

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G092	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/16/2013
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 583 CAMELOT DR SEYMOUR, IN 47274
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 12, 13, 14, 15 and 16, 2013.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 000632 AIM Number: 100233940 Provider Number: 15G092</p> <p>The following deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 9/13/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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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.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure the client was admitted to a residential facility more suited to his current functioning level (client was diagnosed with dementia and requires more supports).</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the evening of 8/12/13 from 4:30 PM until 7:15 PM on and 8/13/13 from 6:30 AM until 8:30 AM. Client #1 was observed to require verbal and physical prompting to complete all activities of daily living. The client did not self initiate tasks and asked for assistance as he ambulated in his home environment. Staff held client #1's hand as he walked from the medication area to the dining area. When client #1 left the facility to get onto the van for transport to the day program at 8:15 AM on 8/13/13, he requested assistance and would not move his feet to descend the 3 steps to the parking area. The facility also had a</p>	W000227	<p>W227 Client #1 has a scheduled date of 9/30/13 to move to a more appropriate group home. In the future, when client needs change resulting in the need for a different placement, the agency will be more aggressive in pursuing services needed. QIDP and Social Services Coordinator will document weekly contact with BDDS or other appropriate entities on progress towards obtaining appropriate services for the client. SGL Manager will follow up weekly with the QIDP and review the progress. Responsible for QA: SGL Manager, QIDP, Social Service Coordinator</p>	09/30/2013			

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	<p>ramp, but staff #1 (team leader) indicated (8/13/13 8:15 AM) client #1 did not like the ramp and preferred the steps with physical assistance as needed. When asked if client #1's hesitancy on the steps was due to his eyesight or skill loss, staff #1 indicated client #1 had experienced some regression in skills and his depth perception could also be a factor.</p> <p>On 8/15/13 from 10:45 AM until 12:30 PM, client #1 was observed to be attending a retirement type day program at another of the agency's residential facilities. Client #1 appeared calm, was eager to assist with mealtime chores (clearing his place setting, assisting staff) and indicated he liked the program and the other participants. The geriatric/retirement facility had an opening at the time of the survey and staff indicated (8/15/13 11:30 AM) client #1 was able to use the available bed for resting as indicated by his physical needs.</p> <p>Client #1's record was reviewed on 8/14/13 at 10:30 AM and indicated an IPP/Individual Program Plan dated 3/12/13. The IPP indicated client #1's diagnoses included, but were not limited to, mild level of intellectual disability, Down's syndrome, dementia, ventral hernia, history of seizure disorder, acne/rosacea/seborrhea/folliculitis,</p>						

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	<p>increased cholesterol and triglycerides, OCD/Obsessive Compulsive Disorder, cataracts, bilateral amblyopia, mixed hearing loss and gout. Client #1 has a pacemaker (7/11/2011) due to a slowed heartbeat. The new diagnosis of dementia has manifested itself in "confusion and anxiety" for client #1. Client #1 was once independent in self care skills but he now requires verbal prompting and some physical assistance with most self-care tasks. He must be supervised in the shower for safety and thoroughness. He bathes himself with verbal prompts. He needs assistance to shave, brush his teeth, and needs guidance when dressing. He may try to wear multiple layers of socks, shirts, and pants if not supervised when dressing. Client #1 has also been using incontinence undergarments as he does have occasional incontinence of the bladder and bowel, especially at night and on his bed. He needs to be toileted every few hours to assist in reducing incontinence.</p> <p>"[Client #1] has the skills to operate many kitchen appliances with assistance. With his dementia diagnosis, he must be supervised in the kitchen at all times, but he should be encouraged to maintain independence in this area, such as warming foods in the microwave. [Client #1] should also assist with meal</p>						

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	<p>preparation, setting the table, and cleaning the kitchen. The goal is not necessarily skill acquisition but maintenance of his current abilities and meaningful participation in daily activities."</p> <p>Client #1 consults with a Psychiatrist on a quarterly basis. The Psychiatrist, after consulting with client #1's neurologist, began treating client #1's dementia with the anti-Alzheimer's drug Aricept in February of 2013.</p> <p>The IPP indicated client #1 ambulates independently...is occasionally apprehensive on steps and inclines, so he uses rails or the support of another's arm...."</p> <p>The IPP indicated client #1 could make routine choices (food, outings, clothing) but for major life decisions, he refers to his cousins, who are his guardians and assist in making all decisions of informed consent.</p> <p>At client #1's case conference/IPP, a discussion was held about his moving to the residential facility which housed his current day program. It is a home for aging individuals and is considered a retirement home. It was determined client #1 would have the opportunity to visit this home and staff would assess and report his daily activities.</p>						

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	<p>Administrative staff #1 was contacted 8/13/13 at 9:00 AM and responded via electronic mail on 8/13/13 at 10:19 AM regarding client #1's placement status. Administrative staff #1 indicated the agency's social worker had contacted the local service coordinator who handled client placement and had officially requested client #1 level of care be evaluated for a move to the geriatric facility mentioned above. At the time of the survey, client #1 remained in his current placement and the assessment had not been completed. Administrator #1 indicated the Interdisciplinary team were in agreement that client #1 would benefit from the move to the geriatric home.</p> <p>9-3-4(a)</p>				