

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G480	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9520 E GEMINI DR INDIANAPOLIS, IN 46229
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: April 28, 29, 30, May 1 and 2, 2014.</p> <p>Facility Number: 000994 Provider Number: 15G480 AIM Number: 100244960</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/12/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (client #2) and 1 additional client (clients #4), the facility failed to ensure the outside services/workshop met the</p>	W000120	The day program has a policy which is to be implemented in the event that there are periods of time in which work is not available. During this period of time, the plant manager/production supervisor will establish activities as	06/01/2014

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>training needs of clients.</p> <p>Findings include:</p> <p>During observations at the outside day services on 4/29/14 from 10:50 AM to 11:35 AM, clients #2 and #4 sat without activity, and were not prompted by workshop staff to engage in activity.</p> <p>Workshop staff #4 was interviewed on 4/29/14 at 11:35 AM. When asked if clients #2 and #4 should have been offered work or activity during the observation, she stated, "They often are, but we were busy setting up for the job today."</p> <p>Client #2's record was reviewed on 4/30/14 at 10:24 AM. Client #2's Individual Support Plan dated 12/12/13 indicated objectives to maintain a pre-vocational rate of 15% and improve attention to task.</p> <p>Client #4's record was reviewed on 4/30/14 at 11:14 AM and indicated she had goals to maintain attendance to 95%.</p> <p>Additional documentation was provided on 5/1/14 and reviewed at 11:25 AM regarding client #4's goals at day service. Vocational goals included "proper notification when absent/late, increase</p>		<p>needed which are designed to promote independence and social and cognitive growth. (Attachment A) The day program will be responsible for documenting the amount of time daily which time is spent in non-production work. There will be routine observations completed by DSA management staff at the day program to ensure that clients are participating in the completion of vocational goals.</p> <p>Persons Responsible: Residential Director and Area Director</p>				

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W000125	<p>ability to solve conflict" and "shows initiative by seeking out supervisor as needed."</p> <p>The Area Director was interviewed on 5/1/14 at 11:30 AM. She indicated clients #2 and #4's objectives should have been implemented or the clients should have been offered alternative activity during the observation.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based upon observation, record review and interview for 3 of 3 sampled clients (1, #2 and #3), the facility failed to assess</p>	W000125	The clients without a guardian will complete an informedConsent Skills list. (Attachment B) The information gathered from thecompletion of this	06/01/2014

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	<p>their ability to consent to behavior management programs which included medications to control behavior.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/30/14 at 12:31 PM. A Behavior Management Plan (BMP) dated 9/3/13 indicated target behaviors of resistance, property destruction, incontinence/fecal smearing, anger control, physical aggression and self injurious behavior. The plan included the use of citalopram (antidepressant) 20 mg (milligrams), buspar (antianxiety) 30 mg and risperidone (antipsychotic) 3 mg. The plan indicated client #1 had signed approval of the plan on 10/13/13. The record did not contain an assessment to indicate if client #1 had the ability to evaluate the risk and benefits of the plan and to provide consent.</p> <p>Client #2's record was reviewed on 4/30/14 at 10:24 AM. A BMP dated 10/8/13 indicated target behaviors of anger control, resistance and depression. The plan included the use of Lexapro 20 mg for depression, and aripiprazole (schizophrenia, bi-polar, depression) 5 mg. The plan indicated client #2 had signed approval of the plan on 10/14/13. The record did not contain an assessment</p>		<p>skills list will determine goals which will be put intoplace to increase the understanding of informed consent in those areasneeded.</p> <p>Persons Responsible: Residential Director and Area Director</p>	

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W000340	<p>to indicate if client #2 had the ability to evaluate the risk and benefits of the plan and to provide consent.</p> <p>Client #3's record was reviewed on 4/30/14 at 11:34 AM. A BMP dated 8/13 indicated target behaviors of resistance, irritability, crying, and depression. The plan included the use of sertraline (antianxiety/antidepressant) 50 mg. The plan indicated client #3 had signed approval of the plan on 8/20/14. The record did not contain an assessment to indicate if client #3 had the ability to evaluate the risk and benefits of the plan and to provide consent.</p> <p>The Area Director was interviewed on 5/1/14 at 11:30 AM and indicated there was no assessment in the records to determine if clients #1, #2 and #3 had the ability to give informed consent.</p> <p>9-3-2(a)</p> <p>483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not</p>			

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	<p>limited to training clients and staff as needed in appropriate health and hygiene methods. Based on observation, record review and interview, the facility failed for 1 additional client (client #6) to implement training to administer medications per facility medication procedures.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/29/14 from 4:25 PM to 6:30 PM. Client #6 inhaled Advair (asthma) during medication administration at 5:15 PM. Client #6 was given water and swallowed it after administration of the medication. The label on the Advair indicated "rinse and spit after use."</p> <p>The Residential Coordinator was interviewed on 5/1/14 at 11:35 AM. She stated client #6 "usually swallows" the water rather than to spit it out.</p> <p>Client #6's MAR (medication administration record) for April, 2014 was reviewed on 4/28/14 at 5:25 PM. The MAR indicated client #6 was to rinse and spit after using Advair.</p> <p>The group home nurse was interviewed on 5/1/14 at 11:35 AM and indicated she had checked with client #6's physician</p>	W000340	<p>The program nurse will ensure that the instructions for administration of medications and treatments is written clearly in the Medication Administration Record. The MAR has been corrected to reflect the physician's permission for client #6 to swallow water following the administration of her Advair. (Attachment C)</p> <p>Persons Responsible: Program Nurse</p>	06/01/2014

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W000440	<p>who indicated it was OK for client #6 to swallow rather than spit the water out after Advair use. She indicated she would change the MAR and label to reflect the change in instructions. She indicated staff were to follow procedures to check the label and MAR and follow the instructions given.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based upon record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3), and for 3 additional clients (clients #4, #5 and #6) to conduct quarterly evacuation drills for the 1:00 AM to 4:00 AM overnight shift.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 4/29/14 at 6:10 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5 and #6 for the 1:00 AM to 4:00 AM shift from 8/30/13 to 12/12/13.</p>	W000440	<p>Staff will be in-serviced on completing drills in compliance with regulations. The Residential Director will be responsible to schedule specific staff to complete drills at a frequency which is compliant with regulations. This schedule will be placed in the site. The drills and schedule will be monitored by the Residential Director and Area Director to assure compliance. Additionally, Area Director will track the completion of the drills and provide periodic reports to the Residential Director who will assure compliance. (Attachment D) Person responsible: Residential Director and Area Director</p>	06/01/2014

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	The Area Director (AD) was interviewed on 5/1/14 at 11:31 AM and indicated there were no drills for the missing time period. 9-3-7(a)						