

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G652	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/11/2016
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN 47240
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W 0000  Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to the full recertification and state licensure survey completed on 12/11/15.</p> <p>Dates of Survey: March 9 and 11, 2016.</p> <p>Facility Number: 001190 AIM Number: 100233930 Provider Number: 15G652</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/17/16.</p>	W 0000		
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 record review, observation and interview for 3 of 3 sampled clients (#1, #2, and #3) and 3 additional clients (#4, #5 and #6), the governing body failed to exercise operating direction over the facility to keep accurate accounting of client funds, failed to ensure staff were</p>	W 0104	<p><b>Corrective actions taken:</b> · All county QIDPs were in-serviced on clientfinance policy, medication administration and formal and informal trainingopportunities on 3/17/16. ( Attachment A) · All group home staff were in-serviced on client</p>	04/10/2016

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>trained to administer medications correctly, and failed to ensure staff implemented training and reinforced independence during meals.</p> <p>Findings include:</p> <p>Please refer to W140 for the Governing body's failure to assure an accurate and complete accounting of the client's personal cash on hand account (client #5).</p> <p>Please refer to W192 for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility's governing body failed to ensure staff were trained to administer medications in a proper manner.</p> <p>Please refer to W249 for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility's governing body failed to ensure implementation of training programs during formal and informal training opportunities.</p> <p>This deficiency was cited on 12/11/15. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-1(a)</p>		<p>finance policy, medicationadministration and formal and informal training opportunities and non-custodialmeal time practices on 3/15/16. ( Attachment B) <b>How will we identifyothers:</b> · The quality assurance manager will audit allhomes on a monthly basis. The audit documents how well each home operates,including checks for active treatment, finances and medication administration. · All QIDPs complete three documented group home observationsto ensure staff are implementing proper active treatment, medication goals andimplementing finance policies. · Night audit checklist requires the night auditor to account for all client funds and to report any discrepancies to the QIDPimmediately. · All group home staff are to count and sign offon client finances every shift and the QIDP is to ensure proper counts weekly. <b>Measures put inplace:</b> · Night audit checklist ( Attachment C) · Group home observation sheet ( Attachment D) · Group home monthly record review audit(Attachment E) <b>Monitoring of correctiveaction:</b> · QIDP will perform monthly documentedobservations on all shifts to ensure staff understand the finance policy, medicationadministration and active treatment. · The QIDP will make an additional four</p>				

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 additional client (#5), the facility failed to assure an accurate and complete accounting of the client's personal cash on hand account.</p> <p>Findings include:</p> <p>An audit was conducted on 3/9/16 at 4:20 PM with the Qualified Intellectual Disabilities Professional</p>	W 0140	<p>weeklydocumented observations looking for proper medication pass, active treatmentand proper client finance procedures andaccurate counts for two additional months. · The QA for group homes will audit the homemonthly to ensure proper accounting of client funds, active treatmentopportunities and proper accounting of client funds. The QA manager then sendsthe audit to the RPM who submits a corrective action report to the county QIDP and director of community living. The QIDP must correct all deficiencies withseven days. · DSI group home finance specialist will auditgroup home finances twice a month to ensure proper accounting and handling ofclient funds.</p> <p><b>Corrective actions taken:</b></p> <ul style="list-style-type: none"> <li>·All county QIDPs were in-serviced on client finance policy on 3/17/16 (Attachment A)</li> <li>·All group home staff were in-serviced on client finance policy on 3/15/16.( Attachment B)</li> </ul> <p><b>How will we identifyothers:</b></p> <ul style="list-style-type: none"> <li>·The quality assurance manager will audit allhomes on a monthly basis. The audit documents how well each home</li> </ul>	04/10/2016

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	<p>designee/QIDP-d of clients' cash on hand accounts. Client #5's Discretionary Funds Ledger/DFL indicated a cash amount of \$13.98. The ledger was a new form implemented by the facility to ensure an accurate accounting of client funds. Each client's funds were to be counted daily by each shift of staff. The DFL showed a balance of \$13.98 from 2/25/16 through 3/9/16 at 8:00 AM, the last entry. When the QIDP-d counted the money, it was found to be \$13.92. QIDP-d could not explain how the discrepancy occurred.</p> <p>This deficiency was cited on 12/11/15. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>		<p>operates,including checks for finances. All QIDPs complete three documented group home observations to ensure staff are implementing proper finance policies.</p> <ul style="list-style-type: none"> <li>·Night audit checklist requires the night auditor to account for all client funds and to report any discrepancies to the QIDP immediately.</li> <li>·All group home staff are to count and sign off on client finances every shift and the QIDP is to ensure proper counts weekly.</li> </ul> <p><b>Measures put in place:</b></p> <ul style="list-style-type: none"> <li>·Night audit checklist ( Attachment C)</li> <li>·Group home observation sheet ( Attachment D)</li> <li>·Group home monthly record review audit(Attachment E)</li> </ul> <p><b>Monitoring of corrective action:</b></p> <ul style="list-style-type: none"> <li>·QIDP will perform monthly documented observations on all shifts to ensure staff are properly documenting client finances.</li> <li>·The QA for group homes will audit the home monthly to ensure proper accounting of client funds and incident reporting and documentation. The QA manager then sends the audit to the RPM who submits a corrective action report to the county QIDP and director of community living. The QIDP must correct all deficiencies with seven days.</li> <li>·DSI group home finance</li> </ul>		

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W 0192 Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure staff were trained to administer medications in a proper manner.</p> <p>Findings include:</p> <p>The afternoon medication administration was observed on 3/9/16 from 4:30 PM until 5:05 PM. Staff #2 prepared client #6's meloxicam (pain reliever) 15 mg/milligrams and administered it in client #6's bedroom while she was in bed. The client did not sit up on the edge of the bed in a functional position. While staff #2 was preparing the</p>	W 0192	<p>specialist will audit group home finances twice a month to ensure proper accounting and handling of client funds. ·The QIDP will make an additional four weekly documented observations looking for proper finance procedures and accurate counts for two additional months.</p> <p><b>Corrective action taken:</b> ·All county QIDPs were in-serviced on proper medication administration and client rights to privacy on 3/16/16 (Attachment A) ·Group Home staff will be in-serviced on proper medication administration and client rights to privacy on 3/15/16 ( Attachment B) ·The house nurse will in-service all house staff on all aspects of medication administration ·The QIDP will make an additional four weekly documented observations looking for proper implementation of medication administration ·After the nurse in-service, any staff found to have improper medication pass techniques will be sent to Core A training</p>	04/10/2016

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	<p>medication, client #3 came into the medication room for craft supplies. At 4:39 PM, staff #2 administered three Vitamin D (supplement) 400 international units/iu to client #5 while she was in her bedroom. Staff #2 told client #5 the vitamins were "calcium for your bones."</p> <p>At 4:45 PM, staff #2 prepared and administered client #1's medications while client #2 was in and out of the medication room talking to staff.</p> <p>At 4:50 PM, staff #2 administered client #2 her primidone 50 mg. tablet for tremors. Client #2 was talking while taking the medication and staff did not prompt her to attend to the task of swallowing the medication safely.</p> <p>At 4:52 PM, staff #2 readied and administered client #3's medications. Client #4 was leaning over the medication cart while the medicines were being poured.</p> <p>During the medication administration, staff did not prompt clients to leave the medication area nor was the door to the medication room closed.</p> <p>Interview with the Director of Health Care Services was conducted on 3/11/16 at 3:15 PM. The interview indicated staff were to administer medications to clients in a functional position, not while they were reclining in bed. If necessary</p>		<p><b>How will we identify others:</b></p> <ul style="list-style-type: none"> <li>The quality assurance manager will audit all homesmonthly for proper medication administration and client rights to privacy.</li> <li>All QIDPs complete three documented group home observations to ensure staff are implementing proper medication administration and ensuring client rights to privacy.</li> </ul> <p><b>Measures put in place:</b></p> <ul style="list-style-type: none"> <li>Group home monthly record review audit (Attachment C)</li> <li>Group home observation sheet ( Attachment B)</li> </ul> <p><b>Monitoring of corrective action:</b></p> <ul style="list-style-type: none"> <li>QIDP will perform monthly documented observations on all shifts to ensure staff are properly administering client medications and observing client rights to privacy.</li> <li>The QA for group homes will audit the homesmonthly to ensure proper medication administration and client privacy. The QA manager then sends the audit to the RPM who submits a corrective action report to the county QIDP and director of community living. The QIDP must correct all deficiencies with seven days.</li> <li>The QIDP will make an additional four weekly documented observations looking for proper medication administration and client privacy.</li> </ul>				

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W 0249  Bldg. 00	<p>modifications were needed to ensure delivery of medications, the nursing staff should be consulted to implement any needed methodologies. The interview indicated staff were trained on proper procedures of consulting the medication administration record, giving medicines in a controlled atmosphere and implementation of medication training to clients.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to implement training programs during formal and informal training opportunities.</p> <p>Findings include:</p> <p>The evening meal was observed on</p>	W 0249	<p><b>Corrective actions taken:</b></p> <ul style="list-style-type: none"> <li>·In-serviced staff on all clients dining plansand family style dining on 3/15/16 (Attachment B)</li> <li>·All county QIDPs were in-serviced on family style dining and non-custodial meal time practices and adherence to dining plans and ISPs on 3/16/16 (Attachment A)</li> <li>·Client #4 will be evaluated for possible wrist weight adjustment by an occupational therapist. The QIDP will be requesting an</li> </ul>	04/10/2016			

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	<p>3/09/16 from 5:15 PM until 5:45 PM. Bread was buttered and folded in half by staff and served to clients. Clients were not given the opportunity to spread butter on bread if desired.</p> <p>Staff #3 walked around the dining table and custodially served each client (#1, #2, #3, #4, #5, and #6) five fish sticks. Client #2 talked while she ate and was not redirected by staff to concentrate on eating so she would not risk choking. Client #4's hands shook as she ate her meal. The client used a large handled spoon in her left hand to scoop vegetables and used her right hand to keep the vegetables in the spoon as she brought it to her mouth. Client #4 also ate foods with her right hand. The client did not wear wrist weights. Client #2 wiped her face with her napkin then wiped the napkin on client #4's left cheek.</p> <p>Review of client #2's record on 3/9/16 at 6:25 PM indicated she had an ISP/Individual Support Plan dated 8/1/15. The plan included training for appropriate social boundaries. Client #4's record was reviewed on 3/9/16 at 6:30 PM and indicated an ISP dated 10/08/15. The plan indicated client #4 had tremors and wrist weights and adaptive silverware were used to assist her at meals.</p>		<p>appointment on 3/29/16.</p> <ul style="list-style-type: none"> <li>The QIDP will make an additional four weekly documented observations looking for proper implementation family style dining, health risk plans and dining plans</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>The quality assurance manager will audit all homes monthly to ensure adherence to dining plans, family style dining and health risk plans.</li> <li>All QIDPs complete three documented group home observations to ensure staff are implementing dining plans, family style dining and health risk plans on their monthly documented observations.</li> </ul> <p><b>Measures put in place:</b></p> <ul style="list-style-type: none"> <li>Group home observation sheet ( Attachment D)</li> <li>Group home monthly record review audit (Attachment E)</li> </ul> <p><b>Monitoring of corrective action:</b></p> <ul style="list-style-type: none"> <li>QIDP will perform monthly documented observations on all shifts to ensure staff are implementing proper family style dining and following all dining plans and health risk plans.</li> <li>The QA for group homes will audit the home monthly to ensure proper staff adherence to family style dining, health risk plans and dining plans. The QA manager then sends the audit to the RPM who submits a corrective action report to the county QIDP and director of community living. The QIDP must correct all deficiencies</li> </ul>				

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W 0382  Bldg. 00	<p>When (3/9/16 5:20 PM) asked why she was passing out the fish sticks instead of prompting clients to serve themselves in a family style manner, staff #3 stated "They cannot count to five." Staff #3 indicated client #4 was not wearing her wrist weights while eating because she said they hurt.</p> <p>An interview was conducted on 3/9/16 at 6:00 PM with the Qualified Intellectual Disabilities Professional designee/QIDP-d. The interview indicated staff were to assist and prompt clients as needed according to their individual capabilities to promote skill acquisition.</p> <p>This deficiency was cited on 12/11/15. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being</p>		<p>with seven days. ·The QIDP will make an additional four weekly documented observations looking for proper implementation family style dining, health risk plans and dining plans</p>				

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	<p>prepared for administration.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure clients' medications were kept locked except when being readied for administration.</p> <p>Findings include:</p> <p>The afternoon medication administration was observed on 3/9/16 from 4:30 PM until 5:05 PM.</p> <p>At 4:45 PM, staff #2 prepared and administered client #1's medication of one Vitamin D (supplement) 400 international units/iu to the client. The blister package which contained the vitamin D was empty so another one needed to be placed in the medication cart. At 5:05 PM, staff #2 went into the bathroom adjacent to the medication room and looked in the bathtub/shower. A large blue box with plastic ties on each handle was taken from the bathroom. Staff #2 indicated the plastic box was the monthly fill (delivered 3/7/16) of client medications. Staff #2 retrieved the Vitamin D blister package for client #1 and put it into the medication cart. The Blue box containing clients #1, #2, #3, #4, #5, and #6's medications was secured with plastic ties and put back into the unlocked bathroom shower.</p>	W 0382	<p><b>Corrective actionstaken:</b></p> <ul style="list-style-type: none"> <li>· In-serviced staff on proper medication storage on 3/15/16 ( attachment B)</li> <li>·All county QIDPs were in-serviced on medicationstorage and security on 3/16/16 ( Attachment A)</li> </ul> <p><b>How we will identifyothers:</b></p> <ul style="list-style-type: none"> <li>·All county QIDPs will document proper medicationstorage on their monthly documented observations.</li> <li>·All group home night auditors will check forproper medication storage nightly</li> <li>·The quality assurance manager will audit allhomes monthly to ensure adherence to proper medication storage.</li> </ul> <p><b>Measures put inplace:</b></p> <ul style="list-style-type: none"> <li>·Group home monthly record review audit (Attachment E)</li> <li>·Group home observation sheet ( Attachment D)</li> <li>·Group home night auditor sheet (Attachment C)</li> </ul> <p><b>Monitoring ofcorrective action:</b></p> <ul style="list-style-type: none"> <li>·QIDP will perform monthly documentedobservations on all shifts to ensure medication is properly secured.</li> <li>·The QA for group homes will audit the homemonthly to ensure proper staff adherence to family style dining, health riskplans and dining plans. The QA manager then sends the audit to the RPM whosubmits a corrective action report to the county QIDP and director of communityliving. The</li> </ul>	04/10/2016			

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W 0488 Bldg. 00	<p>Interview with Administrators #1 and #2 on 3/11/16 at 3:35 PM indicated medications were to be kept under lock and key. Keeping medications in the bathroom shower area in an unlocked box was not the agency's accepted practice.</p> <p>9-3-6(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.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure staff reinforce family style dining skills and independence during mealtime.</p> <p>Findings include:</p> <p>The evening meal was observed on 3/09/16 from 5:15 PM until 5:45 PM. Bread was buttered and folded in half by staff and served to clients. Staff #3 walked around the dining table and custodially served each client (#1, #2, #3, #4, #5, and #6) five fish sticks. When asked why she was passing out the fish</p>	W 0488	<p>QIDP must correct all deficiencies with seven days.</p> <ul style="list-style-type: none"> <li>The QIDP will make an additional four weekly documented observations looking for proper storage and security of medications.</li> </ul> <p><b>Corrective actions taken:</b></p> <ul style="list-style-type: none"> <li>Staff were in-serviced on informal meal prep training opportunities and active treatment on 3/15/16 ( Attachment B)</li> <li>All county QIDPs were in-serviced on informal meal prep training opportunities and active treatment on 3/16/16 (Attachment A)</li> <li>The QIDP will make an additional four weekly documented observations looking for proper implementation family style dining</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>The quality assurance manager will audit all homes monthly to ensure adherence to family style dining.</li> <li>All QIDPs complete three</li> </ul>	04/10/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G652	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/11/2016
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN 47240
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W 9999  Bldg. 00	sticks instead of prompting clients to serve themselves in a family style manner, staff #3 stated "They cannot count to five." Client #2 talked while she ate and was not redirected by staff to concentrate on eating so she would not risk choking.  An interview was conducted on 3/9/16 at 6:00 PM with the Qualified Intellectual Disabilities Professional designee/QIDP-d. The interview indicated staff were to assist and prompt clients as needed according to their individual capabilities to promote skill acquisition.  This deficiency was cited on 12/11/15. The facility failed to implement a systemic plan of correction to prevent reoccurrence.  9-3-8(a)	W 9999	documented group home observations to ensure staff are implementing family style dining on their monthly documented observations. <b>Measures put in place:</b> · Group home observation sheet ( Attachment D) · Group home monthly record review audit (Attachment E) <b>Monitoring of corrective action:</b> · QIDP will perform monthly documented observations on all shifts to ensure staff are implementing proper family styledining. · The QA for group homes will audit the home monthly to ensure proper staff adherence to family style dining. The QA manager then sends the audit to the RPM who submits a corrective action report to the county QIDP and director of community living. The QIDP must correct all deficiencies with seven days. · The QIDP will make an additional four weekly documented observations looking for proper implementation family style dining.	04/10/2016
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