

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G554		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/29/2012	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1435 W CONGRESS ST MIDDLETOWN, IN 47356			
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 22, 23, 24, 25, 26, and 29, 2012.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Facility Number: 001068 Provider Number: 15G554 AIMS Number: 100239880</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/5/12 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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W0125	<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.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (clients #1, #2, and #3) and for 3 additional clients (clients #4, #5, and #6), the facility failed to allow clients to have the right to access their locked personal care items, locked cleaning supplies, and locked thermostats as items were locked in the group home.</p> <p>Findings include:</p> <p>During the 10/22/12 observation period between 3:30pm until 5:40pm, and on 10/23/12 from 4:50am until 7:05am, at the group home, clients #1, #2, #3, #4, #5, and #6's personal care items and cleaning supplies were locked in the cabinet inside the hallway bathroom. During both observation periods, the air temperature control dial mounted on the living room wall had a locked plastic cover. On 10/23/12 at 5:12am, an interview with staff #3 was conducted. Staff #3 removed a key and unlocked the cabinets to show the locked items inside the hallway</p>	W0125	All locks on personal care items, cleaning supplies and thermostats were removed on 11/2/12. The IST and HRC will approve prior to any locks being placed in the home. Professional staff will routinely monitor to assure that no locks have been placed without the appropriate approvals.	11/28/2012	

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	<p>bathroom. Staff #3 indicated the cleaning supplies, clients #1, #2, #3, #4, #5, and #6's personal care items, and the thermostat control were kept locked in the group home. Staff #3 indicated clients #1, #2, #3, #4, #5, and #6 did not have a key to access their personal care items, the chemicals, and the thermostat. When asked why the cleaning supplies, personal care items, and the thermostat were locked, staff #3 stated "They have always been locked." Staff #3 then indicated she thought the cleaning supplies were locked as client #6 may empty the chemical bottles.</p> <p>Client #1's record was reviewed on 10/23/12 at 11:30 AM. Client #1's 6/4/12 ISP (Individual Support Plan) and 10/2/12 Behavior Support Plan (BSP) did not indicate client #1 had been assessed in regard to the need to lock his personal care items, the cleaning supplies, and the air temperature controls in the group home. Client #1's 6/4/12 ISP indicated he had a guardian. Client #1's record did not indicate the client and/or his guardian had given written informed consent to lock his personal items, the cleaning supplies, and the thermostat control.</p> <p>Client #2's record was reviewed on 10/23/12 at 10:50 AM. Client #2's 2/15/12 ISP did not indicate client #2 had</p>						

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	<p>been assessed in regard to the need to lock her personal care items, the cleaning supplies, and the air temperature controls in the group home. Client #2's 2/15/12 ISP indicated she had an advocate. Client #2's record did not indicate the client and/or her advocate had given written informed consent to lock her personal items, the cleaning supplies, and the air temperature control.</p> <p>Client #3's record was reviewed on 10/23/12 at 12:30 PM. Client #3's 1/11/12 ISP and 2/1/12 Behavior Support Plan (BSP) did not indicate client #3 had been assessed in regard to the need to lock his personal care items, the cleaning supplies, and the air temperature controls in the group home. Client #3's 1/11/12 ISP indicated he had an advocate. Client #3's record did not indicate the client and/or his advocate had given written informed consent to lock his personal items, the cleaning supplies, and the air temperature control.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on 10/24/12 at 9:35am indicated client #1, #2, #3, #4, #5, and #6's personal care items, the cleaning supplies, and the thermostat were locked at the group home. The QMRP stated "a client might" not use the chemicals correctly. The</p>						

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	<p>QMRP indicated the agency had not assessed clients #1, #2, #3, #4, #5, and #6 in regard to locking their personal care items, the cleaning supplies, and the thermostat. The QMRP indicated the clients' ISPs did not indicate the personal care items, the cleaning supplies, and the air temperature control should be locked.</p> <p>9-3-2(a)</p>			

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and for 3 additional clients (clients #4, #5, and #6), the facility's HRC (Human Rights Committee) failed to review, monitor, and approve the restrictive practice of the use of cameras inside the group home for clients #1, #2, #3, #4, #5, and #6. The facility also failed to have its HRC review the systemic practice of locking personal care items, the cleaning supplies, and the air temperature control to ensure clients' rights were protected for clients #1, #2, #3, #4, #5, and #6.</p> <p>Findings include:</p> <p>1. During the 10/22/12 observation period between 3:30pm until 5:40pm, and on 10/23/12 from 4:50am until 7:05am, at the group home. The dining room, living room, and hallway areas had operational cameras monitoring clients #1, #2, #3, #4,</p>	W0264	Requests were submitted for HRC approval and received on 11/8/12 for the camera use. The approvals will be reviewed on an annual basis. The locks were removed from all personal items, chemicals and thermostats. The IST and HRC will give approval prior to any future lock being placed.	11/28/2012			

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	<p>#5, and #6 with facility staff.</p> <p>Client #1's record was reviewed on 10/23/12 at 11:30 AM. Client #1's 6/4/12 ISP indicated cameras were used inside the group home. Client #1's record did not indicate the facility's Human Rights Committee reviewed and/or approved the restrictive practice.</p> <p>Client #2's record was reviewed on 10/23/12 at 10:50 AM. Client #2's 2/15/12 ISP indicated cameras were used inside the group home. Client #2's record did not indicate the facility's Human Rights Committee reviewed and/or approved the restrictive practice.</p> <p>Client #3's record was reviewed on 10/23/12 at 12:30 PM. Client #3's 1/11/12 ISP indicated cameras were used inside the group home. Client #3's record did not indicate the facility's Human Rights Committee reviewed and/or approved the restrictive practice.</p> <p>On 10/24/12 at 9:35am, a review of the facility's HRC minutes was completed with the QMRP (Qualified Mental Retardation Professional). The QMRP and the HRC documents both indicated the HRC had not reviewed the restriction of the use of cameras inside the group home.</p>						

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	<p>2. During the 10/22/12 observation period between 3:30pm until 5:40pm, and on 10/23/12 from 4:50am until 7:05am, at the group home, clients #1, #2, #3, #4, #5, and #6's personal care items and cleaning supplies were locked in the cabinet inside the hallway bathroom. During both observation periods, the air temperature control dial mounted on the living room wall had a locked plastic cover. On 10/23/12 at 5:12am, an interview with staff #3 was conducted. Staff #3 removed a key and unlocked the cabinets to show the locked items inside the hallway bathroom. Staff #3 indicated the cleaning supplies, clients #1, #2, #3, #4, #5, and #6's personal care items, and the thermostat were kept locked in the group home. Staff #3 indicated clients #1, #2, #3, #4, #5, and #6 did not have a key to access their personal care items, the chemicals, and the thermostat. When asked why the cleaning supplies were locked, staff #3 stated "They have always been locked." Staff #3 then indicated she thought the cleaning supplies were locked as client #6 may empty the chemical bottles.</p> <p>Client #1's record was reviewed on 10/23/12 at 11:30 AM. Client #1's 6/4/12 ISP (Individual Support Plan) and 10/2/12 Behavior Support Plan (BSP) did not</p>						

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	<p>indicate client #1 had been assessed in regard to the need to lock his personal care items, the cleaning supplies, and the air temperature controls in the group home. Client #1's 6/4/12 ISP indicated he had a guardian. Client #1's record did not indicate the client and/or his guardian had given written informed consent to lock his personal items, the cleaning supplies, the air temperature control, and/or indicate the facility's Human Rights Committee (HRC) reviewed and approved the systemic restriction.</p> <p>Client #2's record was reviewed on 10/23/12 at 10:50 AM. Client #2's 2/15/12 ISP did not indicate client #2 had been assessed in regard to the need to lock her personal care items, the cleaning supplies, and the air temperature controls in the group home. Client #2's 2/15/12 ISP indicated she had an advocate. Client #2's record did not indicate the client and/or her advocate had given written informed consent to lock her personal items, the cleaning supplies, the air temperature control, and/or indicate the facility's Human Rights Committee (HRC) reviewed and approved the systemic restriction.</p> <p>Client #3's record was reviewed on 10/23/12 at 12:30 PM. Client #3's 1/11/12 ISP and 2/1/12 Behavior Support</p>			

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	<p>Plan (BSP) did not indicate client #3 had been assessed in regard to the need to lock his personal care items, the cleaning supplies, and the air temperature controls in the group home. Client #3's 1/11/12 ISP indicated he had an advocate. Client #3's record did not indicate the client and/or his advocate had given written informed consent to lock his personal items, the cleaning supplies, the air temperature control, and/or indicate the facility's Human Rights Committee (HRC) reviewed and approved the systemic restriction.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on 10/24/12 at 9:35am indicated client #1, #2, #3, #4, #5, and #6's personal care items, the cleaning supplies, and the thermostat were locked at the group home. The QMRP stated "a client might" not use the chemicals correctly. The QMRP indicated the facility's HRC had not reviewed and/or approved the locking of each client's personal care items, the cleaning supplies, and the thermostat at the group home.</p> <p>9-3-4(a)</p>			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were administered without error for 1 of 36 medication doses administered on 10/23/12 during the morning medication pass (client #2).</p> <p>Findings include:</p> <p>On 10/23/12 at 6:15am, medication observation and interview were completed with Facility Staff (FS) #1 and client #2. At 6:15am, FS #1 selected client #2's "Omeprazole Cap (for Acid Reflux) 20mg (milligrams) 1 tab once a day, give 30 minutes before food or milk." At 6:26am, FS #1 administered the medication to client #2 and client #2 left the medication room. At 6:40am, client #2 sat in her wheelchair at the dining room table with FS #2 and ate her breakfast of two slices of toast, cold cereal, and milk.</p> <p>On 10/23/12 at 6:40am, client #2's 10/2012 MAR (Medication Administration Record) and client #2's 9/28/12 "Physician's Order" both</p>	W0369	<p>A timer has been purchased and is in place in the medication administration area to assure proper timing of medication passes in relation to food consumption. Staff will receive additional training regarding the administration of medications correctly. Professional staff will routinely monitor medication administrations to assure compliance.</p>	11/28/2012

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	<p>indicated "Omeprazole Cap (for Acid Reflux) 20mg (milligrams) 1 tab once a day, give 30 minutes before food or milk."</p> <p>On 10/24/12 at 9:35am, an interview with the Licensed Practical Nurse (LPN) and the QDP (Qualified Developmental Professional) was conducted. The LPN and the QDP both indicated staff should follow the physician's order and the label on each medication administered. The LPN indicated the facility followed Core A/Core B Medication Administration training and staff should have followed client #2's physician's order to give her medication at least thirty minutes before food or milk.</p> <p>9-3-6(a)</p>						

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, interview, and record review for 3 of 3 sampled clients (clients #1, #2, and #3) and for 3 additional clients (clients #4, #5, and #6), the facility failed to provide and/or offer the clients forks and butter knives at the evening and breakfast meals.</p> <p>Findings include:</p> <p>During the 10/22/12 observation period between 3:30pm until 5:40pm, at the group home clients #1, #2, #3, #4, and #5 ate supper of Cornbread, Beef Stew, Cole Slaw, and Apricot halves. Clients #1, #2, #3, #4, and #5 buttered their cornbread with their spoons with the assistance of the facility staff, fed themselves their dinner with a spoon, and client #1, #2, and #3's apricot halves were cut with spoons by facility staff. Clients #1, #2, #3, #4, #5, and #6 did not have forks or butter knives available during the meal.</p> <p>During the 10/23/12 observation period between 4:50am until 7:05am, at the group home clients #1, #2, #3, #4, #5, and #6 ate breakfast of toast and cold cereal.</p>	W0484	Staff will receive additional training on proper table settings. Professional staff will provide routine oversight of meal time to assure that the tables are properly equipped to meet the developmental needs of each client.	11/28/2012	

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	<p>Clients #1, #2, #3, #4, #5, and #6 did not have knives to spread butter or jelly on their toast. Staff #1, #2, #3 and #4 did not encourage/teach clients #1, #2, #3, #4, #5, and #6 to obtain and/or use a butter knife for spreading.</p> <p>Interview with the Qualified Mental Professional (QMRP) on 10/24/12 at 9:35 AM indicated the group home had forks and butter knives. The QMRP indicated facility staff should have offered the clients forks and butter knives to use during dining.</p> <p>9-3-8(a)</p>			