

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/8/15, 6/9/15, 6/10/15, 6/11/15, 6/15/15 and 6/17/15.</p> <p>Facility Number: 001013 Provider Number: 15G499 AIMS Number: 100245100</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to secure a surrogate to assist client #2 with</p>	W 0102	<p>The following is being implemented to address the Condition of Participation for which the agency Governing Body is responsible in the area of operating direction over the facility. The administrator for the facility has ensured that the IST for client #2 has secured a surrogate to assist him with making informed choices and decisions. All other clients in the facility do have active guardians and/or advocates that assist them with their choices and</p>	07/17/2015

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>making informed choices and decisions, to ensure the facility implemented its policy and procedures to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT (Gastrostomy Tube) (feeding tube), to complete a thorough investigation regarding an injury of unknown origin regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's injury of unknown origin to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs by failing to review clients #1, #2 and #3's formal training objectives, to ensure client #1's guardian participated in the development of client #1's ISP, to ensure client #3 had a current aspiration risk assessment, to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment, to ensure client #1's</p>		<p>decisions. The agency administrative council will ensure that the status of having a representative to assist with making informed decisions is reviewed for all clients who do not have a legal guardian in the agency program. The agency has a new administrative position, Program Quality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. Agency administrators do ensure that investigations are assigned for all reported falls as well as Incident Reports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The Program Quality Coordinator is also ensuring each submitted investigation is thorough in ensuring all needed information is obtained and reviewed, this does include interview of all individuals who may have information regarding the issue being investigated including any clients involved or present. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in</p>	

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	<p>Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin infections associated with the leaking GT or skin picking, to ensure staff did not utilize a wheelchair to prevent client #1 from ambulating unnoticed, to ensure client #1's protective elbow pads were in good condition and by failing to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility nursing services aggressively monitored and prevented client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the</p>		<p>the facility to ensure all needed risk plans are in place and that they meet the needs of each client. The updated risk plans will also be reviewed by the administrator to ensure they are complete. The LPN who failed to properly address complications with client #3's Gastrostomy Tube (GT) received disciplinary action for her failure to properly act. The expectations of how nursing staff shall respond to complications with medical problems, including equipment such as a G tube, has been reviewed with all nursing staff. The nursing staff have been directed that they must arrange to physically assess situations of this nature so as to ensure timely correction and/or response. The risk plan regarding client #3's G tube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is implemented, this will include a routine check of supplies to ensure back-up supplies always remain available. A role of the Program Quality Coordinator is to ensure that investigations are assigned and completed for all issues that require investigation, including those for injuries of unknown origin. Upon receipt of Incident Reports</p>	

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	<p>functioning of his GT, failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections: Client Protections for 3 of 3 sampled clients (#1, #2 and #3) plus 1 additional client #6. The facility failed to secure a surrogate to assist client #2 with making informed choices and decisions, to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT, to complete a thorough investigation regarding an allegation of sexual abuse for client #6, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's broken toe to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the</p>		<p>thatProgram Quality Coordinator has a monitoring system in place to ensure that aninvestigation is initiated. The Program Quality Coordinator also tracks andprompts as necessary for investigations to be completed and submitted forreview. This does include monitored and directing for completion within 5business days as required. There is a current evaluation process for each QIDPand administrator that includes routine opportunities to earn a financialbonus. One criteria to earn this bonus is to ensure timely completion andsubmission of investigations. A summary of compliance with those areas cited atthis condition will be provided to the agency Executive Council (GoverningBody) by the administrator for review at each scheduled meeting. The administrator will be responsible forensuring any resulting recommendations are addressed and that proper follow-upis provided to this council. The following is being implemented to ensure direction overthe facility QIDP. The administrator is providing oversight over allresponsibilities of the QIDP. This oversight includes needed training,direction, monitoring and verification for completion of requiredresponsibilities as the QIDP. This will include but is not limited to the following:monitoring the active treatment programs for all clients by</p>	

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	<p>facility met the Condition of Participation: Health Care Services for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility health care services aggressively monitored and prevented client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT, failed to ensure client #3 had a nursing care plan to address his recurrent skin infections, to ensure client #3's GT risk plan included specific interventions to address client #3's recurrent leaking GT and to ensure there was an RN (Registered Nurse) available for consultation for the facility's LPN (Licensed Practical Nurse) who provided direct nursing care to clients #1, #2, #3, #4, #5 and #6.</p>		<p>reviewing their progress with formal training objectives, including the legal guardian in participation of annual ISP development, and identifying and ensuring needed assessments are obtained for clients and risk plans are developed and implemented as the need arises or changes. The Program Quality Coordinator has implemented a monitoring system to track for and ensure completion of required reviews of training objectives. This administrator is also tracking completion of ISPs as required, including a step to verify that required team members including the guardian participated in the development of the ISP. The QIDP is present in the home when consumers and staff are present to ensure all needs are identified and addressed each week, the amount of time is directed and verified by the administrator. The administrator is also routinely spending time with the QIDP in the facility to train and direct her as needed to identify the needs and to ensure they are properly addressed. The amount of time that the QIDP and administrator are in the home completing professional observations and addressing any issues is increased during this time of Plan of Correction. This is scheduled and directed by the administrator. A specific note is used to record observations in the facility. The completion of these observation is</p>	

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	<p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to secure a surrogate to assist client #2 with making informed choices and decisions, to ensure the facility implemented its policy and procedures to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT, to complete a thorough investigation regarding an injury of unknown origin regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's injury of unknown origin to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs by failing to review clients #1, #2 and #3's formal training objectives, to ensure client #1's guardian participated in the</p>		<p>notes is being monitored by the ProgramQuality Coordinator. The note does direct a check of specific issues that havebeen identified (ex. Implementation and effectiveness of fall risk plan forclient #1, ensuring protective elbow pads are in good condition). Theadministrator will also direct the QIDP to observe and direct as needed mealpreparation and meal time in the home to ensure all active treatment needs arebeing met for all clients, this will include providing client #1 theopportunity to participate in meal preparation to the extent of hiscapabilities. At the direction of the administrator, the QIDP has implemented aformal training objective in the area of meal preparation for client #1. Theadministrator will ensure that all active treatment needs for all clients areproperly addressed by the QIDP. Theupdated fall risk plan for client #1 does not allow for routine use of awheelchair. This update has been provided to the day program staff withcommunication that it is expected that a wheelchair is not used. The QIDP andadministrator will also be completing weekly observations in the day program toensure all clients' needs are being met there, including proper implementationof risk plans and ensuring that equipment provided is in good condition, includingthe protective elbow pads for client #1. The administrator will ensure that</p>	

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	<p>development of client #1's ISP, to ensure client #3 had a current aspiration risk assessment, to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment, to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin infections associated with the leaking GT or skin picking, to ensure staff did not utilize a wheelchair to prevent client #1 from ambulating unnoticed, to ensure client #1's protective elbow pads were in good condition and by failing to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility nursing services aggressively monitored and prevented client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the</p>		<p>thefollowing is addressed by the QIDP (ensuring client #3 has a current aspirationrisk assessment and client #1's sensorimotor skills in regards to his ambulationand/or needs for adaptive equipment are assessed properly). The risk plansregarding client #1's falls and regarding client #3's G tube and repeated skininfections have been updated. The administrator will ensure the QIDPeffectively monitors to ensure these plans are effective. Should client #1 havea fall or client #3 have future skin infection, the administrator will ensurethat the QIDP facilitates a review of the associated risk plan and ensuresupdate as needed.</p> <p>The following isbeing implemented to ensure direction over the facility nurse. The agency hassecured a RN as a resource whom is responsible with the administrator foroversight over the facility nurse. The RN and administrator will provide neededtraining, direction and oversight to ensure the nurse properly monitors for andaddresses health and medical concerns for all clients in the home. This willinclude but not be limited to aggressively monitoring the fall risk plan forclient #1 so as to prevent repeated falls, to ensure client #1 receives aPhysical Therapy and/or Occupational Therapy evaluation to specifically addressrecurrent falls, to actively monitor client #1's mobility needs to preventregression of muscle</p>	

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	<p>routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT, failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (#1, #2 and #3) plus 1 additional client #6. The governing body failed to secure a surrogate to assist client #2 with making informed choices and decisions, to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT, to complete a thorough investigation regarding an allegation of sexual abuse for client #6, to report the results of an investigation regarding an injury of unknown origin regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation</p>		<p>coordination and mass, developing and implementing a riskplan to address recurrent skin infections for client #3, and to ensure the GTube risk plan for client #3 that now does include specific interventions toaddress repeated tube leaking is implemented. The nurse who failed tophysically assess client #3 during the incident regarding the functioning ofhis G Tube did receive corrective action for her failure to respond to thissituation properly. The nurse is present in the facility each week as directedby the administrator to ensure completion of needed assessments and monitoringof risk issues. She will provide documented report to the administrator of hercompleted observations and assessments. This will be monitored by theadministrator. She will be directed to specifically monitor implementation ofthe client #1's fall risk plan and client #3's G tube risk plans. She will alsoassess client #3's skin. Her presence will be increased during the time of Planof Correction, at the direction of the administrator. The nurse will complete a comprehensive reviewof the medical record for each client to ensure all risk issues are adequatelyaddressed. The RN and administrator will provide oversight to ensure all areasare properly addressed. The following is being implemented to address the Conditionof Participation: Client Protections. The</p>		

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	<p>of client #2's injury of unknown origin to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3. Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility health care services aggressively monitored and prevented client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT, failed to ensure</p>		<p>administrator for the facility has ensured that the IST for client #2 has secured a surrogate to assist him with making informed choices and decisions. All other clients in the facility do have active guardians and/or advocates that assist them with their choices and decisions. The agency administrative council will ensure that the status of having a representative to assist with making informed decisions is reviewed for all clients who do not have a legal guardian in the agency program. The agency has a new administrative position, Program Quality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. Agency administrators do ensure that investigations are assigned for all reported falls as well as Incident Reports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in the facility to ensure all needed risk plans are in place and</p>	

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	<p>client #3 had a nursing care plan to address his recurrent skin infections, to ensure client #3's GT risk plan included specific interventions to address client #3's recurrent leaking GT and ensure there was an RN (Registered Nurse) available for consultation for the facility's LPN (Licensed Practical Nurse) who provided direct nursing care to clients #1, #2, #3, #4, #5 and #6. Please see W318.</p> <p>9-3-1(a)</p>		<p>that they meet the needs of each client. The updated risk plans will also be reviewed by the administrator to ensure they are complete. The LPN who failed to properly address complications with client #3's Gastrostomy Tube (GT) received disciplinary action for her failure to properly act. The expectations of how nursing staff shall respond to complications with medical problems, including equipment such as a G tube, has been reviewed with all nursing staff. The nursing staff have been directed that they must arrange to physically assess situations of this nature so as to ensure timely correction and/or response. The risk plan regarding client #3's G tube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is implemented, this will include a routine check of supplies to ensure back-up supplies always remain available. A role of the Program Quality Coordinator is to ensure that investigations are assigned and completed for all issues that require investigation, including those for injuries of unknown origin. Upon receipt of Incident Reports that Program Quality Coordinator has a</p>	

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			<p>monitoring system in place to ensure that an investigation is initiated. The Program Quality Coordinator also tracks and prompts as necessary for investigations to be completed and submitted for review. This does include monitored and directing for completion within 5 business days as required. There is a current evaluation process for each QIDP and administrator that includes routine opportunities to earn a financial bonus. One criteria to earn this bonus is to ensure timely completion and submission of investigations.</p> <p>The following is being implemented to address the Condition of Participation: Health Care Services. The agency has secured a RN as a resource whom is responsible with the administrator for oversight over the facility nurse. The RN is also available for consultation for the LPN. The RN and administrator will provide needed training, direction and oversight to ensure the nurse properly monitors for and addresses health and medical concerns for all clients in the home. This will include but not be limited to aggressively monitoring the fall risk plan for client #1 so as to prevent repeated falls, to ensure client #1 receives a Physical Therapy and/or Occupational Therapy evaluation to specifically address recurrent falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			and mass, developing and implementing a risk plan to address recurrent skin infections for client #3, and to ensure the G Tube risk plan for client #3 that now does include specific interventions to address repeated tube leaking is implemented. The nurse who failed to physically assess client #3 during the incident regarding the functioning of his G Tube did receive corrective action for her failure to respond to this situation properly. The nurse is present in the facility each week as directed by the administrator to ensure completion of needed assessments and monitoring of risk issues. She will provide documented report to the administrator of her completed observations and assessments. This will be monitored by the administrator. She will be directed to specifically monitor implementation of the client #1's fall risk plan and client #3's G tube risk plans. She will also assess client #3's skin. Her presence will be increased during the time of Plan of Correction, at the direction of the administrator. The nurse will complete a comprehensive review of the medical record for each client to ensure all risk issues are adequately addressed. The RN and administrator will provide oversight to ensure all areas are properly addressed. A summary of compliance with those areas cited at this condition will be provided to the agency	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 1 additional client (#6), the governing body failed to exercise general policy, budget and operating direction over the facility by failing to secure a surrogate to assist client #2 with making informed choices and decisions, to ensure the facility implemented its policy and procedures to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT (Gastrostomy Tube) (feeding tube), to complete a thorough investigation regarding an injury of unknown origin regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's injury of unknown origin to the administrator within 5 business days of</p>	W 0104	<p>Executive Council (Governing Body) bythe administrator for review at each scheduled meeting. The administrator will be responsible forensuring any resulting recommendations are addressed and that proper follow-upis provided to this council. Responsible Party: Area Director</p> <p>The following is being implemented to address the standardfor which the agency Governing Body is responsible in the area of operatingdirection over the facility. Theadministrator for the facility has ensured that the IST for client #2 hassecured a surrogate to assist him with making informed choices and decisions.All other clients in the facility do have active guardians and/or advocatesthat assist them with their choices and decisions. The agency administrativecouncil will ensure that the status of having a representative to assist withmaking informed decisions is reviewed for all clients who do not have a legalguardian in the agency program. The agency has a new administrative position,Program Quality Coordinator, as of March 2015. This administrator does reviewall agency incident reports and investigations. Agency</p>	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs by failing to review clients #1, #2 and #3's formal training objectives, to ensure client #1's guardian participated in the development of client #1's ISP, to ensure client #3 had a current aspiration risk assessment, to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment, to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin infections associated with the leaking GT or skin picking, to ensure staff did not utilize a wheelchair to prevent client #1 from ambulating unnoticed, to ensure client #1's protective elbow pads were in good condition and by failing to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities and to ensure the facility nursing services aggressively monitored and prevented client #1 from repeated falls, to ensure client #1 received a PT</p>		<p>administrators do ensure that investigations are assigned for all reported falls as well as Incident Reports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in the facility to ensure all needed risk plans are in place and that they meet the needs of each client. The updated risk plans will also be reviewed by the administrator to ensure they are complete. The LPN who failed to properly address complications with client #3's Gastrostomy Tube (GT) received disciplinary action for her failure to properly act. The expectations of how nursing staff shall respond to complications with medical problems, including equipment such as a G tube, has been reviewed with all nursing staff. The nursing staff have been directed that they must arrange to physically assess situations of this nature so as to ensure timely correction and/or response. The risk</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>(Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT, failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to secure a surrogate to assist client #2 with making informed choices and decisions. Please see W125. 2. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility implemented its policy and procedures to prevent neglect of client #1 regarding recurrent falls, to 		<p>plan regarding client #3's Gtube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is implemented, this will include a routine check of supplies to ensure back-up supplies always remain available. A role of the Program Quality Coordinator is to ensure that investigations are assigned and completed for all issues that require investigation, including those for injuries of unknown origin. Upon receipt of Incident Reports that Program Quality Coordinator has a monitoring system in place to ensure that an investigation is initiated. The Program Quality Coordinator also tracks and prompts as necessary for investigations to be completed and submitted for review. This does include monitored and directing for completion within 5 business days as required. There is a current evaluation process for each QIDP and administrator that includes routine opportunities to earn a financial bonus. One criteria to earn this bonus is to ensure timely completion and submission of investigations.</p> <p>The following is being implemented to ensure direction over the facility QIDP. The administrator is providing</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>prevent neglect of client #3 regarding complications with his GT, to complete a thorough investigation regarding an injury of unknown origin regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's injury of unknown origin to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3. Please see W149.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs by failing to review clients #1, #2 and #3's formal training objectives, to ensure client #1's guardian participated in the development of client #1's ISP, to ensure client #3 had a current aspiration risk assessment, to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment, to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin</p>		<p>oversight over all responsibilities of the QIDP. This oversight includes needed training, direction, monitoring and verification for completion of required responsibilities as the QIDP. This will include but is not limited to the following: monitoring the active treatment programs for all clients by reviewing their progress with formal training objectives, including the legal guardian in participation of annual ISP development, and identifying and ensuring needed assessments are obtained for clients and risk plans are developed and implemented as the need arises or changes. The Program Quality Coordinator has implemented a monitoring system to track for and ensure completion of required reviews of training objectives. This administrator is also tracking completion of ISPs as required, including a step to verify that required team members including the guardian participated in the development of the ISP. The QIDP is present in the home when consumers and staff are present to ensure all needs are identified and addressed each week, the amount of time is directed and verified by the administrator. The administrator is also routinely spending time with the QIDP in the facility to train and direct her as needed to identify the needs and to ensure they are properly addressed. The amount of time that</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>infections associated with the leaking GT or skin picking, to ensure staff did not utilize a wheelchair to prevent client #1 from ambulating unnoticed, to ensure client #1's protective elbow pads were in good condition and by failing to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities. Please see W159.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility nursing services aggressively monitored and prevented client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT, failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT. Please</p>		<p>the QIDP and administrator are in the home completing professional observations and addressing any issues is increased during this time of Plan of Correction. This is scheduled and directed by the administrator. A specific note is used to record observations in the facility. The completion of these observation is notes is being monitored by the Program Quality Coordinator. The note does direct a check of specific issues that have been identified (ex. Implementation and effectiveness of fall risk plan for client #1, ensuring protective elbow pads are in good condition). The administrator will also direct the QIDP to observe and direct as needed meal preparation and meal time in the home to ensure all active treatment needs are being met for all clients, this will include providing client #1 the opportunity to participate in meal preparation to the extent of his capabilities. At the direction of the administrator, the QIDP has implemented a formal training objective in the area of meal preparation for client #1. The administrator will ensure that all active treatment needs for all clients are properly addressed by the QIDP. The updated fall risk plan for client #1 does not allow for routine use of a wheelchair. This update has been provided to the day program staff with communication that it is expected that a wheelchair is not</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	see W331. 9-3-1(a)		used. The QIDP and administrator will also be completing weekly observations in the day program to ensure all clients' needs are being met there, including proper implementation of risk plans and ensuring that equipment provided is in good condition, including the protective elbow pads for client #1. The administrator will ensure that the following is addressed by the QIDP (ensuring client #3 has a current aspiration risk assessment and client #1's sensorimotor skills in regards to his ambulation and/or needs for adaptive equipment are assessed properly). The risk plans regarding client #1's falls and regarding client #3's G tube and repeated skin infections have been updated. The administrator will ensure the QIDP effectively monitors to ensure these plans are effective. Should client #1 have a fall or client #3 have future skin infection, the administrator will ensure that the QIDP facilitates a review of the associated risk plan and ensure update as needed. The following is being implemented to ensure direction over the facility nurse. The agency has secured a RN as a resource whom is responsible with the administrator for oversight over the facility nurse. The RN and administrator will provide needed training, direction and oversight to ensure the nurse properly monitors for and addresses health and medical concerns for all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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			clients in the home. This will include but not be limited to aggressively monitoring the fall risk plan for client #1 so as to prevent repeated falls, to ensure client #1 receives a Physical Therapy and/or Occupational Therapy evaluation to specifically address recurrent falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass, developing and implementing a risk plan to address recurrent skin infections for client #3, and to ensure the G Tube risk plan for client #3 that now does include specific interventions to address repeated tube leaking is implemented. The nurse who failed to physically assess client #3 during the incident regarding the functioning of his G Tube did receive corrective action for her failure to respond to this situation properly. The nurse is present in the facility each week as directed by the administrator to ensure completion of needed assessments and monitoring of risk issues. She will provide documented report to the administrator of her completed observations and assessments. This will be monitored by the administrator. She will be directed to specifically monitor implementation of the client #1's fall risk plan and client #3's G tube risk plans. She will also assess client #3's skin. Her presence will be increased during the time of Plan of Correction, at the direction of the administrator. The	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (#1, #2 and #3) plus 1 additional client #6. The facility failed to secure a surrogate to assist client #2 with making informed choices and decisions, to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT (Gastrostomy Tube) (feeding tube), to complete a thorough investigation regarding an injury of unknown origin	W 0122	nurse will complete a comprehensive review of the medical record for each client to ensure all risk issues are adequately addressed. The RN and administrator will provide oversight to ensure all areas are properly addressed. A summary of compliance with those areas cited at this condition will be provided to the agency Executive Council (Governing Body) by the administrator for review at each scheduled meeting. The administrator will be responsible for ensuring any resulting recommendations are addressed and that proper follow-up is provided to this council. Responsible Party: Area Director The following is being implemented to address the Condition of Participation: Client Protections. The administrator for the facility has ensured that the IST for client #2 has secured a surrogate to assist him with making informed choices and decisions. All other clients in the facility do have active guardians and/or advocates that assist them with their choices and decisions. The agency administrative council will ensure that the status of having a representative to assist with making informed decisions is reviewed for all clients who do not have a legal	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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	<p>regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's injury of unknown origin to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to secure a surrogate to assist client #2 with making informed choices and decisions. Please see W125. 2. The facility failed to implement its policy and procedures to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT, to complete a thorough investigation regarding an injury of unknown origin regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's injury of unknown origin to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of GT complications regarding client #3. Please see W149. 3. The facility failed to complete a thorough investigation regarding an 		<p>guardian in the agency program. The agency has a new administrative position, Program Quality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. Agency administrators do ensure that investigations are assigned for all reported falls as well as Incident Reports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in the facility to ensure all needed risk plans are in place and that they meet the needs of each client. The updated risk plans will also be reviewed by the administrator to ensure they are complete. The LPN who failed to properly address complications with client #3's Gastrostomy Tube (GT) received disciplinary action for her failure to properly act. The expectations of how nursing staff shall respond to complications with medical problems, including equipment such as a G tube, has</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>injury of unknown origin regarding client #2. Please see W154.</p> <p>4. The facility failed to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's broken toe to the administrator within 5 business days of the alleged events. Please see W156.</p> <p>5. The facility failed to develop and implement corrective measures to prevent client #1 from additional falls and to address client #3's GT complications. Please see W157.</p> <p>9-3-2(a)</p>		<p>been reviewed with all nursing staff. The nursing staff have been directed that they must arrange to physically assess situations of this nature so as to ensure timely correction and/or response. The risk plan regarding client #3's G tube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is implemented, this will include a routine check of supplies to ensure back-up supplies always remain available. A role of the Program Quality Coordinator is to ensure that investigations are assigned and completed for all issues that require investigation, including those for injuries of unknown origin. Upon receipt of Incident Reports that Program Quality Coordinator has a monitoring system in place to ensure that an investigation is initiated. The Program Quality Coordinator also tracks and prompts as necessary for investigations to be completed and submitted for review. This does include monitored and directing for completion within 5 business days as required. There is a current evaluation process for each QIDP and administrator that includes routine opportunities to earn a financial bonus. One criteria to earn this bonus is to ensure</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to secure a surrogate to assist client #2 with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/9/15 at 8:47 AM. Client #2's Annual Assessment form dated 10/2014 indicated, "A little over two years ago [client #2's] mother/guardian passed away. He also has two sisters that he sporadically has contact with but they are also disabled. [Client #2] is now in need of a guardian although there is no family available to assist in this manner." Client #2's Annual Assessment form dated 10/2014 indicated, "Since the passing of [client #2's] mother, who was functioning as his guardian, he is in need of a new guardian to help advocate for him and</p>	W 0125	<p>timely completion and submission of investigations. Responsible Party: Area Director</p> <p>The administrator for the facility has ensured that the IST for client #2 has secured a surrogate to assist him with making informed choices and decisions. All other clients in the facility do have active guardians and/or advocates that assist them with their choices and decisions. The agency administrative council will ensure that the status of having a representative to assist with making informed decisions is reviewed for all clients who do not have a legal guardian in the agency program. This will be tracked by the administrator. Responsible Party: Area Director</p>	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219		
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	<p>assist him in making appropriate decisions." Client #2's ISP (Individual Support Plan) dated 10/1/14 indicated, "[Client #2] has a diagnosis of mild mental retardation, schizoaffective disorder, diabetes mellitus controlled by diet, history of seizure disorder, mixed hearing loss and meningnoma. [Client #2] does take behavior control medications as well as medications to treat seizures. [Client #2] takes Aspirin (heart health) to maintain heart health and Claritin (allergies) to treat seasonal allergies. He requires assistance with administration of medications." Client #2's ISP dated 10/1/14 indicated, "[Agency] has assisted [client #2] with meeting his medical needs since his admission in 1991. In January 2006 he had surgery to remove a tumor from his brain." Client #2's ISP dated 10/1/14 indicated, "[Client #2] does take psychiatric medications to treat schizoaffective disorder. [Client #2] relies on staff to assist him with his finances. [Agency] functions as [client #2's] representative payee for social security."</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 8:58 AM. AS #1 indicated client #2's mother/guardian was deceased. AS #1 indicated client #2 was in need of a guardian to assist him make</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0149 Bldg. 00	<p>informed decisions and advocate for him.</p> <p>9-3-2(a)</p> <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 observation, record review and interview for 2 of 3 sampled clients (#1 and #3) plus 1 additional client (#6), the facility failed to implement its policy and procedures to prevent neglect of client #1 regarding recurrent falls, to prevent neglect of client #3 regarding complications with his GT (Gastrostomy Tube) (feeding tube), to complete a thorough investigation regarding an Injury of Unknown Origin (IUO) regarding client #2, to report the results of an investigation of alleged sexual abuse for client #6 and the investigation of client #2's broken toe to the administrator within 5 business days of the alleged events and to implement corrective measures to prevent recurrence of</p>	W 0149	<p>The agency has a new administrative position, ProgramQuality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. Agency administrators do ensure that investigations are assigned for all reported falls as well as IncidentReports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in the facility to ensure all needed risk plans are in place and that they meet the needs of each client. The updated risk plans will</p>	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>GT complications regarding client #3.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/5/14 indicated, "The morning of 6/5/14, [client #1] fell while walking up some steps to the living room area of the group home. [Client #1] sustained a 3-4 inch scrape on his right shoulder blade. Staff did not witness [client #1] fall. The staff working with [client #1] heard [client #1] fall and contacted the nurse and the [RD (Residential Director)] of the home. He went to work and resumed his normal activities for the day."</p> <p>-Follow up BDDS report dated 6/10/14 indicated, "An</p>		<p>also be reviewed by the administrator to ensure they are complete. The LPN who failed to properly address complications with client #3's Gastrostomy Tube (GT) received disciplinary action for her failure to properly act. The expectations of how nursing staff shall respond to complications with medical problems, including equipment such as a G tube, has been reviewed with all nursing staff. The nursing staff have been directed that they must arrange to physically assess situations of this nature so as to ensure timely correction and/or response. The risk plan regarding client #3's G tube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is implemented, this will include a routine check of supplies to ensure back-up supplies always remain available. A role of the Program Quality Coordinator is to ensure that investigations are assigned and completed for all issues that require investigation, including those for injuries of unknown origin. Upon receipt of Incident Reports that Program Quality Coordinator has a monitoring system in place to ensure that an investigation is initiated. The Program Quality</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>investigation was completed to examine [client #'s] fall and the injury that occurred. It was determined that when [client #1] was walking up the steps into the living room he had lost his footing and fell backwards to the floor. When falling he had scraped his shoulder blade on a chair that was sitting next to the steps." The follow up BDDS report dated 6/10/14 indicated, "[Client #1] does have a fall protocol in place in the home and it was being followed properly by staff. He was wearing his elbow pads which are required at all times. His protocol does allow him to walk within his home independently."</p> <p>-BDDS report dated 6/18/14 indicated, "[Client #1] underwent outpatient surgery to correct an injury he sustained to his left elbow several months ago which had not healed completely following multiple visits to the wound care center. As a result of the surgery, [client #1] was put</p>		<p>Coordinator also tracks and prompts as necessary for investigations to be completed and submitted for review. This does include monitored and directing for completion within 5 business days as required. There is a current evaluation process for each QIDP administrator that includes routine opportunities to earn a financial bonus. One criteria to earn this bonus is to ensure timely completion and submission of investigations.</p> <p>Responsible Party: Program Quality Coordinator</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>under local anesthesia in order for the procedure to be done." The 6/18/14 BDDS report indicated client #1 had surgery to correct an injury he sustained from a fall on 4/2/14 which resulted in a wound requiring stitches at the ER (Emergency Room).</p> <p>-BDDS report dated 9/19/14 indicated, "On the evening of 9/18/14, [client #1] fell while walking in his home. When he fell he hit the back of his head, which caused a laceration. [Client #1] was taken to the ER, where he received one staple to close the laceration. [Client #1] is expected to heal without complications, and he soon returned to normal activities."</p> <p>-BDDS report dated 11/7/14 indicated, "[Client #1] was seated working on a job. [Client #1] leaned over to pick up a part that had dropped on the floor and fell. [Client #1] sustained a very small scratch on his left hand and a smaller than (a) dime size red mark</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>on his left hand."</p> <p>-BDDS report dated 5/1/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1's] elbow appears to be red and bleeding slightly."</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISTMR (Individual Support Team Meeting Report) dated 4/15/14 indicated, "On 3/19/14 [day services] filed an IR (Incident Report) due to [client #1] falling when leaving the building. [Client #1] suffered a small scrape to his left elbow due to him not having on his elbow pads. Staff were prompted to ensure that [client #1] has elbow pads on at all times and day program staff were asked to notify [agency] if they noticed [client #1] was not wearing his elbow pads. On 4/2/14 [day services] filed another IR due to [client #1] falling out of his chair in the workshop (while) trying to reach something on the floor. He</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>suffered a large wound to his left elbow and was seen at the ER. He received stitches and treatment for the wound."</p> <p>Client #1's ISTMR dated 5/20/14 indicated, "[Client #1] will be seeing a plastic surgeon on June 18, 2014 to have an operation to cover the wound on his elbow that he suffered from falling on two separate occasions. Both incidences resulted in and (sic) IR being filed. [Client #1] has been going to (the) wound center to treat the wound on the elbow but it is not closing. They have been bandaging the elbow with medicated pads. A skin graft will be performed to help close the wound."</p> <p>Client #1's ISTMR dated 9/16/14 indicated, "While in the workshop at [day services], [client #1] had walked to the hallway to get his things and was discovered laying on the ground a short time later by staff. [Day services] reported the</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>incident. Body checks were completed on [client #1] by [day services] and [agency] staff and no injuries were reported. [Client #1] does have a fall protocol in place that states the use of his walker and elbow pads to prevent injury. The last update to the protocol was to include the use of his wound vacuum for his elbow that he does not require anymore. It has been mentioned to include the use of a wheelchair while at [day services] to help prevent [client #1] from wandering off unnoticed and to help prevent further injury."</p> <p>Client #1's ISTMR dated 11/18/14 indicated, "On 11/7/14, [client #1] slid out of his chair while working on a job at [day services]. He leaned over to pick up a part that landed on the floor and fell down. He sustained a minor scrape to his left hand. [Client #1] is still using a wheelchair while at [day services] and there is concern he is losing muscle mass and coordination as a result." Client #1's ISTMR dated</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>11/18/14 indicated, "Discussion: Padded mat to be used at [day services] under [client #1's] work station."</p> <p>Client #1's ISTMR dated 11/18/14 indicated, "[Client #1] should stop using a wheelchair while at [day services] to prevent any more loss of coordination/muscle mass. [Client #1] has elbow pads with a protocol in place and will use his extra long elbow pads while at [day services]. The nurse has requested an order for physical therapy for [client #1] and will be ordering some more elbow pads."</p> <p>Client #1's ISTMR dated 5/28/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1] was able to resume his activities after the fall. Staff contacted the nurse and used first aid to attend to his wounds."</p> <p>Client #1's Consultant Visit Form (CVF) dated 3/1/10 indicated client #1 received a PT (Physical</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>Therapy) evaluation. Client #1's record did not indicate documentation of additional PT evaluations since 3/1/10.</p> <p>Client #1's CVF dated 2/24/10 indicated client #1 was evaluated by OT (Occupational Therapy). Client #1's record did not indicate documentation of additional OT evaluations since 2/24/10.</p> <p>Client #1's record did not indicate documentation of a PRN (As Needed) prescription or PT/OT recommendations for client #1 to utilize a wheelchair while at day services.</p> <p>Client #1's Fall Risk Protocol (FRP) revised 6/2015 indicated, "[Client #1] is at risk for falls due to his abnormal gait and posture, muscle weakness and poor sense of balance, secondary to his diagnosis of Scoliosis. We have a fall risk protocol in place in order to make sure [client #1] has as few falls and injuries as possible. [Client #1]</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>walks with a very 'leaned back' posture. He does not stand completely upright. This makes him prone to falling backward. Usually his falls are slow and controlled. [Client #1] has a good sense of things around him and moves slowly and consciously. [Client #1] should use his reverse walker whenever walking or standing (with the exception of being in the home.) He is to utilize ramps whenever possible. Non skid rug is (sic) to be on bathroom floor before getting in and out of shower. Rooms should be free of clutter and any rugs are to lay flat to prevent tripping or falling. Staff should monitor and assist [client #1] by holding his hand while getting in and out of vehicles. Any falls should be reported to the RD (Residential Director) and nurse immediately."</p> <p>Client #1's FRP revised 6/2015 did not indicate documentation of when client #1 should utilize elbow pads, when staff should utilize client #1's gait belt or the</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>use of a padded floor mat at client #1's work station.</p> <p>Client #1's ISP (Individual Support Plan) dated 3/25/15 indicated, "[Client #1] currently uses a reverse walker while in the community as a source of mobility. [Client #1] wears elbow pads when in the community to prevent an elbow injury should he fall. A gait belt is also utilized for ascending the van to ensure his safety."</p> <p>Observations were conducted at the group home on 6/8/15 from 4:45 PM through 6:15 PM. Client #1 was observed throughout the observation period. Client #1 walked with a stiff and unbalanced gait and leaned backwards while standing and walking. At 5:30 PM, client #1 was standing in the home's family room area. AS (Administrative Staff) was standing next to client #1. Client #1 attempted to turn his torso to walk to his bedroom and fell backwards to the ground. Client</p>			

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	<p>#1's head was blocked from hitting a coffee table by AS #1 who was able to control client #1's fall and lower client #1 to the floor.</p> <p>AS #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated client #1 had fallen in the group home on 6/8/15. AS #1 stated, "Yeah, he was close to the table. He could have hit his head on it." AS #1 indicated client #1 had utilized a wheelchair at day services from 9/16/14 through 11/18/14. AS #1 indicated staff working with client #1 should walk beside him while in the group home and not using his walker. AS #1 indicated client #1 used a gait belt on the van but not in the home. AS #1 indicated the facility nurse had requested a PT evaluation on 11/18/14. AS #1 indicated there was not additional documentation of PT/OT evaluations since 2010.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated client #1</p>			

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	<p>had been utilizing a wheelchair while at day services but was losing muscle coordination and mass from not walking. LPN #1 indicated client #1 did not have a physicians order or PT/OT recommendation for the use of a wheelchair while at day services. LPN #1 indicated client #1's FRP revised 6/2015 should include specific interventions to prevent client #1's from falling and injuring himself.</p> <p>2. BDDS report dated 5/21/15 indicated, "[Client #3] was taken to the ER (Emergency Room) as it was reported that his GT was not functioning properly and his gastroenterologist was not available to evaluate him. [Client #3] was evaluated at [hospital] ER where no issue was identified with the tube. [Client #3] was prescribed a cream to treat a fungal infection that had developed where the GT attaches to [client #3's] abdomen. [Client #3] returned home when staff started his</p>			

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	<p>evening feeding and they found a piece was missing from the GT causing the tube to leak when feeding was being completed. The agency nurse was notified who advised that [client #3] should be taken back to the ER at [hospital] first thing in the morning where it was identified that a piece was missing thus not permitting the tube to properly attach to the port or button that enters [client #3's] abdomen. [Hospital] did not have the resources available to correct the issue and directed agency staff to take [client #3] to [hospital] where they had the resources available. At this ER (second hospital), they were able to successfully repair the issue until he is seen by his gastroenterologist on 5/22/15."</p> <p>-Follow up BDDS report dated 6/1/15 indicated, "[Client #3] had a follow up appointment with his gastroenterologist on 5/29/15. His gastroenterologist ordered new tube supplies, he continues to use</p>			

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	<p>the temporary tube until new supplies are available. [Client #3] will have extra supplies at home and at the agency office so as to ensure immediate replacement in the future if needed. [Client #3's] GT risk plan has been updated to reflect steps for identifying need for and immediate replacement of any tube pieces that are damaged."</p> <p>Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's reviewed/updated 6/2015 GT Protocol form indicated, "[Client #3] has had a GT since he was a baby. With the exception of his inhaler, he takes all medications and receives all of his nutrition via his GT. Currently, [client #3] receives two containers of Perative (nutritional supplement) at each meal time, as well as two as a snack at 8:00 PM. This is given through his GT and [client #3] is able to do his feedings himself. Staff should be present and supervise as he does this. His medications are to be crushed and</p>			

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	<p>given through his tube, then flushed with water immediately after. Staff should also make a point to give extra water throughout the day to keep [client #3] hydrated and ensure adequate water intake. Any issues regarding his GT should be reported to the nurse or nurse on call."</p> <p>Client #3's Hospital Encounter Record form dated 8/28/14 indicated the following:</p> <p>- "6/3/14, GT leaking. [Guardian] said GT leaking more than usual, doesn't look infected. Said he pulled out 15 cubic centimeters with syringe from balloon, never remembered that much...."</p> <p>- "7/15/14, Gastroenterology: (1.) Attention to gastrostomy. Will treat with Nystatin topical (antifungal) and Keflex (antibiotic), also should start applying barrier cream such as A and D ointment (brand of rash prevention cream) to protect the surrounding skin. Recommend to</p>			

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	<p>change gauze pad frequently to keep skin at site clean and dry...."</p> <p>The 7/15/14 encounter indicated, "GT dependent with chronically leaking GT. Currently with yeast verses (sic) bacterial skin infection to GT site."</p> <p>-"8/19/14, Gastroenterology. (1.) Attention to gastrostomy- Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 8/19/14 encounter indicated, "Will trial... pad to sites for further healing, as patient is scratching site often. Apply at nighttime but during the day keep area clean and dry with frequent gauze pad changes."</p> <p>Client #3's Monthly Nursing Summary (MNS) form for the month of January 2015 indicated, "[Client #3's] health is in good condition overall with the exception of a rash around his GT site, which is being closely followed by dermatology."</p>			

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	<p>Client #3's MNS form for the month of February 2015 indicated, "[Client #3's] health is in good condition overall with the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's Nursing Quarterly Review dated March 2015 indicated, "Rash around GT site this quarter."</p> <p>Client #3's Consultant Visit form dated 5/28/15 indicated, "GT site recurrent infection...."</p> <p>Client #3's ER form dated 5/15/15 indicated client #3's diagnoses included but were not limited to Fungal skin infection around his GT site. Client #3's ER form dated 5/15/15 indicated, "General care: If you were prescribed an oral medicine, read the patient information. Talk with the health care provider about the risks and side effects. Let your skin dry completely after bathing. Carefully</p>			

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	<p>dry.... Dress in loose cotton clothing, Don't scratch the affected area. This can delay healing and may spread the infection. It can also cause a bacterial infection. Keep your skin clean but don't wash the skin too much. This can irritate your skin."</p> <p>Client #3's reviewed/updated 6/2015 GT protocol form did not indicate documentation of specific steps for identifying issues with client #3's GT-tube. Client #3's reviewed/updated 6/2015 GT protocol did not specify how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT. Client #3's reviewed/updated 6/2015 GT protocol did not specify when staff should change client #3's gauze, did not specify instructions to allow client #3's skin to dry after bathing or to wear loose cotton clothing. Client #3's reviewed/updated GT protocol did not indicate documentation of how</p>			

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	<p>staff should prevent or monitor client #3's scratching of the GT site.</p> <p>Observations were conducted at client #3's day services provider on 6/10/15 from 11:22 AM through 12:30 PM. At 11:22 AM, client #3 was seated at a table with day service staff and co-workers for lunch. Client #3 utilized his GT and independently held his tubing and poured his Perative liquid into the tubing. At 12:00 PM, client #3 finished his GT feeding and day service staff assisted client #3 remove the tubing from the port/button. Client #3's GT port was leaking the Perative liquid out onto client #3's abdomen and had saturated his underwear from running down his abdomen. Client #3's abdominal skin around the GT port was dark red and encircled the port in a 2 inch diameter. At 12:05 PM, Day services staff #1 stated, "[Client #3's] tube has been leaking. Last time, we called them (facility) and they came and picked</p>			

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	<p>him up and took him home. His rash is looking better. It's still red but it's not as red and inflamed as it has been. I think the balloon that's inside his stomach, the balloon that creates a vacuum (valve) so the liquid doesn't come back out, is not inflated. I think it needs some more air."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. When asked if client #3's GT protocol had been updated as described in the 5/21/15 BDDS report to include specific steps for identifying need for and immediate replacement of GT components or other recommendations as to how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT, when staff should change client #3's gauze and how staff should prevent or monitor client #3's scratching of the GT site, LPN #1 stated, "No, not specifically. It says to contact the nurse for any issues with the tube."</p>			

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	<p>3. Investigation Summary form dated 3/2/15 indicated, "On 2/21/15 a bruise was found on [client #2's] toe. Please investigate to determine how this injury occurred." The 3/2/15 Investigation Summary form dated 3/2/15 indicated, "[Client #2's] toe was broken and cared for appropriately." The 3/2/15 Investigation Summary form did not indicate documentation of interviews with clients #4, #5 or #6, day services staff or additional staff that had worked with client #2 prior to the discovery of the injury of unknown origin. The 3/2/15 Investigation Summary form indicated the facility administrator was notified of the results of the investigation of the 2/21/15 incident on 3/2/15. The administrator was not notified within 5 business days of the incident.</p> <p>4. Investigation Summary form dated 4/27/15 indicated, "[Client</p>			

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	<p>#6] made an allegation that [DC (Discharged Client) #1] had touched her breast and kissed her on (lips) on 4/18/15." The 4/27/15 Investigation Summary form indicated the facility administrator was notified of the results of the investigation of the 4/18/15 allegation on 4/27/15. The administrator was not notified within 5 business days of the incident.</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated the facility's abuse and neglect policy should be implemented, all allegations of abuse, neglect, mistreatment should be thorough and include all witnesses and potential witnesses to the alleged event, the findings of investigations of allegations of abuse, neglect or mistreatment should be reported to the facility administrator within 5 business days of the alleged event and corrective measures to prevent recurrence should be developed</p>			

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	<p>and implemented.</p> <p>The facility's policies and procedures were reviewed on 6/15/15 at 10:54 AM. The facility's policy entitled, 'Preventing Abuse and Neglect' dated 10/2013 indicated the following:</p> <p>- "DSA (Developmental Service Alternatives), incorporated prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves."</p> <p>- "Abuse means the following: ... (3.) Inappropriate use of physical or chemical restraints for safety reasons."</p> <p>- "B. Neglect means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual."</p> <p>- "Immediately upon being notified of the incident, the RD or on-call</p>			

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W 0154 Bldg. 00	<p>RD must...; (2.) Document the investigation procedures and results."</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.</p> <p>Based on record review and interview for 1 of 3 allegations of abuse, neglect or mistreatment reviewed, the facility failed to complete a thorough investigation regarding an Injury of Unknown Origin (IUO) regarding client #2.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>Investigation Summary form dated 3/2/15 indicated, "On 2/21/15 a bruise was found on [client #2's] toe. Please investigate to determine how this injury occurred." The 3/2/15 Investigation Summary form dated 3/2/15 indicated, "[Client #2's] toe was broken and cared</p>	W 0154	<p>The agency has a new administrative position, ProgramQuality Coordinator, as of March 2015. The person in this position has at least 10 years of experience completing investigations and has completed training on thorough investigations as provided by the Indiana State Department of Health.</p> <p>This administrator does complete the agency administrative review of all investigations. The Program Quality Coordinator ensures each submitted investigation is thorough by making sure that all applicable information is obtained and reviewed, this does include interview of all individuals who may have information regarding the issue being investigated including any clients involved or present. In the case of serious injuries of unknown origin, such as fractures, the Program Quality Coordinator now completes these investigations. These completed investigations are reviewed by the</p>	07/17/2015

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W 0156 Bldg. 00	<p>for appropriately." The 3/2/15 Investigation Summary form did not indicate documentation of interviews with clients #4, #5 or #6, day services staff or additional staff that had worked with client #2 prior to the discovery of the injury of unknown origin. The 3/2/15 Investigation Summary form indicated the facility administrator was notified of the results of the investigation of the 2/21/15 incident on 3/2/15.</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated the investigation of all allegations of abuse, neglect, mistreatment and should be thorough and include all witnesses and potential witnesses to the alleged event.</p> <p>9-3-2(a)</p> <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 2 of 3 allegations of abuse, neglect or mistreatment reviewed, the facility failed to report the results of an investigation of alleged sexual abuse for client #6 and the</p>	W 0156	<p>agency Program Services Director. Responsible Party: Program Quality Coordinator</p> <p>The agency has a new administrative position, Program Quality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. The Program Quality</p>	07/17/2015			

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	<p>investigation of client #2's broken toe to the administrator within 5 business days of the alleged events.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>1. Investigation Summary form dated 3/2/15 indicated, "On 2/21/15 a bruise was found on [client #2's] toe. Please investigate to determine how this injury occurred." The 3/2/15 Investigation Summary form dated 3/2/15 indicated, "[Client #2's] toe was broken and cared for appropriately." The 3/2/15 Investigation Summary form indicated the facility administrator was notified of the results of the investigation of the 2/21/15 incident on 3/2/15. The administrator was not notified within 5 business days of the incident.</p> <p>2. Investigation Summary form dated 4/27/15 indicated, "[Client #6] made an allegation that [DC (Discharged Client) #1] had touched her breast and kissed her on (lips) on 4/18/15." The 4/27/15 Investigation Summary form indicated the facility administrator was notified of</p>		<p>Coordinator alsotracks and prompts as necessary for investigations to be completed and submitted for review. This does include monitored and directing for completion within 5 business days as required. There is a current evaluation process for each QIDP and administrator that includes routine opportunities to earn a financial bonus. One criteria to earn this bonus is to ensure timely completion and submission of investigations.</p> <p>Responsible Party: Program Quality Coordinator</p>	

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W 0157 Bldg. 00	<p>the results of the investigation of the 4/18/15 allegation on 4/27/15. The administrator was not notified within 5 business days of the incident.</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated the findings of investigations of allegations of abuse, neglect or mistreatment should be reported to the facility administrator within 5 business days of the alleged event.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 2 of 3 allegations of abuse, neglect or mistreatment reviewed, the facility failed to develop and implement corrective measures to prevent client #1 from additional falls and to address client #3's GT (Gastrostomy Tube) complications.</p> <p>Findings include: The facility's BDDS (Bureau of</p>	W 0157	The agency has a new administrative position, ProgramQuality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. Agency administrators do ensure that investigations are assigned for all reported falls as well as IncidentReports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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	<p>Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/5/14 indicated, "The morning of 6/5/14, [client #1] fell while walking up some steps to the living room area of the group home. [Client #1] sustained a 3-4 inch scrape on his right shoulder blade. Staff did not witness [client #1] fall. The staff working with [client #1] heard [client #1] fall and contacted the nurse and the [RD (Residential Director)] of the home. He went to work and resumed his normal activities for the day."</p> <p>-Follow up BDDS report dated 6/10/14 indicated, "An investigation was completed to examine [client #1's] fall and the injury that occurred. It was determined that when [client #1] was walking up the steps into the living room he had lost his footing and fell backwards to the floor. When falling he had scraped his shoulder blade on a chair that was sitting next to the steps." The follow up BDDS report dated 6/10/14 indicated, "[Client #1] does have a fall protocol in place in the home and it was being followed properly by staff. He was wearing his elbow pads which are required at all times. His protocol does</p>		<p>reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in the facility to ensure all needed risk plans are in place and that they meet the needs of each client. The updated risk plans will also be reviewed by the administrator to ensure they are complete. The LPN who failed to properly address complications with client #3's Gastrostomy Tube (GT) received disciplinary action for her failure to properly act. The expectations of how nursing staff shall respond to complications with medical problems, including equipment such as a G tube, has been reviewed with all nursing staff. The nursing staff have been directed that they must arrange to physically assess situations of this nature so as to ensure timely correction and/or response. The risk plan regarding client #3's G tube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>allow him to walk within his home independently."</p> <p>-BDDS report dated 6/18/14 indicated, "[Client #1] underwent outpatient surgery to correct an injury he sustained to his left elbow several months ago which had not healed completely following multiple visits to the wound care center. As a result of the surgery, [client #1] was put under local anesthesia in order for the procedure to be done." The 6/18/14 BDDS report indicated client #1 had surgery to correct an injury he sustained from a fall on 4/2/14 which resulted in a wound requiring stitches at the ER (Emergency Room).</p> <p>-BDDS report dated 9/19/14 indicated, "On the evening of 9/18/14, [client #1] fell while walking in his home. When he fell he hit the back of his head, which caused a laceration. [Client #1] was taken to the ER, where he received one staple to close the laceration. [Client #1] is expected to heal without complications, and he soon returned to normal activities."</p> <p>-BDDS report dated 11/7/14 indicated, "[Client #1] was seated working on a job. [Client #1] leaned over to pick up a part that had dropped on the floor and fell. [Client #1] sustained a very small scratch</p>		<p>implemented, this will include aroutine check of supplies to ensure back-up supplies always remain available.The facility nurse, QIDP and administrator also have an increased presence inthe home and at the day program to ensure the risk plans for all clients areadequate in meeting their needs and are being implemented properly. Thisincludes monitoring the effectiveness of client #1's fall risk plan to ensureit remains effective in preventing further falls and the GT plan for client #3to ensure it adequately meets his needs regarding his use of the tube for allnutritional support. The observations are recorded and submitted to the ProgramQuality Coordinator for review and monitoring. Responsible Party: Program Quality Coordinator</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>on his left hand and a smaller than (a) dime size red mark on his left hand."</p> <p>-BDDS report dated 5/1/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1's] elbow appears to be red and bleeding slightly."</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISTMR (Individual Support Team Meeting Report) dated 4/15/14 indicated, "On 3/19/14 [day services] filed an IR (Incident Report) due to [client #1] falling when leaving the building. [Client #1] suffered a small scrape to his left elbow due to him not having on his elbow pads. Staff were prompted to ensure that [client #1] has elbow pads on at all times and day program staff were asked to notify [agency] if they noticed [client #1] was not wearing his elbow pads. On 4/2/14 [day services] filed another IR due to [client #1] falling out of his chair in the workshop (while) trying to reach something on the floor. He suffered a large wound to his left elbow and was seen at the ER. He received stitches and treatment for the wound."</p> <p>Client #1's ISTMR dated 5/20/14 indicated, "[Client #1] will be seeing a</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>plastic surgeon on June 18, 2014 to have an operation to cover the wound on his elbow that he suffered from falling on two separate occasions. Both incidences resulted in and (sic) IR being filed.</p> <p>[Client #1] has been going to (the) wound center to treat the wound on the elbow but it is not closing. They have been bandaging the elbow with medicated pads. A skin graft will be performed to help close the wound."</p> <p>Client #1's ISTRM dated 9/16/14 indicated, "While in the workshop at [day services], [client #1] had walked to the hallway to get his things and was discovered laying on the ground a short time later by staff. [Day services] reported the incident. Body checks were completed on [client #1] by [day services] and [agency] staff and no injuries were reported. [Client #1] does have a fall protocol in place that states the use of his walker and elbow pads to prevent injury. The last update to the protocol was to include the use of his wound vacuum for his elbow that he does not require anymore. It has been mentioned to include the use of a wheelchair while at [day services] to help prevent [client #1] from wondering off unnoticed and to help prevent further injury."</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>Client #1's ISTRM dated 11/18/14 indicated, "On 11/7/14, [client #1] slid out of his chair while working on a job at [day services]. He leaned over to pick up a part that landed on the floor and fell down. He sustained a minor scrape to his left hand. [Client #1] is still using a wheelchair while at [day services] and there is concern he is losing muscle mass and coordination as a result." Client #1's ISTRM dated 11/18/14 indicated, "Discussion: Padded mat to be used at [day services] under [client #1's] work station."</p> <p>Client #1's ISTRM dated 11/18/14 indicated, "[Client #1] should stop using a wheelchair while at [day services] to prevent any more loss of coordination/muscle mass. [Client #1] has elbow pads with a protocol in place and will use his extra long elbow pads while at [day services]. The nurse has requested an order for physical therapy for [client #1] and will be ordering some more elbow pads."</p> <p>Client #1's ISTRM dated 5/28/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1] was able to resume his activities after the fall. Staff contacted the nurse and used first aid to attend to his wounds."</p>			

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	<p>Client #1's Consultant Visit Form (CVF) dated 3/1/10 indicated client #1 received a PT (Physical Therapy) evaluation. Client #1's record did not indicate documentation of additional PT evaluations since 3/1/10.</p> <p>Client #1's CVF dated 2/24/10 indicated client #1 was evaluated by OT (Occupational Therapy). Client #1's record did not indicate documentation of additional OT evaluations since 2/24/10.</p> <p>Client #1's record did not indicate documentation of a PRN (As Needed) prescription or PT/OT recommendations for client #1 to utilize a wheelchair while at day services.</p> <p>Client #1's Fall Risk Protocol (FRP) revised 6/2015 indicated, "[Client #1] is at risk for falls due to his abnormal gait and posture, muscle weakness and poor sense of balance, secondary to his diagnosis of Scoliosis. We have a fall risk protocol in place in order to make sure [client #1] has as few falls and injuries as possible. [Client #1] walks with a very 'leaned back' posture. He does not stand completely upright. This makes him prone to falling backward. Usually his falls are slow and controlled. [Client #1] has a good sense of things around</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>him and moves slowly and consciously. [Client #1] should use his reverse walker whenever walking or standing (with the exception of being in the home.) He is to utilize ramps whenever possible. Non skid rug is (sic) to be on bathroom floor before getting in and out of shower. Rooms should be free of clutter and any rugs are to lay flat to prevent tripping or falling. Staff should monitor and assist [client #1] by holding his hand while getting in and out of vehicles. Any falls should be reported to the RD (Residential Director) and nurse immediately." Client #1's FRP revised 6/2015 did not indicate documentation of when client #1 should utilize elbow pads, when staff should utilize client #1's gait belt or the use of a padded floor mat at client #1's work station.</p> <p>Client #1's ISP (Individual Support Plan) dated 3/25/15 indicated, "[Client #1] currently uses a reverse walker while in the community as a source of mobility. [Client #1] wears elbow pads when in the community to prevent an elbow injury should he fall. A gait belt is also utilized for ascending the van to ensure his safety."</p> <p>Observations were conducted at the group home on 6/8/15 from 4:45 PM through 6:15 PM. Client #1 was observed</p>			

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	<p>throughout the observation period. Client #1 walked with a stiff and unbalanced gait and leaned backwards while standing and walking. At 5:30 PM, client #1 was standing the home's family room area. AS (Administrative Staff) was standing next to client #1. Client #1 attempted to turn his torso to walk to his bedroom and fell backwards to the ground. Client #1's head was blocked from hitting a coffee table by AS #1 who was able to control client #1's fall and lower client #1 to the floor.</p> <p>AS #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated client #1 had fallen in the group home on 6/8/15. AS #1 stated, "Yeah, he was close to the table. He could have hit his head on it." AS #1 indicated client #1 had utilized a wheelchair at day services from 9/16/14 through 11/18/14. AS #1 indicated staff working with client #1 should walk beside him while in the group home and not using his walker. AS #1 indicated client #1 used a gait belt on the van but not in the home. AS #1 indicated the facility nurse had requested a PT evaluation on 11/18/14. AS #1 indicated there was not additional documentation of PT/OT evaluations since 2010.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated client #1 had been utilizing a</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>wheelchair while at day services but was losing muscle coordination and mass from not walking. LPN #1 indicated client #1 did not have a physicians order or PT/OT recommendation for the use of a wheelchair while at day services. LPN #1 indicated client #1's FRP revised 6/2015 should include specific interventions to prevent client #1's from falling and injuring himself.</p> <p>2. BDDS report dated 5/21/15 indicated, "[Client #3] was taken to the ER (Emergency Room) as it was reported that his GT was not functioning properly and his gastroenterologist was not available to evaluate him. [Client #3] was evaluated at [hospital] ER where no issue was identified with the tube. [Client #3] was prescribed a cream to treat a fungal infection that had developed where the GT attaches to [client #3's] abdomen. [Client #3] returned home when staff started his evening feeding and they found a piece was missing from the GT causing the tube to leak when feeding was being completed. The agency nurse was notified who advised that [client #3] should be taken back to the ER at [hospital] first thing in the morning where it was identified that a piece was missing thus not permitting the tube to properly attach to the port or button that enters [client #3's] abdomen. [Hospital]</p>			
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>did not have the resources available to correct the issue and directed agency staff to take [client #3] to [hospital] where they had the resources available. At this ER (second hospital), they were able to successfully repair the issue until he is seen by his gastroenterologist on 5/22/15."</p> <p>-Follow up BDDS report dated 6/1/15 indicated, "[Client #3] had a follow up appointment with his gastroenterologist on 5/29/15. His gastroenterologist ordered new tube supplies, he continues to use the temporary tube until new supplies are available. [Client #3] will have extra supplies at home and at the agency office so as to ensure immediate replacement in the future if needed. [Client #3's] GT risk plan has been updated to reflect steps for identifying need for and immediate replacement of any tube pieces that are damaged."</p> <p>Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's reviewed/updated 6/2015 GT Protocol form indicated, "[Client #3] has had a GT since he was a baby. With the exception of his inhaler, he takes all medications and receives all of his nutrition via his GT. Currently, [client #3] receives two containers of Perative (nutritional supplement) at each meal time, as well as</p>			

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	<p>two as a snack at 8:00 PM. This is given through his GT and [client #3] is able to do his feedings himself. Staff should be present and supervise as he does this. His medications are to be crushed and given through his tube, then flushed with water immediately after. Staff should also make a point to give extra water throughout the day to keep [client #3] hydrated and ensure adequate water intake. Any issues regarding his GT should be reported to the nurse or nurse on call."</p> <p>Client #3's Hospital Encounter Record form dated 8/28/14 indicated the following:</p> <p>- "6/3/14, GT leaking. [Guardian] said GT leaking more than usual, doesn't look infected. Said he pulled out 15 cubic centimeters with syringe from balloon, never remembered that much...."</p> <p>- "7/15/14, Gastroenterology: (1.) Attention to gastrostomy. Will treat with Nystatin topical (antifungal) and Keflex (antibiotic), also should start applying barrier cream such as A and D ointment (brand of rash prevention cream) to protect the surrounding skin. Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 7/15/14 encounter indicated, "GT dependent with chronically leaking</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>GT. Currently with yeast verses (sic) bacterial skin infection to GT site."</p> <p>-"8/19/14, Gastroenterology. (1.) Attention to gastrostomy- Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 8/19/14 encounter indicated, "Will trial... pad to sites for further healing, as patient is scratching site often. Apply at nighttime but during the day keep area clean and dry with frequent gauze pad changes."</p> <p>Client #3's Monthly Nursing Summary (MNS) form for the month of January 2015 indicated, "[Client #3's] health is in good condition overall with the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's MNS form for the month of February 2015 indicated, "[Client #3's] health is in good condition overall with the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's Nursing Quarterly Review dated March 2015 indicated, "Rash around GT site this quarter."</p> <p>Client #3's Consultant Visit form dated 5/28/15 indicated, "GT site recurrent infection...."</p>			

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	<p>Client #3's ER form dated 5/15/15 indicated client #3's diagnoses included but were not limited to Fungal skin infection around his GT site. Client #3's ER form dated 5/15/15 indicated, "General care: If you were prescribed an oral medicine, read the patient information. Talk with the health care provider about the risks and side effects. Let your skin dry completely after bathing. Carefully dry.... Dress in loose cotton clothing, Don't scratch the affected area. This can delay healing and may spread the infection. It can also cause a bacterial infection. Keep your skin clean but don't wash the skin too much. This can irritate your skin."</p> <p>Client #3's reviewed/updated 6/2015 GT protocol form did not indicate documentation of specific steps for identifying issues with client #3's GT-tube. Client #3's reviewed/updated 6/2015 GT protocol did not specify how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT. Client #3's reviewed/updated 6/2015 GT protocol did not specify when staff should change client #3's gauze, did not specify instructions to allow client #3's skin to dry after bathing or to wear loose cotton clothing. Client #3's</p>			

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	<p>reviewed/updated GT protocol did not indicate documentation of how staff should prevent or monitor client #3's scratching of the GT site.</p> <p>Observations were conducted at client #3's day services provider on 6/10/15 from 11:22 AM through 12:30 PM. At 11:22 AM, client #3 was seated at a table with day service staff and co-workers for lunch. Client #3 utilized his GT and independently held his tubing and poured his Perative liquid into the tubing. At 12:00 PM, client #3 finished his GT feeding and day service staff assisted client #3 remove the tubing from the port/button. Client #3's GT port was leaking the Perative liquid out onto client #3's abdomen and had saturated his underwear from running down his abdomen. Client #3's abdominal skin around the GT port was dark red and encircled the port in a 2 inch diameter. At 12:05 PM, Day services staff #1 stated, "[Client #3's] tube has been leaking. Last time, we called them (facility) and they came and picked him up and took him home. His rash is looking better. It's still red but it's not as red and inflamed as it has been. I think the balloon that's inside his stomach, the balloon that creates a vacuum (valve) so the liquid doesn't come back out, is not inflated. I think it needs some more air."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2015	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W 0159 Bldg. 00	<p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. When asked if client #3's GT protocol had been updated as described in the 5/21/15 BDDS report to included specific steps for identifying need for and immediate replacement of GT components or other recommendations as to how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT, when staff should change client #3's gauze and how staff should prevent or monitor client #3's scratching of the GT site, LPN #1 stated, "No, not specifically. It says to contact the nurse for any issues with the tube."</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated corrective measures to prevent recurrence should be developed and implemented.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and</p>	W 0159	The administrator for the facility is	07/17/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>interview for 3 of 3 sampled clients (#1, #2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2 and #3's active treatment programs by failing to review clients #1, #2 and #3's formal training objectives, to ensure client #1's guardian participated in the development of client #1's ISP, to ensure client #3 had a current aspiration risk assessment, to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment, to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls and to ensure client #3's GT (Gastrostomy Tube) risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin infections associated with the leaking GT or skin picking, to ensure staff did not utilize a wheelchair to prevent client #1 from ambulating unnoticed, to ensure client #1's protective elbow pads were in good condition and by failing to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISP</p>		<p>providing oversight over all responsibilities of the QIDP. This oversight includes providing needed training, direction, monitoring and verification for completion of required responsibilities of the QIDP. This will include but is not limited to the following: monitoring the active treatment programs for all clients by reviewing their progress with formal training objectives, including the legal guardian in participation of annual ISP development, and identifying and ensuring needed assessments are obtained for clients and risk plans are developed and implemented as the need arises or changes. The Program Quality Coordinator has implemented a monitoring system to track for and ensure completion of required reviews of training objectives. This administrator is also tracking completion of ISPs as required, including a step to verify that required team members including the guardian participated in the development of the ISP. The QIDP is present in the home when consumers and staff are present to ensure all needs are identified and addressed each week, the amount of time is directed and verified by the administrator. The administrator is also routinely spending time with the QIDP in the facility to train and direct her as needed to identify the needs and to ensure they are properly</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>(Individual Support Plan) dated 3/25/15 indicated, "Data to be reviewed monthly and then presented to the IST (Individual Support Team) on a semi annual basis."</p> <p>Client #1's Goals Summary Report (GSR) dated 6/9/15 indicated client #1 had formal training objectives to increase his independence with bathing, oral hygiene, domestic cleaning, medication self-administration, money management, communication, water temperature training and training for the use of his prescription eyeglasses.</p> <p>Client #1's GSR dated 6/9/15 indicated client #1's formal training objectives had been implemented on 7/25/14. Client #1's GSR dated 6/9/15 indicated client #1's goals had been reviewed by the QIDP for progression/regression of skills on the following dates: 6/8/15, 1/30/15, 1/28/15, 10/2/14, 10/1/14 and 8/26/14. The review did not indicate documentation of monthly QIDP review of client #1's formal training objectives.</p> <p>2. Client #2's record was reviewed on 6/9/15 at 8:47 AM. Client #2's ISP dated 10/1/14 indicated, "Data to be reviewed on a monthly basis and then presented to the IST on a semi-annual basis."</p> <p>Client #2's GSR dated 6/9/15 indicated</p>		<p>addressed. The amount of time that the QIDP and administrator are in the home completing professional observations and addressing any issues is increased during this time of Plan of Correction. This is scheduled and directed by the administrator. A specific note is used to record observations in the facility. The completion of these observation is notes is being monitored by the Program Quality Coordinator. The note does direct a check of specific issues that have been identified (ex. Implementation and effectiveness of fall risk plan for client #1, ensuring protective elbow pads are in good condition). The administrator will also direct the QIDP to observe and direct as needed meal preparation and meal time in the home to ensure all active treatment needs are being met for all clients, this will include providing client #1 the opportunity to participate in meal preparation to the extent of his capabilities. At the direction of the administrator, the QIDP has implemented a formal training objective in the area of meal preparation for client #1. The administrator will ensure that all active treatment needs for all clients are properly addressed by the QIDP. The updated fall risk plan for client #1 does not allow for routine use of a wheelchair. This update has been provided to the day program staff with communication that it is</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>client #2 had formal training objectives to increase his independence with personal hygiene, domestic cleaning, cooking, selecting clothing, money management skills and self-administration of medication skills.</p> <p>Client #2's GSR dated 6/9/15 indicated client #2's goals had been reviewed by the QIDP for progression/regression of skills on the following dates: 6/8/15, 1/30/15, 1/28/15 and 10/2/14. The review did not indicate documentation of monthly QIDP review of client #1's formal training objectives.</p> <p>3. Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's ISP dated 2/2/15 indicated, "Data to be reviewed on a monthly basis and then presented to the IST on a semi-annual basis."</p> <p>Client #3's GSR dated 6/9/15 indicated client #3 had formal training objectives to increase his independence with self-administration of medication, housekeeping, community safety, self-feeding, personal grooming and money management.</p> <p>Client #3's GSR dated 6/9/15 indicated client #3's goals had been reviewed by the QIDP for progression/regression of skills on 6/8/15. The review did not</p>		<p>expected that a wheelchair is not used. The QIDP and administrator will also be completing weekly observations in the day program to ensure all clients' needs are being met there, including proper implementation of risk plans and ensuring that equipment provided is in good condition, including the protective elbow pads for client #1. The administrator will ensure that the following is addressed by the QIDP (ensuring client #3 has a current aspiration risk assessment and client #1's sensorimotor skills in regards to his ambulation and/or needs for adaptive equipment are assessed properly). The risk plans regarding client #1's falls and regarding client #3's G tube and repeated skin infections have been updated. The administrator will ensure the QIDP effectively monitors to ensure these plans are effective. Should client #1 have a fall or client #3 have future skin infection, the administrator will ensure that the QIDP facilitates a review of the associated risk plan and ensures update as needed. Responsible Party: Area Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>indicate documentation of monthly QIDP review of client #3's formal training objectives since the 2/2/15 date of implementation.</p> <p>QIDP #1 was interviewed on 6/9/15 at 9:44 AM. QIDP #1 indicated clients #1, #2 and #3's formal training objectives should be reviewed on a monthly basis for progression/regression of skills.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's guardian participated in the development of client #1's ISP. Please see W209.</p> <p>5. The QIDP failed to integrate, coordinate and monitor client #3's active treatment program by failing to ensure client #3 had a current aspiration risk assessment. Please see W217.</p> <p>6. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment. Please see W218.</p> <p>7. The QIDP failed to integrate, coordinate and monitor clients #1 and</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0209	<p>#3's active treatment programs by failing to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin infections associated with the leaking GT or skin picking. Please see W240.</p> <p>8. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure staff did not utilize a wheelchair for convenience to prevent client #1 from ambulating unnoticed. Please see W287.</p> <p>9. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's protective elbow pads were in good condition. Please see W436.</p> <p>10. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities. Please see W488.</p> <p>9-3-3(a)</p> <p>483.440(c)(2)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2015	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219			
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Bldg. 00	<p>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 1 of 3 sampled clients (#1), the facility failed to ensure client #1's guardian participated in the development of client #1's ISP (Individual Support Plan). Findings include: Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISP dated 3/25/15 indicated client #1 had a legal guardian. Client #1's 3/25/15 ISP did not indicate documentation of client #1's guardian's participation during the development of the ISP. AS (Administrative Staff) #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated the facility should have documentation of client #1's participation or attempts to facilitate participation of client #1's guardian in the development of client #1's ISP. 9-3-4(a)</p>			W 0209	<p>The administrator has provided direction and will ensure that a meeting is held by the QIDP with client #1 and his guardian so as to include guardian participation in the development of his annual ISP. There records for all clients in the home will be reviewed to ensure all required team members, including legal guardians, have participated in annual ISP development. A tracking system has been implemented by the agency Program Quality Coordinator to ensure that legal guardians as applicable participate in the development of the ISP for each client in the agency. Each ISP must be signed by the individuals who participate in the development of the ISP. This document is scanned and stored on a shared cloud that is monitored by the Program Quality Coordinator. The QIDP and Area Director will be prompted as needed to ensure compliance. Responsible Party: QIDP</p>		07/17/2015
W 0217 Bldg. 00	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>must include nutritional status.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 had a current aspiration risk assessment.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>-BDDS report dated 5/21/15 indicated, "[Client #3] was taken to the ER (Emergency Room) as it was reported that his GT (Gastrostomy Tube) (feeding tube) was not functioning properly and his gastroenterologist was not available to evaluate him. [Client #3] was evaluated at [hospital] ER where no issue was identified with the tube. [Client #3] was prescribed a cream to treat a fungal infection that had developed where the GT attaches to [client #3's] abdomen. [Client #3] returned home when staff started his evening feeding and they found a piece was missing from the GT causing the tube to leak when feeding was being completed. The agency nurse was notified who advised that [client #3] should be taken back to the ER at [hospital] first thing in the morning</p>	W 0217	<p>Client #3 is diagnosed with CHARGE syndrome which is a genetic pattern of birth defects. As a result of this syndrome he has structural abnormalities to his trachea that cannot be resolved. He has had this condition since birth. He did have multiple surgeries on his heart, trachea and esophagus. He was placed on G-tube feedings as it is not safe for him to take anything by mouth based on his physical abnormalities. His gastroenterologist, primary care physician, and the registered dietician are all aware of his condition and no medical recommendations have been made to have a current aspiration risk assessment completed as it is known that his medical condition will not change to make it safe for him to take anything by mouth. Agency medical staff work with a registered dietician who evaluates each client quarterly, this process will continue.</p> <p>Responsible Party: Facility Nurse</p>	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2015	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219			
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	<p>where it was identified that a piece was missing thus not permitting the tube to properly attach to the port or button that enters [client #3's] abdomen. [Hospital] did not have the resources available to correct the issue and directed agency staff to take [client #3] to [hospital] where they had the resources available. At this ER (second hospital), they were able to successfully repair the issue until he is seen by his gastroenterologist on 5/22/15."</p> <p>-Follow up BDDS report dated 6/1/15 indicated, "[Client #3] had a follow up appointment with his gastroenterologist on 5/29/15. His gastroenterologist ordered new tube supplies, he continues to use the temporary tube until new supplies are available. [Client #3] will have extra supplies at home and at the agency office so as to ensure immediate replacement in the future if needed. [Client #3's] GT risk plan has been updated to reflect steps for identifying need for and immediate replacement of any tube pieces that are damaged."</p> <p>Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's reviewed/updated 6/2015 GT Protocol form indicated, "[Client #3] has had a GT since he was a baby. With the exception of his inhaler, he takes all medications</p>						

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>and receives all of his nutrition via his GT." Client #3's record did not indicate documentation of a swallow evaluation assessment.</p> <p>Observations were conducted at client #3's day services provider on 6/10/15 from 11:22 AM through 12:30 PM. At 11:22 AM, client #3 was seated at a table with day service staff and co-workers for lunch. Client #3 utilized his GT and independently held his tubing and poured his Perative liquid into the tubing. At 12:00 PM, client #3 finished his GT feeding and day service staff assisted client #3 remove the tubing from the port/button. Client #3's GT port was leaking the Perative liquid out onto client #3's abdomen and had saturated his underwear from running down his abdomen. Client #3's abdominal skin around the GT port was dark red and encircled the port in a 2 inch diameter. At 12:05 PM, Day services staff #1 stated, "[Client #3's] tube has been leaking. Last time, we called them (facility) and they came and picked him up and took him home. His rash is looking better. It's still red but it's not as red and inflamed as it has been. I think the balloon that's inside his stomach, the balloon that creates a vacuum (valve) so the liquid doesn't come back out, is not inflated. I think it needs some more air."</p>			
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 stated, "[Day Services] contacted me and notified us that [client #3's] GT or his button was broken. They weren't sure but couldn't get the tube to stay in (connected). I instructed the [RC (Residential Coordinator)] to call [client #3's] gastroenterologist but there were no openings. So, I told them to take [client #3] to the ER." LPN #1 indicated client #3's GT was an adolescent size and had not been changed to an adult size. LPN #1 indicated client #3 received the GT when he was 4 years old. LPN #1 indicated client #3 had been admitted to the group home on 12/31/12 and was currently 28 years old. LPN #1 indicated there was not additional documentation of a swallow study or assessment to determine if client #3's abilities or needs had changed since he received the GT when he was 4 years old.</p> <p>AS (Administrative Staff) #1 was interviewed on 6/10/15 at 12:30 PM. AS #1 indicated client #3 was admitted to the group home on 12/31/12 from his parents home. AS #1 indicated client #3 was admitted with the GT in place. AS #1 indicated the facility did not have documentation of a current swallow study assessment to determine if client #3's</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0218 Bldg. 00	<p>abilities or needs had changed since he received the GT when he was 4 years old.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to assess client #1's sensorimotor skills in regards to client #1's ambulation needs and/or needs for adaptive equipment.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>-BDDS report dated 6/5/14 indicated, "The morning of 6/5/14, [client #1] fell while walking up some steps to the living room area of the group home. [Client #1] sustained a 3-4 inch scrape on his right shoulder blade. Staff did not witness [client #1] fall. The staff working with [client #1] heard [client #1] fall and contacted the nurse and the [RD (Residential Director)] of the home. He</p>	W 0218	<p>The administrator is ensuring that the facility nurse obtains an order and ensure that client #1 has a Physical Therapy and/or Occupational Therapy assessment to assess his current sensorimotor skills in regards to his ambulation needs and/or needs for adaptive equipment. The administrator will ensure that the IST reviews the results and recommendations of the assessment(s). The nurse has also been directed to review all client records to determine what other clients may have a current need for assessment of their sensorimotor development. The results of this review will be provided to the administrator for follow-up. Records will be ongoing reviewed by administrators to ensure all needed assessments are obtained.</p> <p>Responsible Party: Area Director</p>	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>went to work and resumed his normal activities for the day."</p> <p>-Follow up BDDS report dated 6/10/14 indicated, "An investigation was completed to examine [client #1's] fall and the injury that occurred. It was determined that when [client #1] was walking up the steps into the living room he had lost his footing and fell backwards to the floor. When falling he had scraped his shoulder blade on a chair that was sitting next to the steps." The follow up BDDS report dated 6/10/14 indicated, "[Client #1] does have a fall protocol in place in the home and it was being followed properly by staff. He was wearing his elbow pads which are required at all times. His protocol does allow him to walk within his home independently."</p> <p>-BDDS report dated 6/18/14 indicated, "[Client #1] underwent outpatient surgery to correct an injury he sustained to his left elbow several months ago which had not healed completely following multiple visits to the wound care center. As a result of the surgery, [client #1] was put under local anesthesia in order for the procedure to be done." The 6/18/14 BDDS report indicated client #1 had surgery to correct an injury he sustained from a fall on 4/2/14 which resulted in a</p>			

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	<p>wound requiring stitches at the ER (Emergency Room).</p> <p>-BDDS report dated 9/19/14 indicated, "On the evening of 9/18/14, [client #1] fell while walking in his home. When he fell he hit the back of his head, which caused a laceration. [Client #1] was taken to the ER, where he received one staple to close the laceration. [Client #1] is expected to heal without complications, and he soon returned to normal activities."</p> <p>-BDDS report dated 11/7/14 indicated, "[Client #1] was seated working on a job. [Client #1] leaned over to pick up a part that had dropped on the floor and fell. [Client #1] sustained a very small scratch on his left hand and a smaller than (a) dime size red mark on his left hand."</p> <p>-BDDS report dated 5/1/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1's] elbow appears to be red and bleeding slightly."</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISTMR (Individual Support Team Meeting Report) dated 4/15/14 indicated, "On 3/19/14 [day services] filed an IR (Incident Report) due to [client #1]</p>			

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	<p>falling when leaving the building. [Client #1] suffered a small scrape to his left elbow due to him not having on his elbow pads. Staff were prompted to ensure that [client #1] has elbow pads on at all times and day program staff were asked to notify [agency] if they noticed [client #1] was not wearing his elbow pads. On 4/2/14 [day services] filed another IR due to [client #1] falling out of his chair in the workshop (while) trying to reach something on the floor. He suffered a large wound to his left elbow and was seen at the ER. He received stitches and treatment for the wound."</p> <p>Client #1's ISTMR dated 5/20/14 indicated, "[Client #1] will be seeing a plastic surgeon on June 18, 2014 to have an operation to cover the wound on his elbow that he suffered from falling on two separate occasions. Both incidences resulted in and (sic) IR being filed. [Client #1] has been going to (the) wound center to treat the wound on the elbow but it is not closing. They have been bandaging the elbow with medicated pads. A skin graft will be performed to help close the wound."</p> <p>Client #1's ISTMR dated 9/16/14 indicated, "While in the workshop at [day services], [client #1] had walked to the</p>			

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	<p>hallway to get his things and was discovered laying on the ground a short time later by staff. [Day services] reported the incident. Body checks were completed on [client #1] by [day services] and [agency] staff and no injuries were reported. [Client #1] does have a fall protocol in place that states the use of his walker and elbow pads to prevent injury. The last update to the protocol was to include the use of his wound vacuum for his elbow that he does not require anymore. It has been mentioned to include the use of a wheelchair while at [day services] to help prevent [client #1] from wandering off unnoticed and to help prevent further injury."</p> <p>Client #1's ISTRM dated 11/18/14 indicated, "On 11/7/14, [client #1] slid out of his chair while working on a job at [day services]. He leaned over to pick up a part that landed on the floor and fell down. He sustained a minor scrape to his left hand. [Client #1] is still using a wheelchair while at [day services] and there is concern he is losing muscle mass and coordination as a result." Client #1's ISTRM dated 11/18/14 indicated, "Discussion: Padded mat to be used at [day services] under [client #1's] work station."</p>			
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	<p>Client #1's ISTMR dated 11/18/14 indicated, "[Client #1] should stop using a wheelchair while at [day services] to prevent any more loss of coordination/muscle mass. [Client #1] has elbow pads with a protocol in place and will use his extra long elbow pads while at [day services]. The nurse has requested an order for physical therapy for [client #1] and will be ordering some more elbow pads."</p> <p>Client #1's ISTMR dated 5/28/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1] was able to resume his activities after the fall. Staff contacted the nurse and used first aid to attend to his wounds."</p> <p>Client #1's Consultant Visit Form (CVF) dated 3/1/10 indicated client #1 received a PT (Physical Therapy) evaluation. Client #1's record did not indicate documentation of additional PT evaluations since 3/1/10.</p> <p>Client #1's CVF dated 2/24/10 indicated client #1 was evaluated by OT (Occupational Therapy). Client #1's record did not indicate documentation of additional OT evaluations since 2/24/10.</p> <p>Client #1's record did not indicate</p>			

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	<p>documentation of a PRN (As Needed) prescription or PT/OT recommendations for client #1 to utilize a wheelchair while at day services.</p> <p>Client #1's Fall Risk Protocol (FRP) revised 6/2015 indicated, "[Client #1] is at risk for falls due to his abnormal gait and posture, muscle weakness and poor sense of balance, secondary to his diagnosis of Scoliosis. We have a fall risk protocol in place in order to make sure [client #1] has as few falls and injuries as possible. [Client #1] walks with a very 'leaned back' posture. He does not stand completely upright. This makes him prone to falling backward. Usually his falls are slow and controlled. [Client #1] has a good sense of things around him and moves slowly and consciously. [Client #1] should use his reverse walker whenever walking or standing (with the exception of being in the home.) He is to utilize ramps whenever possible. Non skid rug is (sic) to be on bathroom floor before getting in and out of shower. Rooms should be free of clutter and any rugs are to lay flat to prevent tripping or falling. Staff should monitor and assist [client #1] by holding his hand while getting in and out of vehicles. Any falls should be reported to the RD (Residential Director) and nurse immediately." Client #1's FRP revised 6/2015 did not</p>			

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	<p>indicate documentation of when client #1 should utilize elbow pads, when staff should utilize client #1's gait belt or the use of a padded floor mat at client #1's work station or the use of a PRN wheelchair.</p> <p>Client #1's ISP (Individual Support Plan) dated 3/25/15 indicated, "[Client #1] currently uses a reverse walker while in the community as a source of mobility. [Client #1] wears elbow pads when in the community to prevent an elbow injury should he fall. A gaitbelt is also utilized for ascending the van to ensure his safety."</p> <p>Observations were conducted at the group home on 6/8/15 from 4:45 PM through 6:15 PM. Client #1 was observed throughout the observation period. Client #1 walked with a stiff and unbalanced gait and leaned backwards while standing and walking. At 5:30 PM, client #1 was standing the home's family room area. AS (Administrative Staff) was standing next to client #1. Client #1 attempted to turn his torso to walk to his bedroom and fell backwards to the ground. Client #1's head was blocked from hitting a coffee table by AS #1 who was able to control client #1's fall and lower client #1 to the floor.</p> <p>AS #1 was interviewed on 6/9/15 at</p>			

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W 0240 Bldg. 00	<p>12:42 PM. AS #1 indicated client #1 had fallen in the group home on 6/8/15. AS #1 stated, "Yeah, he was really close to the table. He really could have hit his head on it." AS #1 indicated client #1 had utilized a wheelchair at day services from 9/16/14 through 11/18/14. AS #1 indicated staff working with client #1 should walk beside him while in the group home and not using his walker. AS #1 indicated client #1 used a gait belt on the van but not in the home. AS #1 indicated the facility nurse had requested a PT evaluation on 11/18/14. AS #1 indicated there was not additional documentation of PT/OT evaluations since 2010.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated client #1 had been utilizing a wheelchair while at day services but was losing muscle coordination and mass from not walking. LPN #1 indicated client #1 did not have a physicians order or PT/OT recommendation for the use of a wheelchair while at day services.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the</p>			

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	<p>individual toward independence.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility failed to ensure client #3's GT (Gastrostomy Tube) risk plan included specific interventions to address client #3's repeated leaking GT or recurrent skin infections associated with the leaking GT or skin picking.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/5/14 indicated, "The morning of 6/5/14, [client #1] fell while walking up some steps to the living room area of the group home. [Client #1] sustained a 3-4 inch scrape on his right shoulder blade. Staff did not witness [client #1] fall. The staff working with [client #1] heard [client #1] fall and contacted the nurse and the [RD (Residential Director)] of the home. He went to work and resumed his normal activities for the day."</p>	W 0240	<p>The agency has a new administrative position, ProgramQuality Coordinator, as of March 2015. This administrator does review all agency incident reports and investigations. Agency administrators do ensure that investigations are assigned for all reported falls as well as IncidentReports to BQIS as required. The administrative reviews of incident reports and investigations do include a review of current risk plans, including fall risk plans as appropriate, to ensure the plans do reflect the current needs of the client. If it is determined that an update is needed, this is directed by the administrator and its implementation is also monitored and verified by the administrator. The fall risk plan for client #1 has been reviewed and updated as needed. The nursing staff are reviewing the medical record for all clients in the facility to ensure all needed risk plans are in place and that they meet the needs of each client. The updated risk plans will also be reviewed by the administrator to ensure they are complete. The risk plan regarding client #3's G tube has been updated to include steps to ensure the tube is working properly, that back up supplies are available, and regarding nursing response to any report of concerns with the tube. A risk plan has also been implemented to address client #3's recurrent skin</p>	07/17/2015

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	<p>-Follow up BDDS report dated 6/10/14 indicated, "An investigation was completed to examine [client #1's] fall and the injury that occurred. It was determined that when [client #1] was walking up the steps into the living room he had lost his footing and fell backwards to the floor. When falling he had scraped his shoulder blade on a chair that was sitting next to the steps." The follow up BDDS report dated 6/10/14 indicated, "[Client #1] does have a fall protocol in place in the home and it was being followed properly by staff. He was wearing his elbow pads which are required at all times. His protocol does allow him to walk within his home independently."</p> <p>-BDDS report dated 6/18/14 indicated, "[Client #1] underwent outpatient surgery to correct an injury he sustained to his left elbow several months ago which had not healed completely following multiple visits to the wound care center. As a result of the surgery, [client #1] was put under local anesthesia in order for the procedure to be done." The 6/18/14 BDDS report indicated client #1 had surgery to correct an injury he sustained from a fall on 4/2/14 which resulted in a wound requiring stitches at the ER (Emergency Room).</p>		<p>infections associated with G tube leaking or skin picking. The administrator ensured update of the risk plan and will provide ongoing oversight to ensure it is implemented, this will include a routine check of supplies to ensure back-up supplies always remain available. The facility nurse, QIDP and administrator also have an increased presence in the home and at the day program to ensure the risk plans for all clients are adequate in meeting their needs and are being implemented properly. This includes monitoring the effectiveness of client #1's fall risk plan to ensure it remains effective in preventing further falls and the GT plan for client #3 to ensure it adequately meets his needs regarding his use of the tube for all nutritional support. The observations are recorded and submitted to the Program Quality Coordinator for review and monitoring. Responsible Party: Program Quality Coordinator</p>	

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	<p>-BDDS report dated 9/19/14 indicated, "On the evening of 9/18/14, [client #1] fell while walking in his home. When he fell he hit the back of his head, which caused a laceration. [Client #1] was taken to the ER, where he received one staple to close the laceration. [Client #1] is expected to heal without complications, and he soon returned to normal activities."</p> <p>-BDDS report dated 11/7/14 indicated, "[Client #1] was seated working on a job. [Client #1] leaned over to pick up a part that had dropped on the floor and fell. [Client #1] sustained a very small scratch on his left hand and a smaller than (a) dime size red mark on his left hand."</p> <p>-BDDS report dated 5/1/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1's] elbow appears to be red and bleeding slightly."</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISTMR (Individual Support Team Meeting Report) dated 4/15/14 indicated, "On 3/19/14 [day services] filed an IR (Incident Report) due to [client #1] falling when leaving the building. [Client #1] suffered a small scrape to his left elbow due to him not having on his</p>			

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	<p>elbow pads. Staff were prompted to ensure that [client #1] has elbow pads on at all times and day program staff were asked to notify [agency] if they noticed [client #1] was not wearing his elbow pads. On 4/2/14 [day services] filed another IR due to [client #1] falling out of his chair in the workshop (while) trying to reach something on the floor. He suffered a large wound to his left elbow and was seen at the ER. He received stitches and treatment for the wound."</p> <p>Client #1's ISTMR dated 5/20/14 indicated, "[Client #1] will be seeing a plastic surgeon on June 18, 2014 to have an operation to cover the wound on his elbow that he suffered from falling on two separate occasions. Both incidences resulted in and (sic) IR being filed. [Client #1] has been going to (the) wound center to treat the wound on the elbow but it is not closing. They have been bandaging the elbow with medicated pads. A skin graft will be performed to help close the wound."</p> <p>Client #1's ISTMR dated 9/16/14 indicated, "While in the workshop at [day services], [client #1] had walked to the hallway to get his things and was discovered laying on the ground a short time later by staff. [Day services]</p>			

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	<p>reported the incident. Body checks were completed on [client #1] by [day services] and [agency] staff and no injuries were reported. [Client #1] does have a fall protocol in place that states the use of his walker and elbow pads to prevent injury. The last update to the protocol was to include the use of his wound vacuum for his elbow that he does not require anymore. It has been mentioned to include the use of a wheelchair while at [day services] to help prevent [client #1] from wandering off unnoticed and to help prevent further injury."</p> <p>Client #1's ISTMR dated 11/18/14 indicated, "On 11/7/14, [client #1] slid out of his chair while working on a job at [day services]. He leaned over to pick up a part that landed on the floor and fell down. He sustained a minor scrape to his left hand. [Client #1] is still using a wheelchair while at [day services] and there is concern he is losing muscle mass and coordination as a result." Client #1's ISTMR dated 11/18/14 indicated, "Discussion: Padded mat to be used at [day services] under [client #1's] work station."</p> <p>Client #1's ISTMR dated 11/18/14 indicated, "[Client #1] should stop using a wheelchair while at [day services] to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>prevent any more loss of coordination/muscle mass. [Client #1] has elbow pads with a protocol in place and will use his extra long elbow pads while at [day services]. The nurse has requested an order for physical therapy for [client #1] and will be ordering some more elbow pads."</p> <p>Client #1's ISTRM dated 5/28/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1] was able to resume his activities after the fall. Staff contacted the nurse and used first aid to attend to his wounds."</p> <p>Client #1's Fall Risk Protocol (FRP) revised 6/2015 indicated, "[Client #1] is at risk for falls due to his abnormal gait and posture, muscle weakness and poor sense of balance, secondary to his diagnosis of Scoliosis. We have a fall risk protocol in place in order to make sure [client #1] has as few falls and injuries as possible. [Client #1] walks with a very 'leaned back' posture. He does not stand completely upright. This makes him prone to falling backward. Usually his falls are slow and controlled. [Client #1] has a good sense of things around him and moves slowly and consciously. [Client #1] should use his reverse walker whenever walking or standing (with the</p>			

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	<p>exception of being in the home.) He is to utilize ramps whenever possible. Non skid rug is (sic) to be on bathroom floor before getting in and out of shower. Rooms should be free of clutter and any rugs are to lay flat to prevent tripping or falling. Staff should monitor and assist [client #1] by holding his hand while getting in and out of vehicles. Any falls should be reported to the RD (Residential Director) and nurse immediately." Client #1's FRP revised 6/2015 did not indicate documentation of when client #1 should utilize elbow pads, when staff should utilize client #1's gait belt or the use of a padded floor mat at client #1's work station.</p> <p>Observations were conducted at the group home on 6/8/15 from 4:45 PM through 6:15 PM. Client #1 was observed throughout the observation period. Client #1 walked with a stiff and unbalanced gait and leaned backwards while standing and walking. At 5:30 PM, client #1 was standing in the home's family room area. AS (Administrative Staff) was standing next to client #1. Client #1 attempted to turn his torso to walk to his bedroom and fell backwards to the ground. Client #1's head was blocked from hitting a coffee table by AS #1 who was able to control client #1's fall and lower client #1 to the floor.</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219			
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	<p>AS #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated client #1 had fallen in the group home on 6/8/15. AS #1 stated, "Yeah, he was really close to the table. He really could have hit his head on it." AS #1 indicated client #1 had utilized a wheelchair at day services from 9/16/14 through 11/18/14. AS #1 indicated staff working with client #1 should walk beside him while in the group home and not using his walker. AS #1 indicated client #1 used a gait belt on the van but not in the home.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated client #1's FRP revised 6/2015 should include specific interventions to prevent client #1 from falling and injuring himself.</p> <p>2. BDDS report dated 5/21/15 indicated, "[Client #3] was taken to the ER (Emergency Room) as it was reported that his GT was not functioning properly and his gastroenterologist was not available to evaluate him. [Client #3] was evaluated at [hospital] ER where no issue was identified with the tube. [Client #3] was prescribed a cream to treat a fungal infection that had developed where the GT attaches to [client #3's] abdomen. [Client #3] returned home when staff</p>						

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	<p>started his evening feeding and they found a piece was missing from the GT causing the tube to leak when feeding was being completed. The agency nurse was notified who advised that [client #3] should be taken back to the ER at [hospital] first thing in the morning where it was identified that a piece was missing thus not permitting the tube to properly attach to the port or button that enters [client #3's] abdomen. [Hospital] did not have the resources available to correct the issue and directed agency staff to take [client #3] to [hospital] where they had the resources available. At this ER (second hospital), they were able to successfully repair the issue until he is seen by his gastroenterologist on 5/22/15."</p> <p>-Follow up BDDS report dated 6/1/15 indicated, "[Client #3] had a follow up appointment with his gastroenterologist on 5/29/15. His gastroenterologist ordered new tube supplies, he continues to use the temporary tube until new supplies are available. [Client #3] will have extra supplies at home and at the agency office so as to ensure immediate replacement in the future if needed. [Client #3's] GT risk plan has been updated to reflect steps for identifying need for and immediate replacement of any tube pieces that are damaged."</p>			

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	<p>Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's reviewed/updated 6/2015 GT Protocol form indicated, "[Client #3] has had a GT since he was a baby. With the exception of his inhaler, he takes all medications and receives all of his nutrition via his GT. Currently, [client #3] receives two containers of Perative (nutritional supplement) at each meal time, as well as two as a snack at 8:00 PM. This is given through his GT and [client #3] is able to do his feedings himself. Staff should be present and supervise as he does this. His medications are to be crushed and given through his tube, then flushed with water immediately after. Staff should also make a point to give extra water throughout the day to keep [client #3] hydrated and ensure adequate water intake. Any issues regarding his GT should be reported to the nurse or nurse on call."</p> <p>Client #3's Hospital Encounter Record form dated 8/28/14 indicated the following:</p> <p>-"6/3/14, GT leaking. [Guardian] said GT leaking more than usual, doesn't look infected. Said he pulled out 15 cubic centimeters with syringe from balloon, never remembered that much...."</p>			

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	<p>-7/15/14, Gastroenterology: (1.) Attention to gastrostomy. Will treat with Nystatin topical (antifungal) and Keflex (antibiotic), also should start applying barrier cream such as A and D ointment (brand of rash prevention cream) to protect the surrounding skin. Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 7/15/14 encounter indicated, "GT dependent with chronically leaking GT. Currently with yeast verses (sic) bacterial skin infection to GT site."</p> <p>-8/19/14, Gastroenterology. (1.) Attention to gastrostomy- Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 8/19/14 encounter indicated, "Will trial... pad to sites for further healing, as patient is scratching site often. Apply at nighttime but during the day keep area clean and dry with frequent gauze pad changes."</p> <p>Client #3's Monthly Nursing Summary (MNS) form for the month of January 2015 indicated, "[Client #3's] health is in good condition overall with the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's MNS form for the month of February 2015 indicated, "[Client #3's] health is in good condition overall with</p>			

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	<p>the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's Nursing Quarterly Review dated March 2015 indicated, "Rash around GT site this quarter."</p> <p>Client #3's Consultant Visit form dated 5/28/15 indicated, "GT site recurrent infection...."</p> <p>Client #3's ER form dated 5/15/15 indicated client #3's diagnoses included but were not limited to Fungal skin infection around his GT site. Client #3's ER form dated 5/15/15 indicated, "General care: If you were prescribed an oral medicine, read the patient information. Talk with the health care provider about the risks and side effects. Let your skin dry completely after bathing. Carefully dry.... Dress in loose cotton clothing, Don't scratch the affected area. This can delay healing and may spread the infection. It can also cause a bacterial infection. Keep your skin clean but don't wash the skin too much. this can irritate your skin."</p> <p>Client #3's reviewed/updated 6/2015 GT protocol form did not indicate documentation of specific steps for identifying issues with client #3's GT.</p>			

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	<p>Client #3's reviewed/updated 6/2015 GT protocol did not specify how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT. Client #3's reviewed/updated 6/2015 GT protocol did not specify when staff should change client #3's gauze, did not specify instructions to allow client #3's skin to dry after bathing or to wear loose cotton clothing. Client #3's reviewed/updated GT protocol did not indicate documentation of how staff should prevent or monitor client #3's scratching of the GT site.</p> <p>Client #3's record did not indicate documentation of a BSP or ISP protocol/objective to address client #3's skin picking.</p> <p>Observations were conducted at client #3's day services provider on 6/10/15 from 11:22 AM through 12:30 PM. At 11:22 AM, client #3 was seated at a table with day service staff and co-workers for lunch. Client #3 utilized his GT and independently held his tubing and poured his Perative liquid into the tubing. At 12:00 PM, client #3 finished his GT feeding and day service staff assisted client #3 remove the tubing from the port/button. Client #3's GT port was leaking the Perative liquid out onto client</p>			

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	<p>#3's abdomen and had saturated his underwear from running down his abdomen. Client #3's abdominal skin around the GT port was dark red and encircled the port in a 2 inch diameter. At 12:05 PM, Day services staff #1 stated, "[Client #3's] tube has been leaking. Last time, we called them (facility) and they came and picked him up and took him home. His rash is looking better. It's still red but it's not as red and inflamed as it has been. I think the balloon that's inside his stomach, the balloon that creates a vacuum (valve) so the liquid doesn't come back out, is not inflated. I think it needs some more air."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. When asked if client #3's GT protocol had been updated as described in the 5/21/15 BDDS report to included specific steps for identifying need for and immediate replacement of GT components or other recommendations as to how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT, when staff should change client #3's gauze and how staff should prevent or monitor client #3's scratching of the GT site, LPN #1 stated, "No, not specifically. It says to contact the nurse for any issues with the tube."</p>			

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W 0287 Bldg. 00	<p>9-3-4(a)</p> <p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used for the convenience of staff. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure staff did not utilize a wheelchair for convenience to prevent client #1 from ambulating unnoticed.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISTMR (Individual Support Team Meeting Report) dated 9/16/14 indicated, "While in the workshop at [day services], [client #1] had walked to the hallway to get his things and was discovered laying on the ground a short time later by staff. [Day services] reported the incident. Body checks were completed on [client #1] by [day services] and [agency] staff and no injuries were reported. [Client #1] does have a fall protocol in place that states the use of his walker and elbow pads to prevent injury. The last update to the protocol was to include the use of his wound vacuum for his elbow that he does</p>	W 0287	<p>Day program staff will be provided with the updated fall riskplan for client #1. This has included that a wheelchair is not be used for himunless directed for medical reasons. A meeting will be held with day programstaff to ensure their understanding that a wheelchair is not be to be used forconvenience to prevent client #1 from ambulating unnoticed. They will bereminded that it is not acceptable to implement such measures to managebehavior without consultation and approval from the IST and that behaviormangement techniques used in the day services facility must be included in theHRC approved behavior program. The agency QIDP will have a presence no lessthan weekly in the day program to ensure the chair is not being used and toensure no other methods to manage client behavior have been implemented withoutproper approval and documentation. The administrator will also complete routineobservations in the day service to monitor for compliance. Responsible Party: Area Director</p>	07/17/2015

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	<p>not require anymore. It has been mentioned to include the use of a wheelchair while at [day services] to help prevent [client #1] from wandering off unnoticed and to help prevent further injury."</p> <p>Client #1's Consultant Visit Form (CVF) dated 3/1/10 indicated client #1 received a PT (Physical Therapy) evaluation. Client #1's PT evaluation form did not indicate documentation of a PRN (As Needed) PT recommendation for client #1 to utilize a wheelchair while at day services.</p> <p>Client #1's Physician's Order form dated 6/4/15 did not indicate documentation of a PRN physician's order for client #1 to utilize a wheelchair while at day services.</p> <p>AS #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated client #1 had utilized a wheelchair at day services from 9/16/14 through 11/18/14.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated client #1 had been utilizing a wheelchair while at day services but was losing muscle coordination and mass from not walking. LPN #1 indicated client #1 did not have a physician's order or PT/OT recommendation for the use of</p>			

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W 0318 Bldg. 00	<p>a wheelchair while at day services.</p> <p>9-3-5(a)</p> <p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6). The facility health care services failed to aggressively monitor and prevent client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT (Gastrostomy Tube), failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific</p>	W 0318	<p>The following is being implemented to address the Condition regarding provisions of Health Care Services. The agency has secured a RN as a resource whom is responsible with the administrator for oversight over the facility nurse. The RN is also available for consultation for the LPN. The RN and administrator will provide needed training, direction and oversight to ensure the nurse properly monitors for and addresses health and medical concerns for all clients in the home. This will include but not be limited to aggressively monitoring the fall risk plan for client #1 so as to prevent repeated falls, to ensure client #1 receives a Physical Therapy and/or Occupational Therapy evaluation to specifically address recurrent falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass, developing and implementing a risk plan to address recurrent skin infections for client #3, and to ensure the G Tube risk plan for client #3 that now does include specific interventions to</p>	07/17/2015

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	<p>interventions to address client #3's recurrent leaking GT.</p> <p>The facility health care services failed to ensure there was an RN (Registered Nurse) available for consultation for the facility's LPN (Licensed Practical Nurse) who provided direct nursing care to clients #1, #2, #3, #4, #5 and #6.</p> <p>Findings include:</p> <p>1. The facility health care services failed to aggressively monitor and prevent client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT, failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific interventions to address client #3's recurrent leaking GT. Please see W331.</p>		<p>address repeated tubeleaking is implemented. The nurse who failed to physically assess client #3 during the incident regarding the functioning of his G Tube did receive corrective action for her failure to respond to this situation properly. The nurse is present in the facility each week as directed by the administrator to ensure completion of needed assessments and monitoring of risk issues. She will provide documented report to the administrator of her completed observations and assessments. This will be monitored by the administrator. She will be directed to specifically monitor implementation of the client #1's fall risk plan and client #3's G tube risk plans. She will also assess client #3's skin. Her presence will be increased during the time of Plan of Correction, at the direction of the administrator. The nurse will complete a comprehensive review of the medical record for each client to ensure all risk issues are adequately addressed. The RN and administrator will provide oversight to ensure all areas are properly addressed. Responsible Party: Area Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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W 0331 Bldg. 00	<p>2. The facility health care services failed to ensure there was an RN (Registered Nurse) available for consultation for the facility's LPN (Licensed Practical Nurse) who provided direct nursing care to clients #1, #2, #3, #4, #5 and #6. Please see W346.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #3), the facility nursing services failed to aggressively monitor and prevent client #1 from repeated falls, to ensure client #1 received a PT (Physical Therapy) or OT (Occupational Therapy) evaluation to address repeated falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass following the routine use of a wheelchair and to ensure client #1's Fall Risk Plan (FRP) included specific interventions to address client #1's repeated falls. The facility nursing services failed to physically assess client #3 during an incident regarding the functioning of his GT (Gastrostomy</p>	W 0331	The facility is implementing the following to ensure clients are provided with nursing services in accordance with their needs. The agency has secured a RN as a resource whom is responsible with the administrator for oversight over the facility nurse. The RN is also available for consultation for the LPN. The RN and administrator will provide needed training, direction and oversight to ensure the nurse properly monitors for and addresses health and medical concerns for all clients in the home. This will include but not be limited to aggressively monitoring the fall risk plan for client #1 so as to prevent repeated falls, to ensure client #1 receives a Physical Therapy and/or Occupational Therapy	07/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>Tube), failed to ensure client #3 had a nursing care plan to address his recurrent skin infections and to ensure client #3's GT risk plan included specific interventions to address client #3's repeated leaking GT.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/8/15 at 3:08 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/5/14 indicated, "The morning of 6/5/14, [client #1] fell while walking up some steps to the living room area of the group home. [Client #1] sustained a 3-4 inch scrape on his right shoulder blade. Staff did not witness [client #1] fall. The staff working with [client #1] heard [client #1] fall and contacted the nurse and the [RD (Residential Director)] of the home. He went to work and resumed his normal activities for the day."</p> <p>-Follow up BDDS report dated 6/10/14 indicated, "An investigation was completed to examine [client #1's] fall and the injury that occurred. It was determined that when [client #1] was walking up the steps into the living room</p>		<p>evaluation to specifically address recurrent falls, to actively monitor client #1's mobility needs to prevent regression of muscle coordination and mass, developing and implementing a risk plan to address recurrent skin infections for client #3, and to ensure the G Tube risk plan for client #3 that now does include specific interventions to address repeated tube leaking is implemented. The nurse who failed to physically assess client #3 during the incident regarding the functioning of his G Tube did receive corrective action for her failure to respond to this situation properly. The nurse is present in the facility each week as directed by the administrator to ensure completion of needed assessments and monitoring of risk issues. She will provide documented report to the administrator of her completed observations and assessments. This will be monitored by the administrator. She will be directed to specifically monitor implementation of the client #1's fall risk plan and client #3's G tube risk plans. She will also assess client #3's skin. Her presence will be increased during the time of Plan of Correction, at the direction of the administrator. The nurse will complete a comprehensive review of the medical record for each client to ensure all risk issues are adequately addressed. The RN and administrator will provide oversight to ensure all</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>he had lost his footing and fell backwards to the floor. When falling he had scraped his shoulder blade on a chair that was sitting next to the steps." The follow up BDDS report dated 6/10/14 indicated, "[Client #1] does have a fall protocol in place in the home and it was being followed properly by staff. He was wearing his elbow pads which are required at all times. His protocol does allow him to walk within his home independently."</p> <p>-BDDS report dated 6/18/14 indicated, "[Client #1] underwent outpatient surgery to correct an injury he sustained to his left elbow several months ago which had not healed completely following multiple visits to the wound care center. As a result of the surgery, [client #1] was put under local anesthesia in order for the procedure to be done." The 6/18/14 BDDS report indicated client #1 had surgery to correct an injury he sustained from a fall on 4/2/14 which resulted in a wound requiring stitches at the ER (Emergency Room).</p> <p>-BDDS report dated 9/19/14 indicated, "On the evening of 9/18/14, [client #1] fell while walking in his home. When he fell he hit the back of his head, which caused a laceration. [Client #1] was taken to the ER, where he received one staple</p>		<p>areas are properly addressed on an ongoing basis.</p> <p>Responsible Party: Area Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>to close the laceration. [Client #1] is expected to heal without complications, and he soon returned to normal activities."</p> <p>-BDDS report dated 11/7/14 indicated, "[Client #1] was seated working on a job. [Client #1] leaned over to pick up a part that had dropped on the floor and fell. [Client #1] sustained a very small scratch on his left hand and a smaller than (a) dime size red mark on his left hand."</p> <p>-BDDS report dated 5/1/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1's] elbow appears to be red and bleeding slightly."</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISTMR (Individual Support Team Meeting Report) dated 4/15/14 indicated, "On 3/19/14 [day services] filed an IR (Incident Report) due to [client #1] falling when leaving the building. [Client #1] suffered a small scrape to his left elbow due to him not having on his elbow pads. Staff were prompted to ensure that [client #1] has elbow pads on at all times and day program staff were asked to notify [agency] if they noticed [client #1] was not wearing his elbow pads. On 4/2/14 [day services] filed</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G499	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219		
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	<p>another IR due to [client #1] falling out of his chair in the workshop (while) trying to reach something on the floor. He suffered a large wound to his left elbow and was seen at the ER. He received stitches and treatment for the wound."</p> <p>Client #1's ISTRM dated 5/20/14 indicated, "[Client #1] will be seeing a plastic surgeon on June 18, 2014 to have an operation to cover the wound on his elbow that he suffered from falling on two separate occasions. Both incidences resulted in and (sic) IR being filed. [Client #1] has been going to (the) wound center to treat the wound on the elbow but it is not closing. They have been bandaging the elbow with medicated pads. A skin graft will be performed to help close the wound."</p> <p>Client #1's ISTRM dated 9/16/14 indicated, "While in the workshop at [day services], [client #1] had walked to the hallway to get his things and was discovered laying on the ground a short time later by staff. [Day services] reported the incident. Body checks were completed on [client #1] by [day services] and [agency] staff and no injuries were reported. [Client #1] does have a fall protocol in place that states the use of his walker and elbow pads to</p>				

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>prevent injury. The last update to the protocol was to include the use of his wound vacuum for his elbow that he does not require anymore. It has been mentioned to include the use of a wheelchair while at [day services] to help prevent [client #1] from wandering off unnoticed and to help prevent further injury."</p> <p>Client #1's ISTMR dated 11/18/14 indicated, "On 11/7/14, [client #1] slid out of his chair while working on a job at [day services]. He leaned over to pick up a part that landed on the floor and fell down. He sustained a minor scrape to his left hand. [Client #1] is still using a wheelchair while at [day services] and there is concern he is losing muscle mass and coordination as a result." Client #1's ISTMR dated 11/18/14 indicated, "Discussion: Padded mat to be used at [day services] under [client #1's] work station."</p> <p>Client #1's ISTMR dated 11/18/14 indicated, "[Client #1] should stop using a wheelchair while at [day services] to prevent any more loss of coordination/muscle mass. [Client #1] has elbow pads with a protocol in place and will use his extra long elbow pads while at [day services]. The nurse has requested an order for physical therapy</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>for [client #1] and will be ordering some more elbow pads."</p> <p>Client #1's ISTMR dated 5/28/15 indicated, "[Client #1] tripped and fell causing a scrape on his right elbow. [Client #1] was able to resume his activities after the fall. Staff contacted the nurse and used first aid to attend to his wounds."</p> <p>Client #1's Consultant Visit Form (CVF) dated 3/1/10 indicated client #1 received a PT (Physical Therapy) evaluation. Client #1's record did not indicate documentation of additional PT evaluations since 3/1/10.</p> <p>Client #1's CVF dated 2/24/10 indicated client #1 was evaluated by OT (Occupational Therapy). Client #1's record did not indicate documentation of additional OT evaluations since 2/24/10.</p> <p>Client #1's record did not indicate documentation of a PRN (As Needed) prescription or PT/OT recommendations for client #1 to utilize a wheelchair while at day services.</p> <p>Client #1's Fall Risk Protocol (FRP) revised 6/2015 indicated, "[Client #1] is at risk for falls due to his abnormal gait and posture, muscle weakness and poor</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>sense of balance, secondary to his diagnosis of Scoliosis. We have a fall risk protocol in place in order to make sure [client #1] has as few falls and injuries as possible. [Client #1] walks with a very 'leaned back' posture. He does not stand completely upright. This makes him prone to falling backward. Usually his falls are slow and controlled. [Client #1] has a good sense of things around him and moves slowly and consciously. [Client #1] should use his reverse walker whenever walking or standing (with the exception of being in the home.) He is to utilize ramps whenever possible. Non skid rug is (sic) to be on bathroom floor before getting in and out of shower. Rooms should be free of clutter and any rugs are to lay flat to prevent tripping or falling. Staff should monitor and assist [client #1] by holding his hand while getting in and out of vehicles. Any falls should be reported to the RD (Residential Director) and nurse immediately."</p> <p>Client #1's FRP revised 6/2015 did not indicate documentation of when client #1 should utilize elbow pads, when staff should utilize client #1's gait belt or the use of a padded floor mat at client #1's work station.</p> <p>Client #1's ISP (Individual Support Plan) dated 3/25/15 indicated, "[Client #1] currently uses a reverse walker while in</p>			
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219		
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	<p>the community as a source of mobility. [Client #1] wears elbow pads when in the community to prevent an elbow injury should he fall. A gaitbelt is also utilized for ascending the van to ensure his safety."</p> <p>Observations were conducted at the group home on 6/8/15 from 4:45 PM through 6:15 PM. Client #1 was observed throughout the observation period. Client #1 walked with a stiff and unbalanced gait and leaned backwards while standing and walking. At 5:30 PM, client #1 was standing the home's family room area. AS (Administrative Staff) was standing next to client #1. Client #1 attempted to turn his torso to walk to his bedroom and fell backwards to the ground. Client #1's head was blocked from hitting a coffee table by AS #1 who was able to control client #1's fall and lower client #1 to the floor.</p> <p>AS #1 was interviewed on 6/9/15 at 12:42 PM. AS #1 indicated client #1 had fallen in the group home on 6/8/15. AS #1 stated, "Yeah, he was close to the table. He could have hit his head on it." AS #1 indicated client #1 had utilized a wheelchair at day services from 9/16/14 through 11/18/14. AS #1 indicated staff working with client #1 should walk beside him while in the group home and not using his walker. AS #1 indicated</p>				

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219		
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	<p>client #1 used a gait belt on the van but not in the home. AS #1 indicated the facility nurse had requested a PT evaluation on 11/18/14. AS #1 indicated there was not additional documentation of PT/OT evaluations since 2010.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated client #1 had been utilizing a wheelchair while at day services but was losing muscle coordination and mass from not walking. LPN #1 indicated client #1 did not have a physicians order or PT/OT recommendation for the use of a wheelchair while at day services. LPN #1 indicated client #1's FRP revised 6/2015 should include specific interventions to prevent client #1's from falling and injuring himself.</p> <p>2. BDDS report dated 5/21/15 indicated, "[Client #3] was taken to the ER (Emergency Room) as it was reported that his GT (Gastronomy Tube) (feeding tube) was not functioning properly and his gastroenterologist was not available to evaluate him. [Client #3] was evaluated at [hospital] ER where no issue was identified with the tube. [Client #3] was prescribed a cream to treat a fungal infection that had developed where the GT attaches to [client #3's] abdomen. [Client #3] returned home when staff</p>				

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>started his evening feeding and they found a piece was missing from the GT causing the tube to leak when feeding was being completed. The agency nurse was notified who advised that [client #3] should be taken back to the ER at [hospital] first thing in the morning where it was identified that a piece was missing thus not permitting the tube to properly attach to the port or button that enters [client #3's] abdomen. [Hospital] did not have the resources available to correct the issue and directed agency staff to take [client #3] to [hospital] where they had the resources available. At this ER (second hospital), they were able to successfully repair the issue until he is seen by his gastroenterologist on 5/22/15."</p> <p>-Follow up BDDS report dated 6/1/15 indicated, "[Client #3] had a follow up appointment with his gastroenterologist on 5/29/15. His gastroenterologist ordered new tube supplies, he continues to use the temporary tube until new supplies are available. [Client #3] will have extra supplies at home and at the agency office so as to ensure immediate replacement in the future if needed. [Client #3's] GT risk plan has been updated to reflect steps for identifying need for and immediate replacement of any tube pieces that are damaged."</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219
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	<p>Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's reviewed/updated 6/2015 GT Protocol form indicated, "[Client #3] has had a GT since he was a baby. With the exception of his inhaler, he takes all medications and receives all of his nutrition via his GT. Currently, [client #3] receives two containers of Perative (nutritional supplement) at each meal time, as well as two as a snack at 8:00 PM. This is given through his GT and [client #3] is able to do his feedings himself. Staff should be present and supervise as he does this. his medications are to be crushed and given through his tube, then flushed with water immediately after. Staff should also make a point to give extra water throughout the day to keep [client #3] hydrated and ensure adequate water intake. Any issues regarding his GT should be reported to the nurse or nurse on call."</p> <p>Client #3's Hospital Encounter Record form dated 8/28/14 indicated the following:</p> <p>-"6/3/14, GT leaking. [Guardian] said GT leaking more than usual, doesn't look infected. Said he pulled out 15 cubic centimeters with syringe from balloon, never remembered that much...."</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7603 E 10TH ST INDIANAPOLIS, IN 46219			
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	<p>-7/15/14, Gastroenterology: (1.) Attention to gastrostomy. Will treat with Nystatin topical (antifungal) and Keflex (antibiotic), also should start applying barrier cream such as A and D ointment (brand of rash prevention cream) to protect the surrounding skin. Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 7/15/14 encounter indicated, "GT dependent with chronically leaking GT. Currently with yeast verses (sic) bacterial skin infection to GT site."</p> <p>-8/19/14, Gastroenterology. (1.) Attention to gastrostomy- Recommend to change gauze pad frequently to keep skin at site clean and dry...." The 8/19/14 encounter indicated, "Will trial... pad to sites for further healing, as patient is scratching site often. Apply at nighttime but during the day keep area clean and dry with frequent gauze pad changes."</p> <p>Client #3's Monthly Nursing Summary (MNS) form for the month of January 2015 indicated, "[Client #3's] health is in good condition overall with the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's MNS form for the month of February 2015 indicated, "[Client #3's] health is in good condition overall with</p>						

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	<p>the exception of a rash around his GT site, which is being closely followed by dermatology."</p> <p>Client #3's Nursing Quarterly Review dated March 2015 indicated, "Rash around GT site this quarter."</p> <p>Client #3's Consultant Visit form dated 5/28/15 indicated, "GT site recurrent infection...."</p> <p>Client #3's ER form dated 5/15/15 indicated client #3's diagnoses included but were not limited to Fungal skin infection around his GT site. Client #3's ER form dated 5/15/15 indicated, "General care: If you were prescribed an oral medicine, read the patient information. Talk with the health care provider about the risks and side effects. Let your skin dry completely after bathing. Carefully dry.... Dress in loose cotton clothing, Don't scratch the affected area. This can delay healing and may spread the infection. It can also cause a bacterial infection. Keep your skin clean but don't wash the skin too much. this can irritate your skin."</p> <p>Client #3's reviewed/updated 6/2015 GT protocol form did not indicate documentation of specific steps for identifying issues with client #3's GT.</p>			

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	<p>Client #3's reviewed/updated 6/2015 GT protocol did not specify how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT. Client #3's reviewed/updated 6/2015 GT protocol did not specify when staff should change client #3's gauze, did not specify instructions to allow client #3's skin to dry after bathing or to wear loose cotton clothing. Client #3's reviewed/updated GT protocol did not indicate documentation of how staff should prevent or monitor client #3's scratching of the GT site.</p> <p>Observations were conducted at client #3's day services provider on 6/10/15 from 11:22 AM through 12:30 PM. At 11:22 AM, client #3 was seated at a table with day service staff and co-workers for lunch. Client #3 utilized his GT and independently held his tubing and poured his Perative liquid into the tubing. At 12:00 PM, client #3 finished his GT feeding and day service staff assisted client #3 remove the tubing from the port/button. Client #3's GT port was leaking the Perative liquid out onto client #3's abdomen and had saturated his underwear from running down his abdomen. Client #3's abdominal skin around the GT port was dark red and encircled the port in a 2 inch diameter. At</p>			
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	<p>12:05 PM, Day services staff #1 stated, "[Client #3's] tube has been leaking. Last time, we called them (facility) and they came and picked him up and took him home. His rash is looking better. It's still red but it's not as red and inflamed as it has been. I think the balloon that's inside his stomach, the balloon that creates a vacuum (valve) so the liquid doesn't come back out, is not inflated. I think it needs some more air."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 stated, "[Day Services] contacted me and notified us that [client #3's] GT or his button was broken. They weren't sure but couldn't get the tube to stay in (connected). I instructed the [RC (Residential Coordinator)] to call [client #3's] gastroenterologist but there were no openings. So, I told them to take [client #3] to the ER." When asked if she had completed a physical assessment of client #3 on 5/21/15, LPN #1 stated, "No." when asked if client #3's GT protocol had been updated as described in the 5/21/15 BDDS report to included specific steps for identifying need for and immediate replacement of GT components or other recommendations as to how and when staff should monitor for leakage or when and how staff should assist client #3 clean and maintain his GT, when staff</p>			

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W 0346 Bldg. 00	<p>should change client #3's gauze and how staff should prevent or monitor client #3's scratching of the GT site, LPN #1 stated, "No, not specifically. It says to contact the nurse for any issues with the tube."</p> <p>9-3-6(a)</p> <p>483.460(d)(4) NURSING STAFF</p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>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 ensure there was an RN (Registered Nurse) available for consultation for the facility's LPN (Licensed Practical Nurse) who provided direct nursing care to clients #1, #2, #3, #4, #5 and #6.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's Quarterly Nursing Assessment (QNA) dated March 2015 indicated LPN (Licensed Practical Nurse) #1 provided client #1 with direct nursing care/assessment. Client #1's Monthly Nursing Summary forms dated</p>	W 0346	<p>The agency has secured a Registered Nurse (RN) as a resource whom is responsible with the administrator for oversight over the facility nurse. The RN is also available for consultation for the Licensed Practical Nurse who provides the direct nursing care to the all clients in the facility. Agency administrators will ensure ongoing that a Registered Nurse is available for consultation for agency LPN's.</p> <p>Responsible Party: Program Services Director</p>	07/17/2015	

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	<p>from January 2015 through April 2015 indicated LPN #1 provided client #1 with direct nursing care/assessment.</p> <p>2. Client #2's record was reviewed on 6/9/15 at 8:47 AM. Client #2's QNA dated March 2015 indicated LPN #1 provided client #2 with direct nursing care/assessment. Client #2's Monthly Nursing Summary forms dated from January 2015 through April 2015 indicated LPN #1 provided client #2 with direct nursing care/assessment.</p> <p>3. Client #3's record was reviewed on 6/9/15 at 9:44 AM. Client #3's QNA dated March 2015 indicated LPN #1 provided client #3 with direct nursing care/assessment. Client #3's Monthly Nursing Summary forms dated from January 2015 through April 2015 indicated LPN #1 provided client #3 with direct nursing care/assessment.</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 7:30 AM. AS #1 indicated the facility utilized LPN #1 for direct nursing care for clients #1, #2, #3, #4, #5 and #6. AS #1 indicated the facility's DON (Director of Nursing)/RN had resigned and her last day of employment with the agency was 6/5/15. AS #1 indicated there was not a written arrangement with an RN to provide the</p>			

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W 0436 Bldg. 00	<p>agency's LPNs with consultation services. AS #1 indicated the facility was actively recruiting to fill the DON/RN position.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/9/15 at 10:43 AM. LPN #1 indicated she was an LPN and not an RN. LPN #1 indicated she provided direct nursing services for clients #1, #2, #3, #4, #5 and #6.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 6 clients with adaptive equipment (#1), the facility failed to ensure client #1's protective elbow pads were in good condition.</p> <p>Findings include:</p> <p>Observations were conducted at client #1's day services provider on 6/10/15 from 11:22 AM through 12:30 PM. Client #1 utilized protective elbow pads</p>	W 0436	The administrator has ensured that client #1 has been provided with several pairs of protective elbow pads that are in good condition. Any pads that were in poor condition have been disposed of. The fall risk plan for this client has been updated to include a daily check of the condition of the elbow pads and to ensure that he is wearing elbow pads that are in good repair. A back up pair is available at home and at the day programs as to ensure immediate replacement when	07/17/2015

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W 0440 Bldg. 00	<p>to prevent injury to his elbows due to his history of falls. Client #1's left elbow pad had a 2.5 inch hole in the material and the material was fraying.</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's ISP (Individual Support Plan) dated 3/25/15 indicated, "[Client #1] currently uses a reverse walker while in the community as a source of mobility. [Client #1] wears elbow pads when in the community to prevent an elbow injury should he fall. A gaitbelt is also utilized for ascending the van to ensure his safety."</p> <p>Day Service Staff #2 was interviewed on 6/10/15 at 12:00 PM. Day Service Staff #1 indicated client #1's elbow pads had holes in them and needed to be replaced.</p> <p>9-3-7(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 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>	W 0440	<p>needed. The QIDP and Administrator are completing more frequent observations at the home and in the day service at the direction of the administrator at this time. One thing that is checked and recorded on the observation note is the condition of the elbow pads that client #1 is wearing and what steps are taken to replace any damaged elbow pads. These notes are circulated to the Area Director and Program Quality Coordinator for review. During routine professional presence visits at the home and day service the condition of the adaptive equipment for all clients will be assessed to ensure all equipment remains in good and working order. Any concerns will be addressed immediately to ensure proper repair or replacement. Responsible Party: Area Director</p> <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</p>	07/17/2015			

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W 0488 Bldg. 00	<p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 6/9/15 at 7:36 AM. The review indicated the facility failed to conduct evacuation drills for clients #1, #2, #3, #4, #5 and #6 for overnight shift during the second quarter, April, May, June of 2014, for the day, evening and overnight shift during the fourth quarter, October, November or December 2014.</p> <p>AS (Administrative Staff) #1 was interviewed on 6/9/15 at 7:30 AM. AS #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 participated in all aspects of meal preparation to the extent of his</p>	W 0488	<p>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.</p> <p>Responsible Party: Residential Director</p> <p>The administrator has direct the QIDP to observe and direct as needed meal preparation and meal time in the home to ensure all active treatment needs are being met for all clients, this will include</p>	07/17/2015			

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	<p>capabilities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/8/15 from 4:45 PM through 6:15 PM. At 5:52 PM, staff #1 placed client #1's portions of the evening meal which included bean soup, corn bread muffin, coleslaw and mixed fruit into a food processor. Staff #1 pureed client #1's food, placed the pureed food on a divided plate and then prepared client #1's adaptive cup by filling it with Ensure (dietary supplement). Client #1 was seated at the dining room table and was not prompted/coached to assist with preparing his food or placing his food on his plate. Staff #1 then brought client #1's food, drink and utensils to him as he sat at the table.</p> <p>Observations were conducted at the group home on 6/9/15 from 6:15 AM through 7:45 AM. At 6:30 AM, staff #2 prepared client #1's portions of the morning meal which included pancakes, cereal and cottage cheese into a food processor (separately). Staff #2 pureed client #1's food, placed the pureed food on a divided plate and then prepared client #1's adaptive cup by filling it with Ensure. Client #1 was seated at the dining room table and was not</p>		<p>providing client #1 the opportunity to participate in meal preparation to the extent of his capabilities. At the direction of the administrator, the QIDP has implemented a formal training objective in the area of meal preparation for client #1. The administrator will ensure that all active treatment needs for all clients are properly addressed by the QIDP. The QIDP's observation of meal preparation and meal time will occur weekly and will be recorded on a professional home visit note. The notes will be provided to the Area Director and Program Quality Coordinator for review. The administrator also has an increased presence in the home and will be sure to observe meal preparation to ensure the QIDP has adequately addressed meal time needs for the clients.</p> <p>Responsible Party: QIDP</p>	

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	<p>prompted/coached to assist with preparing his food or placing his food on his plate. Staff #1 then brought client #1's food, drink and utensils to him as he sat at the table.</p> <p>Client #1's record was reviewed on 6/9/15 at 10:48 AM. Client #1's AFA (Annual Functional Assessment) dated 3/2015 indicated client #1 was capable of being trained to assist with his meal preparation.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/9/15 at 9:44 AM. QIDP #1 indicated with hand over hand physical assistance and verbal coaching, client #1 can assist puree his food and placed his food on his own plate. QIDP #1 indicated client #1 sometimes refuses to participate but should be encouraged to participate.</p> <p>9-3-8(a)</p>			