

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G253	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2012
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1757 S 600 W NEW PALESTINE, IN 46163
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 18, 19, 20 and 26, 2012</p> <p>Facility Number: 000773 Provider Number: 15G253 Aims Number: 100243410</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/14/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0322	<p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 2 of 4 sampled clients (clients #1 and 3), the facility failed to conduct an annual physical examination.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 1/19/12 at 10:20 AM. The record indicated client #1 last had a physical examination on 11/9/10.</p> <p>The record review for client #3 was conducted on 1/20/12 at 11:30 AM. The record indicated client #3 had his last physical examination on 1/5/11.</p> <p>Interview with staff #4, Licensed Practical Nurse (LPN), on 1/20/12 at 12:39 PM indicated client #1 and client #3 were scheduled to have a physical the end of January. Staff #4, LPN indicated the physicals should have been done earlier.</p> <p>9-3-6(a)</p>	W0322	<p>Annual physicals have been completed for those consumers who did not receive their annual physical evaluation at the time of the survey. The results of these exams are attached (attachment A). The facility nurse has been in-serviced on the use of the yearly summary form (attachment B. This form will assist in the scheduling of appointments to ensure that they are completed in a timely manner. The facility nurse will review the yearly summary form monthly to determine the appointments which are due in the upcoming month. The residential director and health services director will periodically review this form to ensure compliance with all appointments.</p> <p>Person responsible: facility nurse and residential director and Health Services Director</p>	02/21/2012			

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W0327	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure the tuberculosis (Mantoux) test or tuberculosis screening had been conducted annually.</p> <p>Findings include:</p> <p>The record review for client #3 was conducted on 1/20/12 at 11:30 AM. The record indicated client #3 had a Mantoux test on 1/10/11. There was no indication it had been conducted annually.</p> <p>Interview with staff #4, Licensed Practical Nurse (LPN) on 1/20/12 at 12:39 PM indicated the test had been missed. Staff #4, LPN, indicated the test had been administered on 1/19/12, but they could not read it before 1/21/12.</p> <p>9-3-6(a)</p>	W0327	<p>An annual tuberculosis test has been completed for that consumer who did not receive their annual tuberculosis test at the time of the survey. The results of these exams are attached (attachment C). The facility nurse has been in-serviced on the use of the yearly summary form (attachment B. This form will assist in ensuring that tuberculosis tests or screening are completed annually. The facility nurse will review the yearly summary form monthly to determine those individuals who which are due in the upcoming month to receive their tuberculosis test or screening. The residential director and health services director will periodically review this form to ensure compliance.</p> <p>Person responsible: facility nurse and residential director and Health Services Director</p>	02/24/2012	