

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G393	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/11/2012
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 113 JENNINGS ST NORTH VERNON, IN 47265		
(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 an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 9, 10, and 11, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000907 AIM Number: 100244410 Provider Number: 15G393</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/15/12 by Tim Shebel, 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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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), the QIDP/Qualified Intellectual Disabilities Professional failed to coordinate each client's active treatment program in regards to assessments, revising program plans, and addressing behaviors.</p> <p>Findings include:</p> <p>Review of client #1's record on 10/10/12 at 8:00 AM indicated a behavior incident report dated 6/12/12 wherein client #1 refused her shower and became verbally abusive with staff. The incident lasted 45 minutes. The record review indicated client #1's diagnoses included but were not limited to seizures and hydrocephalous with indwelling cranial shunt. The record indicated client #1 should be closely monitored for any head trauma. Review of facility reportable incidents on 10/09/12 at 2:15 PM indicated client #1 had fallen in the bathroom on 4/12/12 and had non-compliant and verbally abusive behaviors during her shower refusal on 2/26/12. The indicated report indicated</p>	W0159	<p>W159QIDP will review and revise Client #1's IPP to address her need for supervision while bathing and her refusals to bathe. Client #2's annual IPP was updated on August 29, 2012. QIDP has ensured Client #2's record now contains the most current IPP. Client #3's dietary needs will be reassessed by the dietician. Her program plan and dining plan will be revised to include all new recommendations made by the dietician. Client #3's physician will be consulted for review of her current medications, their side effects and possible interactions in connection with her dietary needs or her medical diagnoses. Any new physician orders will be implemented as written. Client#4 will have a PT assessment. The program plan will include regular documentation on Client#4's PT exercises indicating her level of progress. The QIDP along with the SGL Manager will review each client's IPP to ensure all program needs are being addressed in the program plan. Responsible for QA: QIDP, SGL Manager</p>	11/10/2012	

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	<p>staff were to monitor the client while bathing for her protection due to her medical diagnoses.</p> <p>The review (10/10/12 8:00 AM) of client #1's Individual Program Plan/IPP dated 11/7/11 indicated no programming which addressed her supervision while bathing needs and her refusals to bathe.</p> <p>Review of client #2's record on 10/10/12 at 9:15 AM indicated her most recent IPP available for review in her record was dated 5/20/11.</p> <p>Review of client #3's record on 10/10/12 at 10:30 AM indicated her diagnoses included but were not limited to ulcerative colitis, duodenal ulcer (perforated and repaired 12/15/11) and past history of colostomy (reversed in 7/12). The review indicated client #3's most recent dietary review, dated 6/11/12, indicated her diet was "regular." Her weight was 160 pounds on 7/3/12 and 148 pounds on 9/5/12. There was no further assessment on the part of the dietician in regards to advice or dietary strategies to employ for client #3's food and fluid intake based on her medical diagnoses. The record review indicated client #3 received the following medications: Abilify 15 milligrams/mg. twice daily (antipsychotic), iron supplement 28 mg. daily, Invega extended release 3 mg. daily</p>			

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	<p>(antipsychotic), Depo-Provera injections every three months (menses control), Lisinopril 10 mg. daily (hypertension), Namenda 10 mg. twice daily (anti-Alzheimer's dementia treatment), Omega-3 fish oil supplement 1000 mg. daily, Sertraline 100 mg. daily (antidepressant), Loratadine 10 mg. daily (allergies), and vitamin B 12 (supplement) daily. There was no information in the client's record to indicate the side effects of the medications or their possible interactions had been thoroughly considered in connection with her dietary needs or her medical diagnoses of duodenal ulcer and ulcerative colitis.</p> <p>Review of client #4's record on 10/10/12 at 11:45 AM indicated her diagnoses included, but were not limited to, cerebral palsy and spastic paraplegia. The review indicated the client had a physical therapy (PT) evaluation with accompanying home exercise program dated 9/09/11 with the recommendation for a yearly evaluation. The review indicated the client's physical therapy status had not been reevaluated at the time of the survey. The record review indicated the client's ISP of 4/20/12 with accompanying of the client's task analysis (IPP programs) indicated there was no recording kept of the client's PT exercises to measure her level of progress.</p>			

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	<p>Interview with Administrative staff #1 on 10/10/12 at 12:00 PM and 4:25 PM and on 10/11/12 at 1:30 PM indicated client #1 required supervision while showering and was could exhibit non-compliance with bathing. The interviews indicated client #2's newest IPP was not in her record. The interviews indicated client #3's most recent dietary evaluation was in 6/12 and she had not been reevaluated since her colostomy was reversed in 7/12. The interview did not indicate any further evaluation of drug interactions/side effects in regards to client #3's medical issues or dietary considerations. The interviews indicated client #4's PT assessment needed to be scheduled and her exercises should be documented by staff.</p> <p>9-3-3(a)</p>				

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W0210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure clients health needs (dietary, physical therapy, medication side effects) had been reassessed as needed.</p> <p>Findings include:</p> <p>Review of client #3's record on 10/10/12 at 10:30 AM indicated her diagnoses included but were not limited to ulcerative colitis, duodenal ulcer (perforated and repaired 12/15/11) and past history of colostomy (reversed in 7/12). The review indicated client #3's most recent dietary review, dated 6/11/12, indicated her diet was "regular." Her weight was 160 pounds on 7/3/12 and 148 pounds on 9/5/12. There was no further assessment on the part of the dietician in regards to advice or dietary strategies to employ for client #3's food and fluid intake based on her medical diagnoses. The record review indicated client #3 received the following medications: Abilify 15 milligrams/mg. twice daily (antipsychotic), iron supplement 28 mg.</p>	W0210	<p>W210Client #3's dietary needs will be reassessed by the dietician. Her program plan and dining plan will be revised to include all new recommendations made by the dietician. Client #3's physician will be consulted for review of her current medications, their side effects and possible interactions in connection with her dietary needs or her medical diagnoses. Any new physician orders will be implemented as written. Client#4 will have a PT assessment. The program plan will include regular documentation on Client#4's PT exercises indicating her level of progress. Staff will be retrained on any revisions to program plans. QIDP will ensure that each clients program includes routine assessments as needed and reassessments when changes are evident in their needs. QIDP or designee will observe weekly for one month and at least monthly thereafter to ensure program plan is being implemented as revised. Responsible for QA: QIDP</p>	11/10/2012			

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	<p>daily, Invega extended release 3 mg. daily (antipsychotic), Depo-Provera injections every three months (menses control), Lisinopril 10 mg. daily (hypertension), Namenda 10 mg. twice daily (anti-Alzheimer's dementia treatment), Omega-3 fish oil supplement 1000 mg. daily, Sertraline 100 mg. daily (antidepressant), Loratadine 10 mg. daily (allergies), and vitamin B 12 (supplement) daily. There was no information in the client's record to indicate the side effects of the medications or there possible interactions had been thoroughly considered in connection with her dietary needs or her medical diagnoses of duodenal ulcer and ulcerative colitis.</p> <p>Review of client #4's record on 10/10/12 at 11:45 AM indicated her diagnoses included, but were not limited to, cerebral palsy and spastic paraplegia. The review indicated the client had a physical therapy evaluation with accompanying home exercise program dated 9/09/11 with the recommendation for a yearly evaluation. The review indicated the client's physical therapy (PT) status had not been reevaluated at the time of the survey. The record review indicated the client's ISP of 4/20/12 with accompanying of the client's task analysis (IPP programs) indicated there was no recording kept of the client's</p>				

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	<p>PT exercises to measure her level of progress.</p> <p>Interview with Administrative staff #1 on 10/10/12 at 12:00 PM and 4:25 PM and on 10/11/12 at 1:30 PM indicated client #3's most recent dietary evaluation was in 6/12 and she had not been reevaluated since her colostomy was reversed in 7/12. The interview did not indicate any further evaluation of drug interactions/side effects in regards to client #3's medical issues or dietary considerations. The interviews indicated client #4's PT assessment needed to be scheduled and her exercises should be documented by staff.</p> <p>9-3-4(a)</p>				

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W0227	<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. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client's active treatment program addressed her bathing issues.</p> <p>Findings include:</p> <p>Review of client #1's record on 10/10/12 at 8:00 AM indicated a behavior incident report dated 6/12/12 wherein client #1 refused her shower and became verbally abusive with staff. The incident lasted 45 minutes. The record review indicated client #1's diagnoses included but were not limited to seizures and hydrocephalous with indwelling cranial shunt. The record indicated client #1 should be closely monitored for any head trauma. Review of facility reportable incidents on 10/09/12 at 2:15 PM indicated client #1 had fallen in the bathroom on 4/12/12 and had non-compliant and verbally abusive behaviors during her shower refusal on 2/26/12. The indicated report indicated staff were to monitor the client while bathing for her protection due to her</p>	W0227	<p>W227QIDP will review and revise Client #1's IPP to address her need for supervision while bathing and her refusals to bathe. Staff will be trained on any revisions. QIDP will review each client's IPP to ensure all program needs are being addressed in the program plan. QIDP or designee will observe weekly for one month and at least monthly thereafter to ensure program plan is being implemented as revised. Responsible for QA: QIDP</p>	11/10/2012			

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	<p>medical diagnoses.</p> <p>The review (10/10/12 8:00 AM) of client #1's Individual Program Plan/IPP dated 11/7/11 indicated no programming which addressed her supervision while bathing needs and her refusals to bathe.</p> <p>Interview with Administrative staff #1 on 10/10/12 at 12:00 PM and 4:25 PM and on 10/11/12 at 1:30 PM indicated client #1 required supervision while showering and was could exhibit non-compliance with bathing.</p> <p>9-3-4(a)</p>				

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W0337	<p>483.460(c)(3)(iv) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be recorded in the client's record.</p> <p>Based on record review and interview for 4 of 4 sampled clients, (#1, #2, #3, and #4), the facility failed to ensure a nursing review of their ongoing health status was included in each client's record.</p> <p>Findings include:</p> <p>Review of client #1's record on 10/10/12 at 8:00 AM indicated no nursing entries since 10/04/11 or quarterly nursing physical assessments since 7/06/11.</p> <p>Review of client #2's record on 10/10/12 at 9:15 AM indicated no nursing entries since 12/05/11 or quarterly nursing physical assessments since 10/04/11.</p> <p>Review of client #3's record on 10/10/12 at 10:30 AM indicated no nursing entries since 10/04/11 or quarterly nursing assessments since 7/06/11.</p> <p>Review of client #4's record on 10/10/12 at 11:45 AM indicated no nursing entries since 10/04/11 or quarterly nursing assessments since 7/06/11.</p>	W0337	<p>W337</p> <p>Monthly and quarterly assessments were conducted for each client but failed to be filed in each client's record in the home. The Medical Care Coordinator and SGL Manager reviewed this non-compliance and identified the miscommunication which led to this. A system has been put in place to ensure the nurses notes are filed appropriately in the client's record. The nursing staff and QIDP's have been trained on this process. Random review of client's records will be done to ensure compliance in this area.</p> <p>Responsible for QA: QIDP, Agency Nurse, Medical Care Coordinator, SGL Manager</p>	11/10/2012	

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	<p>Interview with Administrative staff #1 on 10/10/12 at 12:00 PM and 4:25 PM indicated there had been a miscommunication between the RN and the Medical Care Coordinator regarding placement of nursing assessments/entries in each client's chart. The interviews indicated the agency's policy was to have nursing assessment documentation in the clients' records.</p> <p>9-3-6(a)</p>			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to ensure staff maintained proper hygiene practices to prevent the possibility of cross contamination, during glucometer checks for 2 additional clients (#6 and #8).</p> <p>Findings include:</p> <p>During evening observations on 10/9/12 at the facility, staff #6 administered the pre-meal medications and glucometer/blood glucose testing from 4:48 PM until 5:05 PM. Client #6 had medications and her blood tested at 4:55 PM. Staff #6 did not wear gloves during the procedure which included client #6 handing her a used (bloody) lancet which staff #6 placed into the hazardous waste disposal/sharps container. Client #8's blood glucose was tested by staff #6 at 5:05 PM without wearing gloves. Staff #6 disposed of the test strip and used lancet without gloves.</p> <p>An interview with RN #2 conducted on 10/10/12 at 7:03 A.M. indicated all staff had been trained in proper infection control procedures and staff #6 should have used gloves during the blood glucose testing procedure. The interview</p>	W0455	<p>w455</p> <p>QIDP and agency nurse will retrain all staff on proper procedures for glucometer checks to include the use of gloves and prompting any client capable to dispose independently and appropriately her used lancets. QIDP or designee will observe at least weekly for one month to ensure compliance in this area and at least monthly thereafter.</p> <p>Responsible for QA: QIDP, Agency nurse</p>	11/10/2012			

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	also indicated client #6 should have been prompted to place the used lancet into the sharps container herself. 9-3-7(a)				

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W9999	<p>State Findings:</p> <p>1. The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 2 of 7 staff (staff #10 and #4) personnel files reviewed, the facility failed to ensure</p>	W9999	<p>w9999</p> <p>Observations have been noted and reviewed with the HR department. Appropriate references will be sought for each new employee. Personnel files will be reviewed regularly to ensure staff maintain annual Mantoux screening as required.</p> <p>Responsible for QA: SGL Manager, QIDP</p>	11/10/2012			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 113 JENNINGS ST NORTH VERNON, IN 47265			
(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			
	<p>three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's personnel records were reviewed on 10/09/12 at 1:10 P.M. Review of the personnel files for staff #10 and #4 indicated one completed reference for each employee.</p> <p>Administrative staff #1 was interviewed on 10/09/12 at 2:10 P.M. and indicated there were not three completed references for staff #10 and #4. No additional references were available to review.</p> <p>9-3-2(c)(3)</p> <p>2. The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10)</p>						

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	<p>millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on interview and personnel record review for 1 of 7 staff personnel records reviewed, (staff #10), the facility failed to ensure staff #4 received an annual Mantoux test/screening.</p> <p>Findings include:</p> <p>1. The facility's employee records were reviewed on 10/09/12 at 1:10 P.M. Review of personnel files indicated the most recent Mantoux test/screening for staff #10 was dated 2/11. There was no evidence of a TB/tuberculosis screening or chest x-ray being conducted since 2/11.</p> <p>Administrative staff #1 was interviewed on 10/09/12 at 2:10 P.M. and indicated staff #4 did not have a current TB screening or chest x-ray.</p> <p>9-3-3(e)</p>				

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