

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G412	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12110 BECKLEY DR CUMBERLAND, IN 46229
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey Dates: January 25, 26, 27, 28, 2016</p> <p>Facility Number: 000926 Aim Number: 100244470 Provider Number: 15G412</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/3/16.</p>	W 0000		
W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview, the facility failed for 1 non-sampled client (#7) to ensure facility staff had been retrained on client #7's medication administration.</p>	W 0189	All of the staff that work in this facility will receive retraining regarding medication administration procedures specifically to address the required response when a prescribed medication cannot be located to administer. The training will also address requirements for	02/27/2016

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>Findings include:</p> <p>Client #7's record was reviewed on 1/26/2016 at 7:51a.m.</p> <p>1. The physician's orders, dated 01/01/2016-01/31/2016, indicated, "Clotrimazole Cream 1% Apply to Affected Areas Twice Daily (feet) and Mupirocin Ointment 2% Apply A Small Amount To Affected Areas Topically 3 Times Daily, for skin care."</p> <p>The Medication Administration Records (MAR), dated 01/01/2016-01/31/2016, indicated client #7 did not receive his Clotrimazole Cream 1% 6a.m. dose on 1/9/16-1/14/16 and 1/20/16-1/25/16. The MAR indicated client #7 did not receive his Mupirocin Ointment 2% 6a.m. doses on 1/8/16-1/14/16 and 1/22/16-1/25/16. Staff #4 had signed "OUT" on the 1/16 MAR for the dates of the missed 6a.m. The 1/16 MAR indicated client #7 had received these medications during the 5p.m. and 9p.m. administration.</p> <p>2. An observation was done at the facility on 1/26/16 from 6:48a.m. to 7:38a.m. At 6:58a.m., client #7 went for his medication. At 7:06a.m., staff #5 gave client #7 a glove and a medicine cup with Mupirocin Cream 2% in it. Staff #5 instructed client #7 to go to the bathroom</p>		<p>observing the administration of all prescribed medications including creams and ointments. This training will be competencybased to ensure staff understanding. Evidence of the completing training will be provided to the administrator to verify all staff have been trained asrequired. The staff members who failed to properly administer medications thatwere available did receive corrective action per agency medication errorpolicy. The nurse will routinely review the Medication Administration Recordand medication supply to ensure any further training needs are addressedtimely. The results of her reviews will be provided to the QIDP andadministrator for review and to ensure follow-up. Medication administration will also beobserved by a professional level staff (including the nurse and QIDP) no lessthan weekly for no less than 4 weeks to ensure ongoing compliance withmedication administration requirements. These observations will be documented and forwarded to the administrator for review and verification. Routine monitoring of medicationadministration will continue on-going.</p> <p>Responsible Parties: Nurse and QIDP</p>	

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	<p>and apply the cream to his buttocks. Client #7 left the medication area with the Mupirocin and placed the medication on the sink in the bathroom, located by the kitchen. No facility staff followed client #7 to the bathroom. Client #7 did not administer the medication and left it on the bathroom sink counter. Client #7 went back to the kitchen and finished the breakfast dishes. Client #6 was observed to brush her teeth in the bathroom with the client #7's medication next to her on the counter. At 7:15a.m. the surveyor intervened and asked staff #1 to follow up on the medication client #7 had left in the bathroom. Staff #1 disposed of the medication.</p> <p>Staff #1 was interviewed on 1/26/2016 at 10:48a.m. Staff #1 indicated both of the medications were available, in the medicine cabinet, during the month of 1/16. Staff #1 indicated they were not aware the 6a.m. doses had not been given as ordered. Staff #1 indicated the group home staff had not notified the nurse of the missed doses. Staff #1 indicated client #7 had failed to receive his medications, Clotrimazole and Mupirocin, per the physician's orders. Staff #1 indicated facility staff were to observe client #7 during all of his medication administration. Staff #1 indicated staff were to never leave any</p>			
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W 0368 Bldg. 00	<p>medication unlocked and unattended. Staff #1 indicated facility staff were in need of retraining on client medication administration procedures.</p> <p>9-3-3(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed to ensure medications were administered per physician's orders without error for 1 of 7 clients (#7) residing in the group home.</p> <p>Findings include:</p> <p>Client #7's record was reviewed on 1/26/2016 at 7:51a.m.</p> <p>The physician's orders, dated 01/01/2016-01/31/2016, indicated, "Clotrimazole Cream 1% Apply to Affected Areas Twice Daily (feet) and</p>	W 0368	<p>All of the staff that work in this facility will receive retraining regarding medication administration procedures specifically to address the required response when a prescribed medication cannot be located to administer. This training will be competency based to ensure staff understanding. Evidence of the completing training will be provided to the administrator to verify all staff have been trained as required. The staff members who failed to properly administer medications that were available did receive corrective action per agency medication error policy. The nurse will routinely review the Medication Administration Record</p>	02/27/2016

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	<p>Mupirocin Ointment 2% Apply A Small Amount To Affected Areas Topically 3 Times Daily, for skin care."</p> <p>The Medication Administration Records (MAR), dated 01/01/2016-01/31/2016, indicated client #7 did not receive his Clotrimazole Cream 1% 6a.m. dose on 1/9/16-1/14/16 and 1/20/16-1/25/16. The MAR indicated client #7 did not receive his Mupirocin Ointment 2% 6a.m. doses on 1/8/16-1/14/16 and 1/22/16-1/25/16. Staff #4 had signed "OUT" on the 1/16 MAR for the dates of the missed 6a.m. The 1/16 MAR indicated client #7 had received these medications during the 5p.m. and 9p.m. administration.</p> <p>Staff #1 was interviewed on 1/26/2016 at 10:48a.m. Staff #1 indicated both of the medications were available, in the medicine cabinet, during the month of 1/16. Staff #1 indicated they were not aware the 6a.m. doses had not been given as ordered. Staff #1 indicated the group home staff had not notified the nurse of the missed doses. Staff #1 indicated client #7 had failed to receive his medications, Clotrimazole and Mupirocin, per the physician's orders.</p> <p>9-3-6(a)</p>		<p>and medication supply to ensure any further training needs are addressed timely. The results of her reviews will be provided to the QIDP and administrator for review and to ensure follow-up. Medication administration will also be observed by a professional level staff (including the nurse and QIDP) no less than weekly for no less than 4 weeks to ensure ongoing compliance with medication administration requirements. These observations will be documented and forwarded to the administrator for review and verification. Routine monitoring of medication administration will continue on-going.</p> <p>Responsible Parties: Nurse and QIDP</p>	

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W 0382 Bldg. 00	<p>483.460(I)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed for 1 non-sampled client (#7) residing in the facility, to keep all drugs locked except during administration.</p> <p>Findings include:</p> <p>An observation was done at the facility on 1/26/16 from 6:48a.m. to 7:38a.m. At 6:58a.m., client #7 went for his medication. At 7:06a.m., staff #5 gave client #7 a glove and a medicine cup with Mupirocin Cream 2% in it. Staff #5 instructed client #7 to go to the bathroom and apply the cream to his buttocks. Client #7 left the medication area with the Mupirocin and placed the medication</p>	W 0382	<p>All of the staff that work in this facility will receive retraining regarding medication administration procedures specifically to address requirements for drug storage and observing the administration of all prescribed medications including creams and ointments. This training will be competency based to ensure staff understanding. Evidence of the completing training will be provided to the administrator to verify all staff have been trained as required. Medication administration will be observed by a professional level staff (including the nurse and QIDP) no less than weekly for no less than 4 weeks to ensure ongoing compliance with medication administration requirements. These observations will be documented and forwarded to the administrator for review and</p>	02/27/2016

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W 0436 Bldg. 00	<p>on the sink in the bathroom, located by the kitchen. No facility staff followed client #7 to the bathroom. Client #7 did not administer the medication and left it on the bathroom sink counter. Client #7 went back to the kitchen and finished the breakfast dishes. Client #6 was observed to brush her teeth in the bathroom with the client #7's medication next to her on the counter. At 7:15a.m. the surveyor intervened and asked staff #1 to follow up on the medication client #7 had left in the bathroom. Staff #1 disposed of the medication.</p> <p>Staff #1 was interviewed on 1/26/16 at 7:51a.m. Staff #1 indicated facility staff were to observe client #7 during all of his medication administration. Staff #1 indicated staff were to never leave any medication unlocked and unattended.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good</p>		<p>verification. Routinemonitoring of medication administration will continue on-going. Responsible Parties: Nurse and QIDP</p>	

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	<p>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, the facility failed for 1 of 2 sampled clients (#2) with adaptive equipment, to provide client #2 with training for his identified refusal to wear prescribed eyeglasses.</p> <p>Findings include:</p> <p>Observations were done on 1/25/16 from 4:38p.m. to 6:12p.m., on 1/26/16 from 6:48a.m. to 7:38a.m. at the facility and on 1/26/16 from 11:05a.m. to 11:55a.m. at the Day Service. Client #2 did not wear nor was he prompted by staff to wear eyeglasses during the observations.</p> <p>Day service staff #2 was interviewed on 1/26/16 at 11:15a.m. Staff #2 indicated client #2 had prescribed eyeglasses for close up work. Staff #2 indicated client #2 never wore his eyeglasses at the day service. Staff #2 indicated client #2 did jobs at the day service that involved close up work.</p> <p>Record review of client #2 was done on 1/26/16 at 9:53a.m. Client #2's 2/5/15 eye exam indicated client #2 had prescribed</p>	W 0436	<p>The QIDP will ensure that there is formal training in place for client #2 to ensure he understands when and why he needs to wear his eyeglasses as prescribed. The administrator will verify this training is in place. The QIDP will also review all adaptive equipment needs for all clients in the facility. This review will determine if any other clients also require training to properly utilize any ordered adaptive equipment. Any identified training needs will be addressed with formal programming. The result of this review will be completed in writing and will be provided to the administrator for verification that all issues have been addressed properly.</p> <p>Responsible Party: QIDP</p>	02/27/2016

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	<p>eyeglasses for full-time wear (bi-focals). Client #2 had a 2/11/15 individual support plan (ISP). Client #2's ISP did not have documentation of a training program in place to address client #2's refusal to wear prescribed eyeglasses.</p> <p>Staff #1 was interviewed on 1/26/16 at 10:44a.m. Staff #1 indicated client #2 had prescribed eyeglasses with bi-focals. Staff #1 indicated client #2 had a history of refusal to wear his eyeglasses. Staff#1 indicated client #2 did not have a training program in place to address his refusal of wearing eyeglasses.</p> <p>9-3-7(a)</p>			