

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G182	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2326 BERWICK DR SHELBYVILLE, IN 46176
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/2/15, 2/3/15, 2/4/15, 2/5/15 and 2/6/15.</p> <p>Facility Number: 000715 Provider Number: 15G182 AIMS Number: 100234640</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/18/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) 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 2 of 3 sampled clients (#1 and #3) plus 2 additional clients (#4 and #5), the facility failed to implement its policy and procedures to ensure the facility</p>	W000149	Agency professionals who are assigned to complete investigations will receive some additional training regarding the completion of investigations. This will include a review of the required timeline of	03/08/2015

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>completed thorough investigations of an allegation of staff to client verbal abuse regarding clients #3 and #4, an incident of client to client aggression regarding clients #1 and #5, an incident of missing personal funds regarding client #5 and an injury of unknown origin regarding client #6.</p> <p>The facility failed to implement its policy and procedures ensure the facility reported the findings of an investigation regarding client #5's missing personal funds to the administrator within 5 business days of the allegation.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/2/15 at 1:00 PM. The review indicated the following:</p> <p>1. BDDS report dated 9/7/14 indicated, "A staff was alleged to have been verbally abusive towards [client #3] on 9/6/14. The staff was placed on investigative suspension and an investigation has been initiated."</p> <p>-BDDS report dated 9/9/14 indicated client #4 made an allegation of verbal abuse while on a community outing with staff #1 and client #3 on 9/6/14.</p>		<p>no less than 5 business days to complete an investigation and submit it to the administrator for review. This training will also review the expectation to ensure any clients who are involved or witness an incident that is investigated are interviewed as part of the investigation. The detail of any interviews with clients will be included in the investigation summary. There will also be additional training to ensure that investigations are thorough and that all information and obtained and statements made are addressed and investigated further as needed.</p> <p>The cited incident involving client #6 on 9/6/14 will be reviewed in the training as an example of when more investigation is needed. An agency administrator will be completing reviews of all completed investigations for the facility and agency. This administrator will ensure that investigations are completed timely, that clients have been interviewed as part of the investigation process, and that the investigation is thorough and addresses all issues and information when reviewing reports. If a submitted investigation does not include needed information, including client interview(s) the professional responsible for completing the investigation will be directed to obtain the needed information and include in the report and re-submit</p>				

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	<p>-Investigation Summary Form (ISF) dated 9/8/14 indicated the facility had completed an investigation regarding client #3's 9/6/14 allegation of verbal abuse. The ISF dated 9/8/14 indicated staff #1 had taken clients on a shopping trip to the local department store. The ISF dated 9/8/14 did not indicate documentation of which clients were present in addition to clients #3, #4 and #6. The ISF dated 9/8/14 included a written narrative statement from [RC (Residential Coordinator) #1] which indicated, "[Client #4] had tried calling my phone. I didn't hear it when I checked my phone, I saw that [staff #1] had called as well. I called [client #4] back to see how everything was. [Client #4] told me that [staff #1] had went (sic) off on [client #3] and [client #6] had wandered off. I text (sic) [staff #1] to see if she was okay, she said, 'No, I probably just lost my job.' I called [staff #1] and [staff #1] was in tears and said she flipped out on [client #3] and some lady asked where she worked." The 9/8/14 investigation did not indicate documentation of clients #3, #6 or others who may have been present being interviewed regarding the allegation of verbal abuse while on the community outing on 9/6/14. The 9/8/14 ISF did not indicate documentation of clarification or reconciliation of RC #1's</p>		<p>it. Professional staff who are assigned an investigation will also be prompted to ensure timely completion the day before the investigation is due if it has not previously been submitted to ensure timely submission. This administrator also will receive and review all BDD reports. The administrator will identify those that require investigation, including allegations and reports of injuries of unknown origin. This administrator will ensure that the investigation is assigned and then completed as required. A tracking system will be used by the administrator to track and monitor completion of timely, complete and thorough investigations. Responsible Party: Area Director</p>	

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	<p>statement regarding client #6 potentially having wandered off while in the store during the alleged incident. The 9/8/14 ISF did not address or indicate documentation of review regarding client #5's 9/9/14 allegation.</p> <p>2. BDDS report dated 8/8/14 indicated, "While driving home from the grocery store, [client #1] and [client #5] began to get in an argument and then into a physical altercation. During the altercation [client #5] sustained a minor injury to his lower lip and a 3 inch in diameter bruise to his upper left hand. [Client #5] continued to be aggressive toward [client #1] so staff proceeded to place [client #5] in a basket hold containment."</p> <p>-ISF dated 8/14/14 indicated the facility had conducted an investigation regarding clients #1 and #5's physical altercation on 8/8/14. The 8/14/14 ISF did not indicate documentation of clients #1 or #5 being interviewed.</p> <p>3. BDDS report dated 6/30/14 indicated, "It was reported that [client #5] is short \$10.00 from his cash-on-hand funds that are available in the home for spending. This was reported during a routine count of cash by staff per agency policy."</p>						

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	<p>-ISF dated 7/8/14 indicated, "I received the assignment of investigation and reviewed the IR (Incident Report) regarding the cash shortage at [group home address] on 6/29/14." The ISF dated 7/8/14 indicated, "I interviewed [staff #1] regarding this issue. [Staff #1] stated that she and [staff #2] had not actually counted the funds together. [Staff #2] told her that she had counted before she came and it was short. They had not counted the night before when [staff #1] left her shift. [Staff #1] counted after [staff #2] left and found the shortage as well and reported it." The 7/8/14 ISF indicated, "I asked if there was any time in the home when [staff #1] left the money book out of the medication cabinet. [Staff #1] said that she thinks she did for a little while." The ISF dated 7/8/14 indicated client #4 was interviewed regarding client #5's missing funds. The 7/8/14 ISF did not indicate documentation of clients #1, #2, #3, #5 or #6 of being interviewed as potential witnesses. The 7/8/14 ISF did not indicate documentation of staff #2 being interviewed. The 7/8/14 ISF indicated the administrator reviewed the investigation on 8/15/14.</p> <p>4. BDDS report dated 6/27/14 indicated, "It was reported that [client #6] fell while walking when he was leaving to go home</p>			

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	<p>from the workshop at the end of the day. [Client #6's] left elbow was scraped and there was some redness. No one saw him fall but he did not trip over anything as the path was clear. Staff feels that he may have tripped over his other foot and lost (his) balance. [Client #6] does not have a fall risk plan." The 6/27/14 indicated client #6 had an injury of unknown origin on 6/27/14.</p> <p>-The review did not indicate documentation of an investigation regarding client #6's 6/27/14 injury of unknown origin.</p> <p>AD (Area Director) #1 was interviewed on 2/3/15 at 1:45 PM. AD #1 indicated the facility's abuse and neglect policy should be implemented. AD #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated with the results of the investigation reported to the administrator within 5 business days of the allegation.</p> <p>The facility's policies and procedures were reviewed on 2/5/15 at 12:45 PM. The facility's Abuse and Neglect policy dated 10/2013 indicated, "Immediately upon receiving notification of the incident from the RD (Residential</p>				

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W000154	<p>Director), the AD will initiate an investigation of the allegation(s) to provide a factual basis for management actions."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 4 of 7 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to complete thorough investigations of an allegation of staff to client verbal abuse regarding clients #3 and #4, an incident of client to client aggression regarding clients #1 and #5, an incident of missing personal funds regarding client #5 and an injury of unknown origin regarding client #6.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/2/15 at 1:00 PM. The review indicated the following:</p>	W000154	<p>Agency professionals who are assigned to complete investigations will receive some additional training regarding the completion of investigations. This will include a review of the required timeline of no less than 5 business days to complete an investigation and submit it to the administrator for review. This training will also review the expectation to ensure any clients who are involved or witness an incident that is investigated are interviewed as part of the investigation. The detail of any interviews with clients will be included in the investigation summary. There will also be additional training to ensure that investigations are thorough and that all information and obtained and statements made are addressed and investigated further as needed. The cited incident involving client #6</p>	03/08/2015

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	<p>1. BDDS report dated 9/7/14 indicated, "A staff was alleged to have been verbally abusive towards [client #3] on 9/6/14. The staff was placed on investigative suspension and an investigation has been initiated."</p> <p>-BDDS report dated 9/9/14 indicated client #4 made an allegation of verbal abuse while on a community outing with staff #1 and client #3 on 9/6/14.</p> <p>-Investigation Summary Form (ISF) dated 9/8/14 indicated the facility had completed an investigation regarding client #3's 9/6/14 allegation of verbal abuse. The ISF dated 9/8/14 indicated staff #1 had taken clients on a shopping trip to the local department store. The ISF dated 9/8/14 did not indicate documentation of which clients were present in addition to clients #3, #4 and #6. The ISF dated 9/8/14 included a written narrative statement from [RC (Residential Coordinator) #1] which indicated, "[Client #4] had tried calling my phone. I didn't hear it when I checked my phone, I saw that [staff #1] had called as well. I called [client #4] back to see how everything was. [Client #4] told me that [staff #1] had went (sic) off on [client #3] and [client #6] had wandered off. I text (sic) [staff #1] to see if she was</p>		<p>on 9/6/14 will be reviewed in the training as an example of when more investigation is needed. An agency administrator will be completing reviews of all completed investigations for the facility and agency. This administrator will ensure that investigations are completed timely, that clients have been interviewed as part of the investigation process, and that the investigation is thorough and addresses all issues and information when reviewing reports. If a submitted investigation does not include needed information, including client interview(s) the professional responsible for completing the investigation will be directed to obtain the needed information and include in the report and re-submit it. Professional staff who are assigned an investigation will also be prompted to ensure timely completion the day before the investigation is due if it has not previously been submitted to ensure timely submission. This administrator also will receive and review all BDDS reports. The administrator will identify those that require investigation, including allegations and reports of injuries of unknown origin. This administrator will ensure that the investigation is assigned and then completed as required. A tracking system will be used by the administrator to track and monitor completion of timely,</p>	

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	<p>okay, she said, 'No, I probably just lost my job.' I called [staff #1] and [staff #1] was in tears and said she flipped out on [client #3] and some lady asked where she worked." The 9/8/14 investigation did not indicate documentation of clients #3, #6 or others who may have been present being interviewed regarding the allegation of verbal abuse while on the community outing on 9/6/14. The 9/8/14 ISF did not indicate documentation of clarification or reconciliation of RC #1's statement regarding client #6 potentially having wandered off while in the store during the alleged incident. The 9/8/14 ISF did not address or indicate documentation of review regarding client #5's 9/9/14 allegation.</p> <p>2. BDDS report dated 8/8/14 indicated, "While driving home from the grocery store, [client #1] and [client #5] began to get in an argument and then into a physical altercation. During the altercation [client #5] sustained a minor injury to his lower lip and a 3 inch in diameter bruise to his upper left hand. [Client #5] continued to be aggressive toward [client #1] so staff proceeded to place [client #5] in a basket hold containment."</p> <p>-ISF dated 8/14/14 indicated the facility had conducted an investigation regarding</p>		<p>complete and thorough investigations. Responsible Party: Area Director</p>	

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	<p>clients #1 and #5's physical altercation on 8/8/14. The 8/14/14 ISF did not indicate documentation of clients #1 or #5 being interviewed.</p> <p>3. BDDS report dated 6/30/14 indicated, "It was reported that [client #5] is short \$10.00 from his cash-on-hand funds that are available in the home for spending. This was reported during a routine count of cash by staff per agency policy."</p> <p>-ISF dated 7/8/14 indicated, "I received the assignment of investigation and reviewed the IR (Incident Report) regarding the cash shortage at [group home address] on 6/29/14." The ISF dated 7/8/14 indicated, "I interviewed [staff #1] regarding this issue. [Staff #1] stated that she and [staff #2] had not actually counted the funds together. [Staff #2] told her that she had counted before she came and it was short. They had not counted the night before when [staff #1] left her shift. [Staff #1] counted after [staff #2] left and found the shortage as well and reported it." The 7/8/14 ISF indicated, "I asked if there was any time in the home when [staff #1] left the money book out of the medication cabinet. [Staff #1] said that she thinks she did for a little while." The ISF dated 7/8/14 indicated client #4 was interviewed regarding client #5's missing</p>			

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	<p>funds. The 7/8/14 ISF did not indicate documentation of clients #1, #2, #3, #5 or #6 of being interviewed as potential witnesses. The 7/8/14 ISF did not indicate documentation of staff #2 being interviewed.</p> <p>4. BDDS report dated 6/27/14 indicated, "It was reported that [client #6] fell while walking when he was leaving to go home from the workshop at the end of the day. [Client #6's] left elbow was scraped and there was some redness. No one saw him fall but he did not trip over anything as the path was clear. Staff feels that he may have tripped over his other foot and lost (his) balance. [Client #6] does not have a fall risk plan." The 6/27/14 indicated client #6 had an injury of unknown origin on 6/27/14.</p> <p>-The review did not indicate documentation of an investigation regarding client #6's 6/27/14 injury of unknown origin.</p> <p>AD (Area Director) #1 was interviewed on 2/3/15 at 1:45 PM. AD #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated.</p> <p>9-3-2(a)</p>			

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 7 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to report the findings of an investigation regarding client #5's missing personal funds to the administrator within 5 business days of the allegation.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/2/15 at 1:00 PM. The review indicated the following:</p> <p>BDDS report dated 6/30/14 indicated, "It was reported that [client #5] is short \$10.00 from his cash-on-hand funds that are available in the home for spending. This was reported during a routine count of cash by staff per agency policy."</p>	W000156	<p>Agency professionals who are assigned to complete investigations will receive some additional training regarding the completion of investigations. This will include a review of the required timeline of no less than 5 business days to complete an investigation and submit it to the administrator for review. An agency administrator will be completing reviews of all completed investigations for the facility and agency. This administrator will ensure that investigations are completed timely. A tracking system will be used by this administrator to track due dates of investigations and dates of submitted investigations to the administrator. Professional staff who are assigned an investigation will also be prompted to ensure timely completion the day before the investigation is due if it has not previously been submitted to ensure timely submission. Responsible Party: Area Director</p>	03/08/2015

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W000209	<p>-ISF (Investigation Summary Form) dated 7/8/14 indicated, "I received the assignment of investigation and reviewed the IR (Incident Report) regarding the cash shortage at [group home address] on 6/29/14." The 7/8/14 ISF indicated the administrator reviewed the investigation on 8/15/14.</p> <p>AD (Area Director) #1 was interviewed on 2/3/15 at 1:45 PM. AD #1 indicated the results of investigations should be reported to the administrator within 5 business days of the allegation.</p> <p>9-3-2(a)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3 participated the development of their ISPs (Individual Support Plans).</p> <p>Findings include:</p>	W000209	Agency QIDP's will receive training to ensure that all clients or the client's guardians do participate in the development and update of the clients Individual Support Plan (ISP). Meetings are being held to update the ISP's for clients #2 and #3. The clients are participating in these meetings. Client #3's guardian	03/08/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G182		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/06/2015	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2326 BERWICK DR SHELBYVILLE, IN 46176			
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	<p>1. Client #2's record was reviewed on 2/3/15 at 8:50 AM. Client #2's ISP dated 9/17/14 indicated client #2 was an emancipated adult. Client #2's 9/17/14 ISP did not indicate documentation of client #2's signature or participation in the development of his ISP. Client #2's IST (Individual Support Team) notes dated from 12/12/13 through 9/17/14 did not indicate documentation of client #2's participation in the development of his ISP dated 9/17/14.</p> <p>2. Client #3's record was reviewed on 2/3/15 at 8:50 AM. Client #3's ISP dated 11/11/14 indicated client #3 had a legal guardian. Client #3's 11/11/14 ISP did not indicate documentation of client #3's legal guardian's signature or participation in the development of client #3's ISP. Client #3's IST notes dated from 3/18/14 through 11/11/14 did not indicate documentation of client #3's legal guardian's participation in the development of client #3's ISP dated 11/11/14.</p> <p>AD (Area Director) #1 was interviewed on 2/3/15 at 11:45 AM. AD #1 indicated the client or the client's legal guardian should participate in the development of their ISPs.</p> <p>9-3-4(a)</p>		<p>is also participating in his meeting. Their participation will be evidenced by their signatures on their ISP and on a meeting note. The ISP's for the remaining clients in the facility will also be reviewed to ensure that the clients and/or guardians participated in the annual ISP revision/review. Meetings will be held as needed to ensure client and/or guardian participation in each client's ISP. The QIDP will submit completed ISPs with evidence of client and/or guardian participation as appropriate to the Administrator within 5 business days of completion. The administrator will develop and maintain a tracking system to ensure ISP's are completed as required and including the participation of the client and/or legal guardian in all facilities. QIDP's will be prompted by this administrator to ensure completion and submit any information that has not been provided as required.</p> <p>Responsible Party: Area Director</p>				

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 2/3/15 at 8:46 AM. The review indicated the facility failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5 and #6 on the day, evening and overnight shifts for the first quarter, January 2014, February 2014 and March 2014, the overnight and day shift for the second quarter, April 2014, May 2014, June 2014, the overnight and day shifts for the third quarter July 2014, August 2014 and September 2014 and the day, evening and overnight shifts for the fourth quarter October 2014, November 2014 and December 2014.</p> <p>AD (Area Director) #1 was interviewed on 2/3/15 at 1:00 PM. AD #1 indicated</p>	W000440	<p>The Residential Director for the home will be responsible for ensuring required fire evacuation drills are completed. Their completion will be scheduled on the staffing schedule. They will be scheduled so that a drill is completed for each shift of personnel no less than quarterly. Drills will be scheduled to be completed by the 10th of each month. The Residential Director will ensure completion within 3 business days. The Residential Director will provide the Administrator documentation within 5 business days to verify completion of the drill and the timing of the drill. Should the Administrator not receive verification of the completed drill by the 20th of each month, the Residential Director will be directed to conduct the required drill and submit record of the completed drill by the 25th. The Administrator will use a tracking system to ensure compliance. The Residential Director will also ensure a copy of each drill report is maintained in the home and available for review. This will be checked routinely by administrators completing visits in the facility. All</p>	03/08/2015

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	there was not additional documentation available for review regarding evacuation drills. AD #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel. 9-3-7(a)		agency Residential Directors will be trained on their responsibility to ensure completion of required fire evacuation drills. Responsible Party: Residential Director		