

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G673	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/13/2011
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3521 OXFORD SOUTH BEND, IN46615
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W0000	<p>This visit was for a post certification revisit to an extended annual recertification and state licensure survey completed on September 6, 2011.</p> <p>Dates of Survey: October 12, 13, 2011.</p> <p>Facility number: 009114 Provider number: 15G673 AIM number: 100244780</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/20/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0102	<p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review, observation and interview, the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to provide oversight and direction to protect</p>	W0102	Client #1 is no longer residing at the Oxford home. He has been transferred to an ESN home that will better suit his behavioral needs.	11/12/2011

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression had been identified., and failed to ensure the home was maintained in good condition for 8 of 8 clients living in the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>1. Please see W122. The facility failed to meet the Condition of Participation: Client Protections by failing to develop and implement policy and procedures to take immediate and effective corrective actions to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression had been identified.</p> <p>2. Please see W104. The governing body failed to provide oversight and direction to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression had been identified, and failed to ensure the home was maintained in good condition for 8 of 8 clients living in the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>This deficiency was cited on 9/6/11. The</p>		<p>The Program Director/QMRP for the Oxford home had reviewed this tag and had been retrained on the expectation that incidents of physical aggression and property destruction require immediate action to prevent recurrence of the incident after the pattern of physical aggression and property destruction or the potential for physical aggression and property destruction has been identified. These measures previously included revisions to the Behavior Intervention Plans, increasing staffing ratios, and changes in medications as recommended by this person's Psychiatrist to assist in the controlling of the identified behaviors. Although these measures were not completely effective in curtailing all of client #1's self injurious behavior, they did reduce the overall number of incidents that were previously occurring.</p> <p>The damage to the home caused by ongoing property destruction by client #1 is in process of being repaired. All repairs are expected to be complete by 12-1-11.</p>		

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W0104	<p>facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon observation, record review and interview, the governing body failed to provide oversight and direction to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression had been identified, and failed to ensure the home was maintained in good condition for 8 of 8 clients living in the group home (clients</p>	W0104	<p>The Program Coordinator will continue to review all incidents and assure that appropriate action has been taken by the Program Director, Behavior Specialist, and IDT to assure that incidents of physical aggression and property destruction are being immediately addressed.</p> <p>System wide, all Program Director/QMRPs and Program Coordinators have reviewed this standard for assurance that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director/ QMRP, Program Coordinator</p> <p>Client #1 is no longer residing at the Oxford home. He has been transferred to an ESN home that will better suit his behavioral needs.</p> <p>The Program Director/QMRP for the Oxford home had reviewed this tag and had been retrained on the expectation that incidents of physical aggression, and property destruction require</p>	11/12/2011	

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	<p>#1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/12/11 at 3:55 PM and included the following reports involving client #1:</p> <p>-a report dated 9/7/11 indicated client #1 ran to the mail truck near him in the community and "started begging for things." The report indicated client #1 ran away from staff when redirected and and tried to start the mail truck. Client #1 "wanted to engage in self injurious behavior" (not defined) when redirected from walking to nearby houses and staff physically assisted him by holding him for less than 30 seconds. He was taken to a mental health facility for evaluation where a nurse checked him and ascertained "he was OK." An attempt by facility staff to have client #1 admitted to a mental health facility was unsuccessful as the physician "did not think he could be admitted."</p> <p>Corrective action included 1 to 1 staffing ration for client #1 which was already in place due to a history of self injurious and physically aggressive behavior, and staff were to work on getting an emergency appointment with a psychiatrist for</p>		<p>immediate action to prevent recurrence of the incident after the pattern of physical aggression and property destruction or the potential for physical aggression and property destruction has been identified. These measures previously included revisions to the Behavior Intervention Plans, increasing staffing ratios, and changes in medications as recommended by this person's Psychiatrist to assist in the controlling of the identified behaviors.</p> <p>Although these measures were not completely effective in curtailing all of client #1's self injurious behavior, they did reduce the overall number of incidents that were previously occurring.</p> <p>The damage to the home caused by ongoing property destruction by client #1 is in process of being repaired. All repairs are expected to be complete by 12-1-11.</p> <p>The Program Coordinator will continue to review all incidents and assure that appropriate action has been taken by the Program Director, Behavior Specialist, and IDT to assure that incidents of physical</p>		

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	<p>medication adjustment.</p> <p>-a report dated 9/10/11 indicated client #1 hit his head on the wall and "fought the 2 staff persons who were trying to physically assist him," and was able to free himself from the hold. Client #1 "smashed" the electric can opener and then "smashed" a window causing his hand to bleed. Client #1 was taken to the ER and provided bandages. While at the hospital, client #1 "got angry again" and hit the wall with his hand and made a hole there. Client #1 "could not be admitted at [mental health facility] because they did not have any bed for him." Corrective action included training by a behavior specialist on 9/13/11 and an appointment with a psychiatrist on 9/12/11.</p> <p>-a report dated 10/2/11 indicated client #1 argued with a house mate and kicked a cabinet on the way to his room after being separated from the house mate. Client #1 "head butted" his dresser. Client #1 was given ice packs for his head and a 24 hour head injury check was started. Follow up action included an investigation involving all staff at the site to make sure staff follow client #1's behavior plan, and for an investigation to be implemented in the future for any incidents involving client #1's target behaviors. All staff were to be retrained on client #1's behavior plan on</p>		<p>aggression and property destruction are being immediately addressed.</p> <p>System wide, all Program Director/QMRPs and Program Coordinators have reviewed this standard for assurance that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director/ QMRP, Program Coordinator</p>		

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	<p>10/6/11. A follow up report dated 10/2/11 indicated staff had implemented client #1's plan, indicated staff had been retrained on his plan on 10/6/11, and an agency had offered placement in a group home on 10/24/11.</p> <p>-a report dated 10/7/11 indicated client #1 "ran outside" and asked his neighbor for a pop which the neighbor provided. Staff asked him to return the pop and client #1 "got noisy" and went into the house and into his room. Client #1 made threats to hit his head on the wall and to bite his hand. Client #1 was physically restrained after attempting to hit the window, but "managed to bite one of the wounds in his right hand which bled for a while." Client #1 was given first aid for his injury. Plan to resolve included respectfully asking the neighbors not to give client #1 anything without checking first with staff.</p> <p>Client #4 was interviewed on 10/12/11 at 6:30 PM. He stated, "Sometimes I don't know a behavior is happening (with client #1) and end up in the line of fire" when walking down the hallway, and "that's where I get cornered sometimes."</p> <p>The Program Coordinator (PC) and Program Director (PD) were interviewed on 10/12/11 at 2:30 PM. When asked about the responsibility to ensure policy</p>				

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	<p>and procedures to protect clients from injury, the PC indicated it was ultimately the responsibility of the senior directors who were part of the governing body. The PC indicated despite staff attempts to protect client #1, he was able to break away and injure himself.</p> <p>2. During observation at the group home on 10/12/11 from 6:09 PM until 6:37 PM, there were 18 holes in the walls exposing the drywall ranging in size from 23" (inches) by 23" to 6 inches in diameter, and the closet door to the linen closets in the main hallway were leaning against the living room wall in the rear of the home. The doors to the bathroom door in the back of the home was missing paint in areas. The sofa in the front living room did not have legs, and there was a strong odor in the home.</p> <p>Staff #12 was interviewed on 10/12/11 at 6:15 PM and indicated the sofa legs had been missing for "as long as I've been here," and indicated she had been working at the home for 3 months, and indicated she thought the legs had been broken. She indicated the odor in the home was the result of client #1 urinating in his room.</p> <p>During the observation on 10/13/11 from</p>						

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	<p>6:40 AM until 8:10 AM, there was a worn section of the rug in front of the kitchen island worn to the threads and 2 dark stains on the front living room carpet ranging from 2 to 3 inches in diameter.</p> <p>The house manager was interviewed on 10/13/11 at 7:06 AM. When asked about the holes in the wall, she stated, "they have fixed some of the walls," and pointed out bead board covering the upper wall across from the office/medication room. She indicated a sofa had been selected to replace the sofa in the living room, and indicated the carpets should be cleaned. She indicated the back bathroom was supposed to be repaired, but the work had not been started yet.</p> <p>The PC was interviewed on 10/13/11 at 11:50 AM and indicated there was only one maintenance person in the department and the facility had planned to wait until client #1 went to live at another group home to replace rather than repair the walls.</p> <p>The Program Coordinator (PC) and Program Director (PD) were interviewed on 10/12/11 at 2:30 PM. When asked about the responsibility to ensure maintenance needs were addressed, the PC indicated it was ultimately the responsibility of the senior director who</p>				

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W0122	<p>was part of the governing body.</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to develop and implement policy and procedures to take immediate and effective corrective actions to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression and self injurious behavior had been identified.</p> <p>Findings include:</p>	W0122	<p>Client #1 is no longer residing at the Oxford home. He has been transferred to an ESN home that will better suit his behavioral needs.</p> <p>The Program Director/QMRP for the Oxford home had reviewed this tag and had been retrained on the expectation that incidents of physical aggression, and property destruction require immediate action to prevent recurrence of the incident after the pattern of physical</p>	11/12/2011	

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	<p>1. Please see W149. The facility neglected to develop and implement policy and procedures to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression and self injurious behavior had been identified.</p> <p>2. Please see W157. The facility failed to implement immediate and effective corrective action to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression and self injurious behavior had been identified.</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>aggression and property destruction or the potential for physical aggression and property destruction has been identified. These measures previously included revisions to the Behavior Intervention Plans, increasing staffing ratios, and changes in medications as recommended by this person's Psychiatrist to assist in the controlling of the identified behaviors.</p> <p>Although these measures were not completely effective in curtailing all of client #1's self injurious behavior, they did reduce the overall number of incidents that were previously occurring.</p> <p>The damage to the home caused by ongoing property destruction by client #1 is in process of being repaired. All repairs are expected to be complete by 12-1-11.</p> <p>The Program Coordinator will continue to review all incidents and assure that appropriate action has been taken by the Program Director, Behavior Specialist, and IDT to assure that incidents of physical aggression and property destruction are being immediately addressed.</p>		

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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based upon observation, record review and interview, the facility neglected to develop and implement policy and procedures to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression and self injurious behavior had been identified.</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/12/11 at 3:55 PM and included the following reports involving client #1: -a report dated 9/7/11 indicated client #1</p>	W0149	<p>System wide, all Program Director/QMRPs and Program Coordinators have reviewed this standard for assurance that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director/ QMRP, Program Coordinator</p> <p>Client #1 is no longer residing at the Oxford home. He has been transferred to an ESN home that will better suit his behavioral needs.</p> <p>Dungarvin has a written policy and procedures in place that prohibits mistreatment, neglect or abuse of the clients (Policy B-2). Dungarvin Administrative Team has recently made changes to this policy to include language to indicate policy on taking corrective action to protect clients when needed.</p> <p>The Program Director/QMRP and Program Coordinator will review all incident reports and</p>	11/12/2011

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	<p>ran to the mail truck near him in the community and "started begging for things." The report indicated client #1 ran away from staff when redirected and and tried to start the mail truck. Client #1 "wanted to engage in self injurious behavior" (not defined) when redirected from walking to nearby houses and staff physically assisted him by holding him for less than 30 seconds. He was taken to a mental health facility for evaluation where a nurse checked him and ascertained "he was OK." An attempt by facility staff to have client #1 admitted to a mental health facility was unsuccessful as the physician "did not think he could be admitted." Corrective action included 1 to 1 staffing ration for client #1 which was already in place due to a history of self injurious and physically aggressive behavior, and staff were to work on getting an emergency appointment with a psychiatrist for medication adjustment.</p> <p>-a report dated 9/10/11 indicated client #1 hit his head on the wall and "fought the 2 staff persons who were trying to physically assist him," and was able to free himself from the hold. Client #1 "smashed" the electric can opener and then "smashed" a window causing his hand to bleed. Client #1 was taken to the ER and provided bandages. While at the hospital, client #1 "got angry again" and</p>		<p>ensure that reports of abuse are acted upon to protect the person being subjected to the abuse.</p> <p>System wide, all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director/ QMRP, Program Coordinator</p>				

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	<p>hit the wall with his hand and made a hole there. Client #1 "could not be admitted at [mental health facility] because they did not have any bed for him." Corrective action included training by a behavior specialist on 9/13/11 and an appointment with a psychiatrist on 9/12/11.</p> <p>-a report dated 10/2/11 indicated client #1 argued with a house mate and kicked a cabinet on the way to his room after being separated from the house mate. Client #1 "head butted" his dresser. Client #1 was given ice packs for his head and a 24 hour head injury check was started. Follow up action included an investigation involving all staff at the site to make sure staff follow client #1's behavior plan, and for an investigation to be implemented in the future for any incidents involving client #1's target behaviors. All staff were to be retrained on client #1's behavior plan on 10/6/11. A follow up report dated 10/2/11 indicated staff had implemented client #1's plan, indicated staff had been retrained on his plan on 10/6/11, and an agency had offered placement in a group home on 10/24/11.</p> <p>-a report dated 10/7/11 indicated client #1 "ran outside" and asked his neighbor for a pop which the neighbor provided. Staff asked him to return the pop and client #1 "got noisy" and went into the house and</p>						

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	<p>into his room. Client #1 made threats to hit his head on the wall and to bite his hand. Client #1 was physically restrained after attempting to hit the window, but "managed to bite one of the wounds in his right hand which bled for a while." Client #1 was given first aid for his injury. Plan to resolve included respectfully asking the neighbors not to give client #1 anything without checking first with staff.</p> <p>The Program Coordinator (PC) and Program Director (PD) were interviewed on 10/12/11 at 2:30 PM. When asked about the responsibility to ensure policy and procedures to protect clients from injury, the PC indicated it was ultimately the responsibility of the senior directors who were part of the governing body. The PC indicated despite staff attempts to protect client #1, he was able to break away and injure himself.</p> <p>The facility's policy and procedure Concerning Program Abuse and Prevention and Assessment Plan updated 10/11 was reviewed on 10/13/11 at 1:10 PM and indicated in part, "It is the policy of this organization to assess the environment for possible areas that are conducive to individual abuse, and to set forth specific measures that will address and assure all reasonable efforts are made to prevent situations that could result in</p>				

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W0157	<p>abuse..." The policy indicated policy to assure prevention of abuse by housemates or other individuals also being served within the same program site, but failed to include language to indicate the facility's policy on taking corrective action to protect clients from abuse, neglect or exploitation. " The facility's Policy and Procedure Concerning Consumer Abuse and Neglect dated 4/10 indicated " Neglect or abuse of any consumer is strictly prohibited in any [agency name] service delivery location."</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, interview and record review, the facility failed to implement immediate and effective</p>	W0157	Client #1 is no longer residing at the Oxford home. He has been transferred to an ESN home that will better suit his	11/12/2011

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	<p>corrective action to protect 1 of 4 sampled clients (client #1) from self injurious behavior, physical aggression and property destruction after a pattern of physical aggression had been identified.</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/12/11 at 3:55 PM and included the following reports involving client #1:</p> <p>-a report dated 9/7/11 indicated client #1 ran to the mail truck near him in the community and "started begging for things." The report indicated client #1 ran away from staff when redirected and tried to start the mail truck. Client #1 "wanted to engage in self injurious behavior" (not defined) when redirected from walking to nearby houses and staff physically assisted him by holding him for less than 30 seconds. He was taken to a mental health facility for evaluation where a nurse checked him and ascertained "he was OK." An attempt by facility staff to have client #1 admitted to a mental health facility was unsuccessful as the physician "did not think he could be admitted." Corrective action included 1 to 1 staffing ration for client #1 which was already in</p>		<p>behavioral needs.</p> <p>The Program Director/QMRP has reviewed this standard. Going forward, all incidents will be reviewed by the Program Coordinator to ensure that aggressive corrective action is implemented immediately following any incident trend.</p> <p>Monthly the Dungarvin Safety Committee will review any trends related to reportable incidents and also recommend corrective action.</p> <p>System wide, all Program Director/QMRP's has reviewed this standard to assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Coordinator, Program Director /QMRP</p>		

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	<p>place due to a history of self injurious and physically aggressive behavior, and staff were to work on getting an emergency appointment with a psychiatrist for medication adjustment.</p> <p>-a report dated 9/10/11 indicated client #1 hit his head on the wall and "fought the 2 staff persons who were trying to physically assist him," and was able to free himself from the hold. Client #1 "smashed" the electric can opener and then "smashed" a window causing his hand to bleed. Client #1 was taken to the ER and provided bandages. While at the hospital, client #1 "got angry again" and hit the wall with his hand and made a hole there. Client #1 "could not be admitted at [mental health facility] because they did not have any bed for him." Corrective action included training by a behavior specialist on 9/13/11 and an appointment with a psychiatrist on 9/12/11.</p> <p>-a report dated 10/2/11 indicated client #1 argued with a house mate and kicked a cabinet on the way to his room after being separated from the house mate. Client #1 "head butted" his dresser. Client #1 was given ice packs for his head and a 24 hour head injury check was started. Follow up action included an investigation involving all staff at the site to make sure staff follow client #1's behavior plan, and for</p>				

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	<p>an investigation to be implemented in the future for any incidents involving client #1's target behaviors. All staff were to be retrained on client #1's behavior plan on 10/6/11. A follow up report dated 10/2/11 indicated staff had implemented client #1's plan, indicated staff had been retrained on his plan on 10/6/11, and an agency had offered placement in a group home on 10/24/11.</p> <p>-a report dated 10/7/11 indicated client #1 "ran outside" and asked his neighbor for a pop which the neighbor provided. Staff asked him to return the pop and client #1 "got noisy" and went into the house and into his room. Client #1 made threats to hit his head on the wall and to bite his hand. Client #1 was physically restrained after attempting to hit the window, but "managed to bite one of the wounds in his right hand which bled for a while." Client #1 was given first aid for his injury. Plan to resolve included respectfully asking the neighbors not to give client #1 anything without checking first with staff.</p> <p>Client #4 was interviewed on 10/12/11 at 6:30 PM. He stated, "Sometimes I don't know a behavior is happening (with client #1) and end up in the line of fire" when walking down the hallway, and "That's where I get cornered sometimes."</p>				

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W0322	<p>The Program Coordinator (PC) and Program Director (PD) were interviewed on 10/12/11 at 2:30 PM. The PC indicated despite staff attempts to protect client #1, he was able to break away and injure himself.</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed to obtain an annual physical examination for 1 of 3 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/13/11 at 12:30 PM. Client #2's record indicated physicals dated 3/22/10 and 9/25/11. There was no additional</p>	W0322	<p>A system has been developed to track and monitor the dates of each person's annual physicals and other routine appointments. At least bi-monthly, the Program Director/QMRP and facility nurse will meet to review all medical needs for each person, and this will include reviewing that upcoming needed appointments are</p>	11/12/2011	

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	<p>evidence of a physical between 3/10 and 9/11.</p> <p>The Program Coordinator was interviewed on 10/12/11 at 1:05 PM and indicated the physicals for client #2 were not completed annually.</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>scheduled timely.</p> <p>The Program Coordinator will do quarterly site visits that include a review of the documentation, to ensure that routine medical appointments are being conducted timely.</p> <p>System wide, all Program Director/QMRP's will review this standard to assure that this concern is being addressed at all Dunganarvin ICF-MR's.</p> <p>Persons Responsible: Program Coordinator, Program Director /QMRP</p>		