00 am....</p> <p>Lithium Carbonate 300 mg tablet ER (extended release). Indication/Purpose: For mood disorder. Begin Date & Time: 09/20/2022. Schedule Repeat: Every day 2 time(s) a day. Schedule Time Slot: 8:00 am, 8:00 pm....</p> <p>Naltrexone.</p>				<p>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.</p> <p>Person responsible: QIDP, Behavior Clinician, Nurse, Area director</p>		

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0331 Bldg. 00	<p>Indication/Purpose: For mood instability. Begin Date & Time: 09/20/2022. Schedule Repeat: Every day 2 time(s) a day. Schedule Time Slot: 8:00 am, 8:00 pm."</p> <p>Client D's BSP dated 3/24/22 indicated the following: "Abilify/Aripiprazole, 20 mg once a day, antipsychotic, depression." - Client D's BSP was not updated to indicate the current prescribed dosage of Aripiprazole. - Client D's BSP did not indicate the use of Busiprone, Lithium Carbonate, or Naltrexone, their purposes, directions for use, or plans of reduction.</p> <p>Area Director (AD) #1 was interviewed on 11/18/22 at 11:48 am and stated, "As soon as the [Qualified Intellectual Disabilities Professional (QIDP)] is made aware of a medication change, she's supposed to notify the Behavior Clinician (BC) and the nurse. The BC is supposed to update the BSP for those medications and request HRC (Human Rights Committee) approval. Once they are approved, the nurse adds it to the MAR and approves it."</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 2 sample clients (B), the facility's nursing services failed to ensure client B's Medication Administration Record (MAR) accurately reflected her medication prescriptions.</p> <p>Findings include:</p>		W 0331	<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"> Nursing manager corrected 		12/16/2022	

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>Client B's record was reviewed on 11/18/22 at 10:45 am.</p> <p>Client B's Medication Administration Record for November 2022 indicated the following: "Alprazolam 1 mg (milligram) tablet. Indication/Purpose: Actively self-harming or aggressive. Cannot redirect. Begin Date & Time: 09/09/2022, 10:00 pm. Schedule Repeat: PRN (as needed). Instructions: Give 1 tablets by mouth every 12 hours as needed for anxiety....</p> <p>Xanax, 2 mg (milligram) tablet. Indication/Purpose: Xanax is used to treat anxiety disorder and anxiety caused by depression. Xanax is also used to treat panic disorders with or without a fear of places and situations that might cause panic, helplessness, or embarrassment. Begin Date & Time: 08/13/2022. Schedule Repeat: PRN (as needed) 3 time(s) a day. Instruction: Give 1 tab PO (by mouth) TID (3 times daily) for anxiety."</p> <p>An Emergency Department Discharge Instruction dated 8/12/22 indicated the following: "Prescriptions: Alprazolam (Xanax 2 mg oral tablet), 2 Milligrams, 1 tab(s), oral, three times a day as needed for for (sic) anxiety."</p> <p>A doctor's note dated 8/22/22 indicated the following: "Continue Xanax 2 mg TID PRN until seen by the psychiatrist. Script sent in. Return to clinic in 6 weeks."</p> <p>A psychiatrist note dated 9/9/22 indicated the following: "Mood/behavior improving. D/C (discontinue) Lorazepam - note faxed to [pharmacy]. Continue</p>				<p>Client B's MAR to the current physician orders for Xanax (Alprazolam).</p> <ul style="list-style-type: none"> All nurses were trained on the importance of verifying physician orders, MAR updated appropriately and HRC approval obtained (if needed) before approving MARs for supported individuals. Going forward the nursing manager will review nurse on-call notes for medication changes and requests to unlock a MAR for appropriate follow up actions. <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 nurses are trained on MAR approval and state requirements for HRC approval for psychotropic medications, in addition to what to look for when approving a MAR. Nursing manager will audit MARs for medication changes and appropriate MAR entries and will report concerns to QIDP and Area Director as needed.</p> <p>Person responsible: nursing manager</p>		

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0368 Bldg. 00	<p>with other medications. I'll be prescribing Alprazolam 1 mg, 2 times a day, PRN. Return in 6 weeks.</p> <p>Give [client B] Alprazolam if:</p> <ul style="list-style-type: none"> - Actively self-harming or aggressive. - Cannot be redirected. - 2+ staff in agreement Alprazolam is needed. - Supervisor is notified on front end." <p>The facility's nursing services failed to remove or deactivate the prescription for Xanax (Alprazolam) 2 mg from client B's active MAR.</p> <p>Registered Nurse (RN) #1 was interviewed by phone on 11/21/22 at 3:30 pm and stated, "The MAR should reflect the reduction in the medication." RN #1 indicated the discontinued medication should be removed from the MAR.</p> <p>9-3-6(a)</p> <p>483.460(k)(1)</p> <p>DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 2 sample clients (B), the facility failed to ensure accurate documentation of the use of client B's PRN (as needed) medication used to control her behaviors.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 11/17/22 at 2:00 pm.</p> <p>A BDDS report dated 9/20/22 indicated the following:</p> <p>"[On 9/19/22], [client B] was sitting in the CAB</p>			W 0368	<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"> · All facility staff was retrained on 12/16/22 on Dungarvin policy C-1 for medication administration and documentation, specifically how to document a PRN administration and the appropriate contacts for notification and approval for PRNs 		12/16/2022

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>(common area back) bounce (sic) on her ball, and, for no apparent reason started hitting herself, then ran into her room while biting herself on (sic) left wrist. Staff followed [client B], prompting her to calm down. [Client B] refused to follow directive and was then placed in a one man HRC (Human Rights Committee) hold per behavior plan for 10 minutes and was given PRN (as needed) Alprazolam (treats anxiety) 1 mg (milligram) and first aid was completed on [client B's] left wrist (sic) it was cleaned and covered."</p> <p>Client B's record was reviewed on 11/18/22 at 10:45 am.</p> <p>A psychiatrist note dated 9/9/22 indicated the following: "Mood/behavior improving. D/C (discontinue) Lorazepam (seizures and anxiety) - note faxed to [pharmacy]. Continue with other medications. I'll be prescribing Alprazolam 1 mg, 2 times a day, PRN. Return in 6 weeks. Give [client B] Alprazolam if: - Actively self-harming or aggressive. - Cannot be redirected. - 2+ staff in agreement Alprazolam is needed. - Supervisor is notified on front end."</p> <p>Client B's Medication Administration Record (MAR) for November 2022 indicated the following: "Alprazolam 1 mg (milligram) tablet. Indication/Purpose: Actively self-harming or aggressive. Cannot redirect. Begin Date & Time: 09/09/2022, 10:00 pm. Schedule Repeat: PRN (as needed). Instructions: Give 1 tablets by mouth every 12 hours as needed for anxiety."</p> <p>Client B's MAR did not include documentation of the administration of the PRN on 9/20/22.</p>				<p>related to an individual's behavior.</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 competency on proper medication passes and knowledge of how to document a PRN medication and actions needed. Initially these observations will be conducted 2 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 1 time per week for the next two weeks and then titrate to 1 time per month for 2 months. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected & 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 the policy on medication administration and documentation as part of new staff orientation. All staff are required to complete annual retraining on Medication Administration. QIDP is to</p>		

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

PRINTED: 12/29/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385			
(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
	<p>Client B's staff notes did not include documentation of the administration of the PRN. Client B's record did not indicate which 2 staff approved the use of the PRN.</p> <p>Registered Nurse (RN) #1 was interviewed by phone on 11/21/22 at 3:30 pm and stated, "I don't see documentation of use of a PRN for [client B] on 9/19/22. All PRN medications should be approved by the [QIDP] and the nurse to make sure we are appropriately treating our people and aren't just jumping to use of the medication. I don't see documentation that nursing received a call. I would expect a call before it was administered. It's what we teach in our classes and reinforce in the homes."</p> <p>9-3-6(a)</p>				<p>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>Person responsible: QIDP, nurse, area director</p>		