

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G652	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN 47240
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00177655.</p> <p>Complaint #IN00177655: Substantiated, a federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Dates of Survey: 9/9/15, 9/10/15 and 9/11/15</p> <p>Facility Number: 001190 Provider Number: 15G652 AIMS Number: 100233930</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/16/15.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its policy and procedures to prevent exploitation regarding the theft of client A's personal belongings by facility staff.</p>	W 0149	<p>Corrective actions taken: · Staff #1 was terminated and will not be eligible for rehire · Personal belonging Inventories (attachment A)for clients have been implemented and staff will be in-serviced on them. Any</p>	10/11/2015

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>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/10/15 at 10:56 AM. The review indicated the following:</p> <p>-BDDS report dated 7/9/15 indicated, "[Staff #1] come (sic) to the house to get the schedule and [TL (Team Leader) #1] recognized the tennis shoes (that staff #1 was wearing). [TL #1] took a picture with her phone and sent it to [QIDP (Qualified Intellectual Disabilities Professional) #1]. [Staff #2] said they were [client A's] tennis shoes. [Staff #1] mentioned that she never wears tennis shoes while she was at the house. When [staff #1] left, [staff #2] and another staff, [staff #3], looked in [client A's] closet for the tennis shoes and could not find [client A's] tennis shoes. When [staff #1] left she sent picture to [QIDP #1]."</p> <p>-Investigation dated 7/10/15 regarding the 7/9/15 allegation of the theft of client A's shoes by staff #1 indicated the allegation was substantiated. The 7/10/15 Investigation indicated staff #1's employment was terminated and the incident was reported to the local police.</p>		<p>additional client possessions acquired will be added to inventories as they occur.</p> <ul style="list-style-type: none"> · Replacement shoes were purchased for Client A by DSI · Staff will be in-serviced on abuse, neglect and exploitation and ANE reporting How will we identify others: · QIDPs from all group homes will audit all client personal belonging inventories Measures put in place: · Client personal belonging inventory (attachment A) Monitoring of corrective action: · QIDPs will complete initial audit of current client inventories and complete quarterly audits of them. Competition date: · 10/11/15 	

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	<p>TL #1 was interviewed on 9/9/15 at 4:34 PM. TL #1 indicated she had been working at the home on 7/9/15 when staff #1 arrived at the home wearing client A's tennis shoes. TL #1 indicated she took a picture of staff #1 wearing client A's tennis shoes and reported the incident to QIDP #1.</p> <p>QIDP #1 was interviewed on 9/9/15 at 10:28 AM. QIDP #1 indicated she received a report of an allegation of the theft of client A's tennis shoes from TL #1. QIDP #1 indicated the allegation of theft regarding client A's shoes by staff #1 was substantiated and staff #1's employment had been terminated. QIDP #1 indicated the facility's abuse and neglect policy should be implemented. QIDP #1 indicated abuse, neglect, mistreatment and exploitation should be prevented.</p> <p>The facility's policy and procedures were reviewed on 9/10/15 at 1:19 PM. The facility's 4/12/06 Identifying and Reporting Suspected Abuse and Neglect policy indicated, "Exploitation: Unauthorized use of a person or his or her resources for one's own profit or advantage. Including any deliberate misplacement or use of an individual's belongings or money."</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	This federal tag relates to complaint #IN00177655. 9-3-2(a)				