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 06/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICES INC	583 CAMELOT DR SEYMOUR, IN 47274

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W000000	This visit was for the investigation of Complaint #IN00148939. Complaint #IN00148939: Substantiated, federal/state deficiencies related to the allegations are cited at W137, W227 and W340. Dates of Survey: June 19, 20, 23, and 24, 2014. Surveyor: Dotty Walton, QIDP Facility Number: 000632 AIM Number: 100233940 Provider Number: 15G092 The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/10/14 by Ruth Shackelford, QIDP.	W000000		
W000137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	appropriate personal possessions and clothing. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to address client A's lower extremity's circulation needs by failing to ensure he had well fitting support stockings and properly fitting socks/shoes. Findings include: During observations at the facility's day program on 6/23/14 at 1:45 PM client A was working on parts assembly while standing at a waist high work table. Client A did not sit on a stool or otherwise elevate his feet. During observations at the facility on 6/23/14 from 2:30 PM until 6:00 PM, RN #1 was conducting training with new nursing staff (Nurses #3 and #4) and RN #2 during clients A, B, C, D, E, and F's monthly physical assessments. Client A's feet and ankles were checked by the surveyor at 4:20 PM on 6/23/14. The client's ankles were observed to be swollen with deep indentations in his flesh where his tight fitting cotton/elastic socks met his ankles. Client A did not wear support hosiery of any type. RN #1, Nurse #3, Nurse #4, and RN #2 began an evaluation/intervention with client A	W000137	W137 Client A was assessed by OT and a Lymphedema Management Program was initiated. Client A's program has been revised to include the recommendations within this Lymphedema Management Program. Staff have been trained on these new recommendations which have been added to the MAR/TAR record for this client. Staff are required to sign off daily that they have implemented these orders. QIDP or designee, or Agency nurse will observe at least weekly that these orders are being implemented until this condition is stable. QIDP or designee will continue to observe routinely 2 -3 times monthly to ensure compliance in this area for all clients. QIDP/Agency Nurse	07/24/2014

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	when his ankles were brought to their attention. Nursing staff elevated client A's feet, removed his tight fitting socks and the QIDP (Qualified Intellectual Disabilities Professional) #1 left to buy more appropriate socks/house slippers for client A. Nursing staff noticed an open area on client A's base of the third toe of his left foot. This open area had not been previously documented until the observation. Review of client A's record including his 6/14 Medication Administration Record/MAR on 6/23/14 at 2:59 PM indicated he had a nursing order for compression stockings daily (edema). The client was to apply them in the morning and remove them, shower and reapply them in the afternoon/evening; at his bath time of 6:00 PM. The 6/14 MAR indicated refusals to apply the compression stockings by client A on 6/10, 12, 13, and 14/14. Interview with RN #1 on 6/23/14 at 4:00 PM indicated client A was a new admission to the facility (6/9/14) and he had severe edema which required attention and referrals to other health care professionals. RN #1 indicated the client required loose fitting socks and shoes. He also required compression stockings.			

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	This federal tag relates to complaint #IN00148939. 9-3-2(a)			
W000227	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, record review and interview for 1 of 3 sampled clients (A), the facility failed to address client A's lower extremity's circulation needs by failing to ensure his program plan contained measures for maintaining/wearing support stockings and properly fitting socks. Findings include: During observations at the facility's day program on 6/23/14 at 1:45 PM client A was working on parts assembly while standing at a waist high work table. Client A did not sit on a stool or otherwise elevate his feet. During observations at the facility on 6/23/14 from 2:30 PM until 6:00 PM, RN	W000227	W227 Client A was assessed by OT and a Lymphedema Management Program was initiated. Client A's program has been revised to include the recommendations within this Lymphedema Management Program. Staff have been trained on these new recommendations which have been added to the MAR/TAR record for this client. Staff are required to sign off daily that they have implemented these orders. QIDP or designee, or Agency nurse will observe at least weekly that these orders are being implemented until this condition is stable. QIDP or designee will continue to observe routinely 2 -3 times monthly to ensure compliance in this area for all clients.	07/24/2014

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	#1 was conducting training with new nursing staff (Nurses #3 and #4) and RN #2 during clients A, B, C, D, E, and F's monthly physical assessments. Client A's feet and ankles were checked by the surveyor at 4:20 PM on 6/23/14. The client's ankles were observed to be swollen with deep indentations in his flesh where his tight fitting cotton/elastic socks met his ankles. Client A did not wear support hosiery of any type. RN #1, Nurse #3, Nurse #4, and RN #2 began an evaluation/intervention with client A when his ankles were brought to their attention. Nursing staff elevated client A's feet, removed his tight fitting socks and the QIDP (Qualified Intellectual Disabilities Professional) #1 left to buy more appropriate socks/house slippers for client A. Nursing staff noticed an open area on client A's base of the third toe of his left foot. This open area had not been previously documented until the observation. Review of client A's record including his 6/14 Medication Administration Record/MAR on 6/23/14 at 2:59 PM indicated he had a nursing order for compression stockings daily (edema). The client was to apply them in the morning and remove them, shower and reapply them in the afternoon/evening; at his bath time of 6:00 PM. The 6/14		QIDP/Agency Nurse	

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	MAR indicated refusals to apply the compression stockings by client A on 6/10, 12, 13, and 14/14. The record review indicated no nursing care plan which addressed client A's edema, his need to wear compression stockings, advice for elevating his legs at work and home, and his need to wear loose fitting socks/shoes. The record did not include a nursing risk/care plan for the client's skin integrity issues associated with edema and diminished circulation; client A had an open area on his left foot. Interview with RN #1 on 6/23/14 at 4:00 PM indicated client A was a new admission to the facility (6/9/14) and he had severe edema which required attention and referrals to other health care professionals. RN #1 indicated the client had been counseled on the importance of wearing his compression stockings. This federal tag relates to complaint #IN00148939. 9-3-4(a)			
W000340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary			

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	team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility's nursing staff/QIDP (Qualified Intellectual Disabilities Professional) failed to offer training to direct contact staff so they might demonstrate competency in regards to client A's lower extremity's circulation needs by failing to ensure he wore support hose and properly fitting socks. Findings include: During observations at the facility's day program on 6/23/14 at 1:45 PM client A was working on parts assembly while standing at a waist high work table. Client A did not sit on a stool or otherwise elevate his feet. During observations at the facility on 6/23/14 from 2:30 PM until 6:00 PM, RN #1 was conducting training with new nursing staff (Nurses #3 and #4) and RN #2 during clients A, B, C, D, E, and F's monthly physical assessments. Client A's feet and ankles were checked by the surveyor at 4:20 PM on 6/23/14. The client's ankles were observed to be swollen with deep indentations in his flesh where his tight fitting cotton/elastic	W000340	W340 Staff have been trained on the current Lymphedema program developed by the OT. Staff are required to sign off daily that they have implemented these orders. QIDP or designee, or Agency nurse will observe at least weekly that these orders are being implemented until this condition is stable. QIDP or designee will continue to observe routinely 2 -3 times monthly to ensure compliance in this area for all clients. QIDP/Agency Nurse	07/24/2014

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	socks met his ankles. Client A did not wear support hosiery of any type. RN #1, Nurse #3, Nurse #4, and RN #2 began an evaluation/intervention with client A when his ankles were brought to their attention. Nursing staff elevated client A's feet, removed his tight fitting socks and the QIDP (Qualified Intellectual Disabilities Professional) #1 left to buy more appropriate socks/house slippers for client A. Nursing staff noticed an open area on client A's base of the third toe of his left foot. This open area had not been previously documented until the observation. Review of client A's record including his 6/14 Medication Administration Record/MAR on 6/23/14 at 2:59 PM indicated he had a nursing order for compression stockings daily (edema). The client was to apply them in the morning and remove them, shower and reapply them in the afternoon/evening; at his bath time of 6:00 PM. The 6/14 MAR indicated refusals to apply the compression stockings by client A on 6/10, 12, 13, and 14/14. The record review indicated no nursing care plan which addressed client A's edema, his need to wear compression stockings, advice for elevating his legs at work and home, and his need to wear loose fitting socks/shoes. The record did not include a			

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	nursing risk/care plan for the client's skin integrity issues associated with edema and diminished circulation; client A had an open area on his left foot. Interview with RN #1 on 6/23/14 at 4:00 PM indicated client A was a new admission to the facility (6/9/14) and he had severe edema which required attention and referrals to other health care professionals. RN #1 indicated the staff had been informed in regards to the client's health needs but an indepth training of his edema issues by nursing staff and the QIDP (Qualified Intellectual Disabilities professional) had not been done/documented. This federal tag relates to complaint #IN00148939. 9-3-6(a)			