

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G393	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 JENNINGS ST NORTH VERNON, IN 47265
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W 0000 Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 10, 11 and 12, 2016.</p> <p>Facility Number: 000907 Provider Number: 15G393 AIM Number: 100244410</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/22/16.</p>	W 0000		
W 0391 Bldg. 00	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review and interview for 1 additional client (#5), the facility failed to label her diabetes medication.</p>	W 0391	<p>Corrective actionstaken:</p> <ul style="list-style-type: none"> ·The illegible label for the medication has beenreplaced with a new label ·Staff were in-serviced on recognizing missing or 	03/07/2016

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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W 0440 Bldg. 00	<p>Findings include:</p> <p>During observations at the facility on the morning of 2/11/16 at 6:45 AM, client #5 received Lantus (injectable insulin for diabetes) 27 units by staff #5. The injectable pen device did not have a pharmacy label on it with the client's name or dosage.</p> <p>Review of client #5's 2/16 MAR/Medication Administration Record on 2/11/16 at 7:00 AM indicated client #5 was prescribed 27 units of Lantus daily in the morning.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/12/16 at 11:56 AM. The QIDP indicated all medications were to have a pharmacy label.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for</p>	W 0440	<p>illegible medication labels on 2/19/16. (attachment A)</p> <p>How we will identify others:</p> <ul style="list-style-type: none"> ·Night auditors will ensure all medication has clean and legible labeling ·The group home quality assurance manager will ensure that all medication has legible labeling during her monthly documented audits. <p>Measures put in place:</p> <ul style="list-style-type: none"> ·Group home monthly record review (Attachment B) ·Night auditor sheet (Attachment C) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> ·The group home regional program manager will receive all QIDP documented observations and quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action. ·All documented observations and audits are forwarded to the agency director of quality for review. ·All county QIDPs will review night auditor sheets and their findings on a daily basis <p>Corrective actions taken:</p> <ul style="list-style-type: none"> ·The fire evacuation drill sheet 	03/07/2016			

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	<p>3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure sleeptime evacuation drills were conducted at least quarterly.</p> <p>Findings include:</p> <p>Fire evacuation drills from 1/21/15 through 1/21/16 with clients #1, #2, #3, #4, #5 and #6 as participants were reviewed on 2/11/16 at 1:45 PM. The review indicated no sleeptime fire drills (11:00 PM until 5:00 AM) for the first quarter of 2015 (January, February, and March), for the second quarter of 2015 (April, May, and June), for the third quarter of 2015 (July, August and September), or for the fourth quarter of 2015 (October, November and December).</p> <p>Interview with Administrative staff #2 on 2/11/16 at 2:15 PM indicated no additional drill records for the facility.</p> <p>9-3-7(a)</p>		<p>has been revised to reflect that all sleep time drills must be conducted between the hours of 1am and 4am.</p> <ul style="list-style-type: none"> · Staff were in-serviced on the new expectation of the sleep time drills on 2/19/16 (attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> · The group home quality assurance manager will ensure that all drills have been conducted during the proper time during her monthly documented audits. · All group home night auditors ensure during their nightly audits that scheduled drills have been completed. Sleep time drills will be conducted by the night auditor. <p>Measures put in place:</p> <ul style="list-style-type: none"> · Revised fire evacuation drill sheet (attachment D) · Group home monthly record review (Attachment B) · Night auditor sheet (Attachment C) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> · The group home regional program manager will receive the quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action. · All documented observations and audits are forwarded to the agency director of quality for review. · All county QIDPs will review night auditor sheets and their findings on a daily basis 		

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W 0460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure clients were served their total menued diet.</p> <p>Findings include:</p> <p>Observations of clients #2, #3, #4, #5 and #6's breakfast and its preparation were conducted on 2/11/16 from 5:50 AM to 8:00 AM. Staff #6 was observed to prepare the breakfast with client #6 of blueberry muffins, boiled eggs, dry cereal, milk and grape drink (kool aid type drink). Staff #6 indicated at 6:24 AM cranberry juice was on the menu but was not available. Staff #6 stated there was no "apple juice" to use as a substitute and the frozen orange juice in the refrigerator was "for [client #5]."</p> <p>Review of the 2/11/16 menu for breakfast on 2/11/16 at 12:30 PM indicated one half (1/2) cup of cranberry juice was to be served.</p>	W 0460	<p>The agency safety coordinator receives all monthly drills to ensure continuing compliance.</p> <p>Corrective action taken:</p> <ul style="list-style-type: none"> Group Home staff were in-serviced on following the clients' mealplans and the dietician provided menu on 2/19/16 <p>How we will identify others:</p> <ul style="list-style-type: none"> QIDPs will perform multiple monthly meal time observations to ensure staff are following the clients' meal plans and dietician provided menus. The night auditor will ensure that group homes have food stuffs adequate to comply with the menus. <p>Measures put in place:</p> <ul style="list-style-type: none"> Group home monthly record review (Attachment C) Group home observation sheet (Attachment B) Night auditor sheet (Attachment C) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> All county QIDPs will utilize their monthly documented observations to ensure clients are offered food choices according to the menu. They will re-train staff as needed. 	03/07/2016	

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W 0488 Bldg. 00	<p>Interview with Team Leader #3 on 2/11/16 at 12:45 PM indicated a bottle of apple juice was in the pantry and cranberry juice was in the office area of the facility. The interview also indicated the frozen orange juice in the refrigerator could have been used as a substitute for the menued cranberry juice.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 2 of 3 sampled clients (#2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure clients participated in family style dining and meal preparation.</p> <p>Findings include:</p> <p>Observations of clients #2, #3, #4, #5 and #6's breakfast and its preparation were conducted on 2/11/16 from 5:50 AM to 8:00 AM. Staff #6 was observed to</p>	W 0488	<p>The group home regional program manager will receive all QIDP documented observations and quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action.</p> <p>All documented observations and audits are forwarded to the agency director of quality for review.</p> <p>All county QIDPs will review night auditor sheets and their findings on a daily basis</p> <p>County QIDP will make 3 meal time observations per week for 3 months in order to ensure compliance</p> <p>Corrective action taken:</p> <p>Staff were in-serviced on informal meal prep training opportunities and active treatment on 2/19/16</p> <p>How we will identify others:</p> <p>QIDPs will perform multiple monthly active treatment observations to ensure active treatment is present both formal and informally and that custodial care is not present</p> <p>Measures put in place:</p> <p>Group home observation form has been implemented, to be</p>	03/07/2016

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	<p>prepare the breakfast with client #6. Staff #6 prepared blueberry muffin mix and boiled eggs. Client #6 self initiated setting the table with glasses but staff #6 redirected the client to set the glasses on the kitchen counter instead of the table. Staff #6 had prepared grape drink (kool aid type drink). Staff #6 directed client #6 to fill glasses with milk and grape drink and place them onto the table for clients #3, #5, and #6. Staff custodially poured beverage for client #3 into closed topped mugs with straws. Staff poured dry cereal into a container and asked client #6 to place the cereal container and milk upon the dining table. Staff #6 custodially poured dry cereal for client #2 and added milk to it. Client #6 poured milk custodially for client #2. Client #4 returned from an appointment at 6:56 AM. Staff #6 had arranged food items for client #4 at her place setting (blueberry muffin, dry cereal with milk and a boiled egg). Staff #6 wiped client #2's mouth without prompting client #2 to use a napkin instead.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) #1 on 2/12/16 at 11:56 AM indicated it was expected clients should participate in family style dining and meal preparation to the extent of their capabilities.</p>		<p>performed weekly (attachment B)</p> <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> ·QIDPs will be performing weekly active treatment observations ·All county QIDPs will utilize their monthly documented observations to ensure clients are offered condiments choices during meal time. They will re-train staff as needed. ·The group home regional program manager will receive all QIDP documented observations and quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action. ·All documented observations and audits are forwarded to the agency director of quality for review. ·County QIDP will make 3 meal prep observations per week for 3 months in order to ensure compliance 	

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

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	9-3-8(a)				