

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2012
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 22, 23, 24 and 29, 2012</p> <p>Facility Number: 000774 Provider Number: 15G254 AIM Number: 100243450</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed 3/09/2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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 1 of 4 sample clients (client #3), the facility failed to report an incident of client #3 leaving the workshop without staff knowledge to the Bureau of Developmental Disabilities Services/BDDS.</p> <p>Findings include:</p> <p>The facility Bureau of Developmental Disability Services (BDDS) incident reports were reviewed on 2/22/12 at 3:40 PM. The facility's internal reports were reviewed on 2/23/12 at 8:30 AM. There was a Consumer Behavior Incident Report dated 2/6/12 that indicated the following: "[Client #3] was beside the building without any staff knowing his where about's (sic). Staff # 2 was out of van supervising consumers to vans. Staff #2 never saw [client #3] pass her. (Staff #3) was at the far outside of the van and never saw [client #3]. Client #3 somehow realized another consumer was in the front seat. [Client #3] was upset about this and hid without any staff knowing.</p>	W0153	<p>Area administrative staff including all Residential Directors and the Area Director will be retrained on the requirement to file an Incident Report with the Bureau of Developmental Disability Services (BDDS) anytime the whereabouts of a client is unknown for any period of time. The direct care staff will also be trained to ensure any incident of this nature is reported to a Residential Director immediately.</p> <p>Internal incident reports are provided to administrative staff electronically and are reviewed to ensure incidents that require report to BDDS are reported.</p> <p>Responsible Party: Area Director</p>	03/30/2012
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	<p>Staff #2 implemented search procedures and consumer was located The report indicated there were two staff from the group home and one staff from the workshop involved in the search for client #3. There was no indication on the report indicating the amount of time client #3 was absent from the work shop.</p> <p>Interview with Staff #2, Residential Director (RD), indicated on 2/22/12 at 4:00 PM the facility didn't consider client #3 leaving the workshop and hiding as something they needed to report. Staff #2, RD, indicated client #3 wanted to sit in the front seat of the van and he saw someone else sitting there. Staff #2 indicated client #3 went outside the workshop and hid around the corner of the building. Interview with staff #5, workshop staff, on 2/24/12 at 1:00 PM indicated the staff at the workshop did another "sweep" of the building to ensure the client wasn't inside the workshop when the staff from the home indicated he was missing. Staff #1, Administrator, on 2/29/12 at 5:30 PM indicated they did not report the incident because the client was "mad" and was hiding around the corner of the building and he had not left the workshop property.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>						

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #4) and 1 additional client (client #8), the facility failed to ensure the diets recommended were followed.</p> <p>Findings include:</p> <p>During the observation period on 2/22/12 from 4:45 PM to 7:30 PM dinner was served at 6:35 PM The Regular menu was prepared and consisted of 1-1/2 cups Beef and Beans, 1/2 cup Cubed Boiled Potatoes, 1 cup Broccoli, 1 slice whole wheat bread, 1 teaspoon margarine, 1/2 cup Mandarin Oranges, 1 cup water, 1 cup Skim or 1/2% Milk and 8 to 12 ounces sugar free punch. Client #4 was on an outing and did not eat dinner at the home, client #8 was the first to come to the table and filled her plate before the other clients had gotten to the table. Client #8 took heaping serving amounts of all the above food items. Staff did not provide guidance on what was included in their diet. After the clients had eaten their dinner, staff advised the Beef and Beans was also on the menu for their lunch the next day. Client #4 started preparing her lunch for the next day at 7:00 AM. Client</p>	W0460	<p>The direct care staff will be retrained on client diets in the home, including those of client #4 and client #8. There will be retraining on staff responsibility to provide needed prompts and encouragement to clients to be compliant with their ordered diets. This includes close attention to the registered dietician developed menus. Attention will be paid to what food items are allowed per the diet and the portions noted. Professional staff will complete routine observations of meals in the home to ensure that clients are being prompted to follow their ordered diets and the associated menus.</p> <p>Responsible Party: Residential Director</p>	03/30/2012			

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	<p>#4 prepared a container with 1-1/2 cups of Beef and Beans and another container of 1/2 cup of potatoes. Staff did not advise client #4 on what she should prepare for her lunch according to her diet plan..</p> <p>The record review for client #4 was conducted on 2/23/12 at 10:30 AM. The Nutritional Assessment dated 1/10/12 indicated client #4's recommended diet was 1500 calorie. The Fall/Winter Menu for 1500 calories dated 10/1/09 was posted on a bulletin board in the kitchen. The initials for client #4 and #8 were at the top of the menu. The posted menu recommendation for a 1500 calorie diet for the evening meal was 1-1/2 cups Beef and Beans, 1 cup of Broccoli, 1/2 slice whole wheat bread, 1 teaspoon of margarine, 3/4 cup Mandarin Oranges, 1 cup Water, 1 cup Skim or 1/2% milk and 8 to 12 ounces of sugar free punch. The 1500 menu did not include potatoes.</p> <p>Interview with staff #2, Residential Director (RD), indicated client #4 had gained weight. Staff #2 indicated it would be difficult to serve potatoes to some of the clients and not to the others. Staff #2 did indicate the staff should have prompted the clients on their diet plans and encouraged them to make good choices.</p>			

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