

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 12/02/2011
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2326 BERWICK DR SHELBYVILLE, IN46176
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W0000	Paper compliance was completed 12/2/11 for the Fundamental Certification and State Licensure survey completed 9/23/11. Facility Number: 000715 Provider Number: 15G182 AIMS Number: 100234640 Surveyor: Steve Corya, Surveyor Supervisor Tags Corrected: W440 Not Corrected: W198	W0000		
W0198	Clients who are admitted by the facility must be in need of and receiving active treatment services. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure all clients living in the facility were in need of aggressive active treatment. Findings include: During observations at the facility on 9/19/11 from 4:15 PM until 6:30 PM client #1 was observed to self initiate his evening activities. The client was observed to cook the evening meal	W0198	The IST for client #1 has addressed the determination that he is not in need of continuous active treatment. His BDDS service coordinator has completed the process to apply for a medicaid developmental disability waiver for client #1. At this time a response for this application has not been received. DSA administrative staff maintain contact with the service coordinator concerning the status of this application. DSA participates in necessary steps in this process. The BDDS service coordinator anticipates this process could take 4-5	04/23/2012

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>consisting of baked beans, hotdogs, carrots and fruit. The client was observed to retrieve canned goods from the pantry, opened cans and placed foods into pans on stovetop. The client was observed to independently set stove top temperatures and cook hotdogs and vegetables independently. The client was observed to eat and clear dishes independently then went outside to smoke a cigarette independently.</p> <p>During observations on 9/20/11 from 6:00 AM until 8:00 AM client #1 was observed to dress and do morning hygiene of shaving and toothbrushing independently. Client #1 was observed to take eggs and margarine from the refrigerator and cook scrambled eggs independently for breakfast. The client was observed to be ready for his ride to work without prompting by staff.</p> <p>Review of client #1's record on 9/20/11 at 10:30 AM and on 9/21/11 at 11:00 AM indicated an Individual Support Plan/ISP dated 4/29/11 and a Behavior Development Program/BDP dated 7/11/11. The 7/11/11 BDP indicated client #1 was an emancipated adult and his diagnoses included, but were not limited to, mild level of Developmental Disability and Impulse Control Disorder. The review of the BDP indicated the client received</p>		months. Responsible Party: Area Director		

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	<p>the behavior medication risperadone 1 mg./milligram (antipsychotic) for impulse control (property destruction, teasing others, talking loudly, swearing, refusals to follow rules or do chores). The BDP review indicated the client was competent to give consent for the behavior plan and the medication to treat his impulsive behavior. The BDP indicated the client understood the side effects of the risperadone. The ISP indicated the client was independent in all daily living skills. He was able to dress, bathe, brush teeth, toilet, and eat independently. The ISP indicated the client was able to independently access the community for 3 hours unsupervised. The ISP indicated the client could schedule outings and pay for meals and activities independently. A 9/20/11 1:00 PM review of the client's finances indicated he had paychecks every two weeks which averaged over \$500.00 dollars.</p> <p>The record review also indicated the client had an Annual Functional Assessment/AFA dated 7/25/11. The AFA indicated client #1 could communicate effectively, could summarize stories, could write letters for mailing, locate telephone numbers and make calls independently. The AFA indicated client #1 could mix and cook simple foods, prepare a shopping list and use it at a</p>			

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	<p>grocery store, could operate washer and dryer using correct settings and correct amounts of detergent. The AFA indicated he could use vending machines, cross streets independently, could state his birthdate, could use clock and wristwatch for time telling. The AFA indicated client #1 could "operate potentially dangerous electrical hand tools and appliances with moving parts..."</p> <p>Interview with client #1 on 9/20/11 at 7:30 AM indicated he was interested in getting his graduate equivalency diploma and his driver's license.</p> <p>Interview with program coordinator staff #3 on 9/20/11 at 2:00 PM indicated client #1 was independent in all areas of basic living skills and could manage \$200.00 independently and travel on a bus independently to visit his family. The interview indicated the client could access the community independently walking or by bicycle. The client could obey traffic signals independently. The interview indicated the client was competitively employed and successful in his work. The interview indicated client #1 could be successful in a less restrictive environment and did not require 24 hour supervision.</p> <p>9-3-4(a)</p>				

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

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FORM APPROVED

OMB NO. 0938-0391

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