

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G389	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 823 ALHAMBRA ANDERSON, IN 46011
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/25, 2/26, and 2/27/2014.</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>Facility Number: 000903 Provider Number: 15G389 AIMS Number: 100244370</p> <p>This federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 3/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview, and record review for 1 of 4 sampled clients (client #4), the facility failed to initiate programming in client #4's Individual Support Plan (ISP) which addressed client #4's night time toileting issues.</p>	W000227	<p>W227 The facility has initiated programming for client 4 which addresses his night time toileting issues. All staff have received training regarding implementation and documentation of the programming. The QIDP will review</p>	03/29/2014

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>Findings include:</p> <p>On 2/25/14 at 5:02pm, GHS (Group Home Staff) #1 asked client #4 to come to the medication administration room and administered client #4's evening medication which included "Oxybutynin 5mg (milligrams)." GHS #1 asked client #4 to repeat the name and reasons for his medication. Client #4 repeated "Oxybutynin" for "bladder control" after GHS #1.</p> <p>On 2/26/14 at 10:05am, client #4's record was reviewed. Client #4's 9/11/13 ISP (Individual Support Plan) did not indicate a toileting goal and/or toileting schedule to address client #4's toileting needs. Client #4's "General Consumer Programming Guide (a listing of informal programs)" indicated "Toileting: Independent, reminders to close the door and wash hands when finished." Client #4's record indicated a 2/2/14 "Physicians Order" which included the use of "Oxybutynin 5mg take 5mg by mouth 3 times daily" for incontinence medication. Client #4's 6/2013 Urologist physician's visit indicated the Oxybutynin medication use for "Enuresis (incontinence)." Client #4's 12/2013 and 9/2013 "Nursing Quarterly" reports indicated "Urinary:</p>		<p>the toileting needs of all other individuals in the facility to assure that any concerns are addressed. The QIDP will review communications from staff not less than weekly to assure that any toileting concerns that crop up between formal assessments are addressed.</p>				

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	<p>Nocturn Enuresis (night time incontinence)."</p> <p>An interview with the Agency Registered Nurse (RN) and the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/26/14 at 1:30pm. The RN and QIDP both indicated client #4 did not have a a toileting goal or schedule. The RN indicated client #4 was incontinent of urine and was on the "Oxybutynin" medication. The RN indicated client #4's incontinence was not a medical issue. The RN indicated the Urologist had ordered the Oxybutynin medication because client #4 was incontinent at night and the Urologist did not indicate a medical reason for client #4's incontinence. The QIDP indicated the behavior specialist had not included client #4's incontinence in client #4's behavior plan because it was not a behavioral issue. Both staff indicated client #4's prescribed Oxybutynin medication was because of his incontinence during the night time hours.</p> <p>On 2/27/14 at 11:10am, an interview the QIDP and the Area Director was conducted. The QIDP provided client #4's 2/27/14 "Program Summary Web Report" from 9/1/13 through 1/31/14.</p>						

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	<p>The Web Report indicated "Overall Percentage(s)...Did individual have urinary output? no: 19%, yes: 41%, Describe Continence: 40%, Describe incontinence: (no percent recorded)."</p> <p>The QIDP indicated client #4 did not have a formal and/or informal toileting goal or toileting schedule available for review to address client #4's night time toileting needs.</p> <p>9-3-4(a)</p>			
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