STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G393		11/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICES INC	113 JENNINGS ST NORTH VERNON, IN 47265

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W000000	This visit was for an annual fundamental recertification and state licensure survey. This visit included the investigation of Complaint #IN00137413. Complaint #IN00137413 - Substantiated. No deficiencies related to the allegations are cited. Survey Dates: November 19, 20, 21 and 22, 2013. Facility Number: 000907 Provider Number: 15G393 AIM Number: 100244410 Surveyor: Jo Anna Scott, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed December 2, 2013 by Dotty Walton, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000140	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 7 clients living in the home (client F), the facility failed to keep an accurate record of the client's cash kept in the home. Findings include: Review of the cash kept in the home was conducted on 11/20/13 at 11:30 AM. Administrative staff #2 counted the cash on hand for client F which consisted of $1.00. The Cash Journal indicated client F had a check dated 11/15/13 for $50.00 cashed and deposited into the home account on 11/15/13. There was no indication the money had been taken out by the client. Interview with Administrative staff on 11/20/13 at 11:45 PM stated the client had gone home over the weekend and "probably" took the money with her. Administrative staff #2 indicated there should have been documentation indicating the client took the money home. 9-3-2(a)	W000140	W140 Staff confirmed with client #F's mother that $50 was indeed sent home with client. A receipt signed by client's mother is being obtained. Staff will be retrained on finance procedures, specifically the importance of obtaining a receipt for any transaction. QIDP or designee will conduct random audits on client finances weekly for one month to ensure finance procedures are being implemented accurately. Internal auditing of client finances are done monthly with any problems being reported to the QIDP and SGL Division Manager.	12/22/2013

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			Responsible for QA: QIDP, SGL Division Manager	

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W000260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 1 of 4 sampled clients (client C), the QIDP (Qualified Intellectual Disabilities Professional) failed to provide the IPP (Individual Program Plan) annually. Findings include: The record review for client C was conducted on 11/20/13 at 2:15 PM. The record included the IPP dated 11/14/12. The record indicated the IPP had not been revised in 365 days/1 year. Interview with Administrative staff #2 on 11/20/13 at 3:00 PM indicated the meeting had been canceled because of illness and was rescheduled. 9-3-4(a)	W000260	W260 The annual program plan meeting for Client #C was held during the same week the survey was being conducted and is in the client's file now. SGL Division Manager has retrained QIDP on this standard. QIDP will schedule all IPP's timely and will send SGL Division Manager a list of due dates for IPP's and the schedule for the annual meetings. Responsible for QA: QIDP, SGL Manager	12/22/2013

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W000352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to provide a dental examination annually. Findings include: The record review for client A was conducted on 11/20/13 at 11:34 AM. The record indicated client A's most recent dental examination was on 8/21/12. Interview with Administrative staff #2 on 11/20/13 at 11:45 AM indicated the client's last examination was on 8/21/12 and an appointment was scheduled for later in the month of November, 2013. 9-3-6(a)	W000352	W352 Client #A's previous dentist had refused to schedule her annual dental exam when staff attempted to schedule this before August 2013 due to this client's physical limitations and need to remain in her specialized wheelchair for her exam. The recommendation was that she find a new dentist so staff begin searching for a dentist office that had exam areas accessible for this client and her wheelchair. One was found and the first available appointment was scheduled which unfortunately was after the annual date of her dental exam. QIDP and staff	12/22/2013

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			have been retrained on the requirement to ensure all exams are done timely. QIDP and agency nurse review charts at least monthly to ensure all exams are done within the required timeframe. Responsible for QA: QIDP, Agency nurse	

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W000440	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 4 of 4 sampled clients (clients A, B, C and D) and 3 additional clients (clients E, F and G), the facility failed to conducted evacuation drills quarterly for the overnight shift. Findings include: Record review of evacuation drills was conducted on 11/20/13 at 11:00 AM. The record indicated the facility had conducted only one evacuation drill for the overnight shift (10:00 PM to 6:00 AM) on 9/8/13 for clients A, B, C, D, E, F and G. There was no record of an overnight evacuation drill being conducted in January, February, March, April, May, June, July, August, October, November and December, 2013. Interview with Administrative shift #2 on 11/20/13 at 11:25 PM indicated there were no other records of drills being conducted on the overnight shift. 9-3-7(a)	W000440	W440 QIDP will retrain staff on the requirements for regular evacuation drills. A schedule of the drills will be posted in the home. Staff will turn in monthly documentation to the QIDP of the evacuation drills completed that month. QIDP will compare with the drill schedule to ensure compliance in this area. QIDP will report monthly to SGL Manager the dates of drills conducted that month for tracking to ensure compliance. Responsible for QA: QIDP, SGL Manager	12/22/2013

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W000472	483.480(b)(2)(i) MEAL SERVICES Food must be served in appropriate quantity. Based on observation, record review and interview for 1 of 7 clients living in the home (client G), the facility failed to ensure the correct amount of food was served. Findings include: During the observation period on 11/20/13 from 3:25 PM to 7:00 PM, the evening meal was served at 5:15 PM. The evening meal menu (undated) consisted of the following for a regular diet: 3 ounces of barbecued chicken, 1/2 cup lima beans, 1/2 cup carrots, 1/2 cup stewed apples, 1 slice bread. The meal was served family style with staff sitting at each end of the table with the clients seated on each side. Client G took three pieces of chicken, a heaping ladle of lima beans and carrots, 1 slice of bread with what appeared to be a heaping tablespoon of margarine added to the bread. The dining plan for client G was reviewed on 11/21/13 at 9:30 AM. The dining plan indicated client G was on a regular diet. Interview with staff #3 on 11/20/13 at 6:00 PM indicated client G should have taken only 1 piece of chicken and less of	W000472	W472 QIDP will retrain staff on best techniques to support each client in following menu and dining plan in regards to appropriate serving sizes. Each home has measured serving spoons for use at mealtime to ensure compliance with the menus serving sizes. QIDP or designee will conduct random observations during mealtimes at least weekly for one month and at least monthly thereafter to ensure compliance in this area. Responsible for QA:	12/22/2013

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	the vegetables, but they could allow seconds on vegetables. Staff #3 indicated the chicken was cut into a serving size. Interview with Administrative staff #2 on 11/21/13 at 10:00 AM indicated the staff should have prompted client G on the correct serving sizes. 9-3-8(a)		QIDP	