

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G412	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12110 BECKLEY DR CUMBERLAND, IN 46229
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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
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/2/14, 12/3/14 and 12/4/14.</p> <p>Facility Number: 000926 Provider Number: 15G412 AIMS Number: 100244470</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 11, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 1 of 4 sampled clients (#4) plus 1 additional client (#5), the day services provider failed to ensure clients #4 and #5's personal rights were not violated by the day services practice of restricting clients #4 and #5's access to their personal cell phones.</p>	W000120	<p>As an employer, the day program implemented a cell phone policy which it enforces across its site. The policy which was put into place in November 2014 indicated that the use of cell phones is permitted during breaks and lunch. The cell phone, if brought into work will be stored with the supervisor during</p>	01/03/2015

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>Observation was conducted at the day services provider on 12/4/14 from 9:45 AM through 10:53 AM. At 10:30 AM, client #5 was on a scheduled work break with his peers. Client #5 had his personal cell phone during the break. When asked if he could keep his phone after break time, client #5 stated, "No. We have to lock them up." At 10:35 AM, day service staff #1 had a clear plastic lock box on her desk. The clear plastic lock box contained clients #4 and #5's cell phones, as well as, the other work crew members'. When asked if the clients' cell phones were locked/restricted during non break or lunch times, day service staff #1 stated, "Yes, we keep them locked up here (pointing to the lock box on her desk). We were having too many problems with everybody texting each other. So now the phones are put up, they can get them on their break times and during lunch."</p> <p>1. Client #4's record was reviewed on 12/3/14 at 10:45 AM. Client #4's BDP (Behavior Development Plan) dated 5/23/14 or ISP (Individual Support Plan) dated 7/1/14 did not indicate client #4 should have restricted access to her personal cell phone during work hours.</p>		<p>designated work hours. To ensure that the phones are not taken by someone other than the owner, the phone box is locked. Employees have access to their cell phones during breaks and lunch and any time that they leave the building. As an employer, Shares is not restricting rights, but are enforcing their policy. DSA staff will complete interviews with consumers attending the day program and ensure that have access to their cell phones during breaks and lunch while at the workshop. See attached cell phone policy from Shares Person Responsible: Residential Director and Area Director</p>				

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W000440	<p>2. Client #5's record was reviewed on 12/4/14 at 1:36 PM. Client #5's ISP dated 2/12/14 did not indicate client #5 should have restricted access to his personal cell phone during work hours.</p> <p>Client #4 was interviewed on 12/4/14 at 10:25 AM. Client #4 stated, "We have to turn our cell phones in. They lock them up and we get them on our breaks and lunch. Too many people were texting each other and got everybody in trouble."</p> <p>9-3-1(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to conduct evacuation drills for each quarter on each shift of staff.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 12/3/14 at 12:50 PM. The review indicated the facility failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5, #6 and #7 on the evening</p>	W000440	<p>Staff will be in-serviced on completing drills in compliance with regulations. This training will occur on or before 1/3/14. The Residential Director will be responsible to schedule specific staff to complete drills at a frequency which is compliant with regulations. See attachment. 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, staff will track the completion of the drills and provide periodic reports to the</p>	01/03/2015

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	<p>and day shifts for the second quarter, April 2014, May 2014, June 2014 and the evening shift for the third quarter, July 2014, August 2014 and September 2014.</p> <p>AD (Area Director) #1 was interviewed on 12/3/14 at 1:24 PM. AD #1 indicated there was not additional documentation available for review regarding evacuation drills.</p> <p>9-3-7(a)</p>		<p>Residential Director and Area Director who will assure compliance. Person responsible: Residential Director and Area Director</p>		