

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G697	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4251 RIVER RD COLUMBUS, IN 47203
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 1, 2, 4 and 5, 2016.</p> <p>Facility Number: 003184 AIM Number: 100368720 Provider Number: 15G697</p> <p>The following federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/12/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2, #3), and 3 additional clients (#4, #5, #6), the facility's Governing Body failed to exercise general policy and operating direction over the facility by failing to keep the home in good repair.</p> <p>Findings include:</p>	W 0104	<p>W104</p> <p>Corrective actions taken:</p> <ul style="list-style-type: none"> The regional program manager submitted a repairrequest to the DSI maintenance department on 2/22/16 that addresses all repairneeds documented in survey. <p>How we will identifyothers:</p> <ul style="list-style-type: none"> The Quality Assurance auditor for group homesand all QIDPs will audit group homes monthly 	03/06/2016

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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W 0249 Bldg. 00	<p>During observations on 2/01/16 from 3:45 PM until 6:10 PM, clients #1, #2, #3, #4, #5 and #6 were observed to live in the facility.</p> <p>An environmental tour of the facility on 2/01/16 at 4:15 PM indicated the bathroom at the end of the bedroom hallway used by all clients had a crack in the plaster on the right bottom of a window above the bathtub. The flooring in the entryway of client #6's bedroom was worn and cracked. The tiles in the kitchen/dining area had worn white spots. A piece of baseboard was loose near the base of the kitchen island.</p> <p>Interview with staff #1, on 2/01/16 at 4:28 PM indicated the tile was new in the facility's kitchen/dining room and had been replaced while under warranty. The white spots in the tile were an ongoing issue and had been reported. The crack in the wall of the bathroom had been reported and was in need of repair. The loose baseboard had been repaired but the glue had proven ineffective.</p> <p>9-3-1(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>		<p>and document any repair needs.</p> <ul style="list-style-type: none"> The regional manager will receive monthly audits from the quality assurance manager and ensure all needed repairs are forwarded to the maintenance department. <p>Measures put in place:</p> <ul style="list-style-type: none"> Group home observation sheet (Attachment A) Group home monthly record review (Attachment B) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> QIDP will perform monthly documented observations on all shifts to ensure building remains in good repair. The QA for group homes will audit the home monthly to ensure home remains in good repair 				

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	<p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients' mealtime programs were reinforced.</p> <p>Findings include:</p> <p>Observations of clients #2 and #3's evening meal were done on 2/01/16 from 5:15 PM to 6:10 PM. Staff #2 sat beside client #2 on an elevated barstool height chair. Staff was not seated at eye level beside client #2. Client #2 ate a pureed diet with nectar thick fluids. Client #2 was observed to consume his meal at a fast pace without swallowing before taking another spoonful of food. Client #3 ate a mechanical soft diet with a small spoon in a fast manner. Staff did not place their hand over his plate or remove the plate to slow his eating.</p> <p>Observations of clients #2 and #3's breakfast were conducted on 2/02/16 from 7:03 AM until 7:40 AM. Staff #4 cut up client #3's sandwich without involving the client. Staff sat beside client #3 in an elevated chair and was not eye level with the client. Client #3 ate his</p>	W 0249	<p>W249 Corrective actions taken:</p> <ul style="list-style-type: none"> ·In-serviced staff on all clients dining plans, family style dining and health risk plans for choking on 2/19/16 (attachment C) ·QIDP will make 3 documented meal time observations per week for 2 months in order to ensure compliance <p>How we will identify others:</p> <ul style="list-style-type: none"> ·All county QIDPs will document staff adherence to dining plans, family style dining and health risk plans on their monthly documented observations. ·The group home quality assurance manager will ensure that staff are following dining plans, family style dining and health risk plans on her monthly documented audits. <p>Measures put in place:</p> <ul style="list-style-type: none"> ·Group home observation sheet (Attachment A) ·Group home monthly record review (Attachment B) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> ·The group home regional program manager will receive all QIDP documented observations and quality assurance manager audits. The regional program manager will ensure all 	03/06/2016			

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	<p>sandwich pieces with his hands at a fast pace. Client #2 ate his pureed breakfast at a fast pace without consistent redirection from staff.</p> <p>Review of client #2's record on 2/04/16 at 10:25 AM and 11:05 AM indicated a dining plan and dysphagia plan dated 2/25/15. The plans indicated client #2 was at risk for choking and was to have a pureed diet with nectar thickened fluids. Client #2 was to be prompted by staff to eat slowly, using hand over hand assistance if needed. The plan indicated staff was to be seated at eye level beside client #2 during the meal.</p> <p>Review of client #3's record on 2/04/16 at 10:36 AM and indicated a dining plan dated 1/19/16. The plan indicated client #3 was at risk for choking and aspiration. The client was to have a mechanical soft diet with ground meat. Client #3 was to be prompted by staff to eat slowly. The plan indicated staff was to be seated at eye level beside client #3 during the meal.</p> <p>Interview with the Qualified Developmental Disabilities Professional (QIDP) #1 on 2/05/16 at 11:30 AM indicated staff were expected to implement clients' mealtime programs and sit beside them at eye level to prevent</p>		<p>deficiencies found are addressed in the form of training or appropriate disciplinary action.</p> <p>All documented observations and audits are forwarded to the agency director of quality for review.</p>		

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W 0368 Bldg. 00	<p>the choging.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review, observation and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 received his medication as prescribed by the physician.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 2/02/16 at 6:40 AM, client #1's medications were readied for administration. Staff #4 poured 15 ml. (milliliters) of liquid antacid (generic form similar to Maalox). The antacid medication was to be given to client #1 after breakfast.</p> <p>Staff #1 was asked when the antacid was given to client #1 on 2/02/16 at 8:00 AM. Staff #1 indicated staff #4 had administered the generic antacid to client #1 after he ate breakfast. Staff #1 indicated the generic antacid had been</p>	W 0368	<p>W368</p> <p>Corrective actionstaken:</p> <ul style="list-style-type: none"> ·The over the counter antacid has been disposedof ·Gaviscon liquid antacid has been received fromthe pharmacy as of 2/4/16 in compliance with the client's physician order. <p>How we will identifyothers:</p> <ul style="list-style-type: none"> ·All county QIDPs and team leads will ensure thatall medication received in the home is in compliance with the client's physician orders. ·The group home quality assurance manager willensure that all medications in the home are reflected correctly on thephysician's order during her monthly audits. <p>Measures put inplace:</p> <ul style="list-style-type: none"> ·Group home monthly record review (Attachment B) <p>Monitoring ofcorrective action:</p> <ul style="list-style-type: none"> ·The group home regional program manager willreceive all QIDP documented observations 	03/06/2016

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	<p>bought over the counter for client #1 by facility staff.</p> <p>Review of client #1's 2/16 MAR/medication administration record on 2/2/16 at 8:03 AM indicated client #1 was to receive Gaviscon liquid antacid 4 times daily.</p> <p>Staff #1 looked up the ingredients of Gaviscon and compared them to the ingredients in the generic antacid on 2/2/16 at 8:12 AM. The ingredients were not the same.</p> <p>Review of client #1's record on 2/4/16 at 10:04 AM indicated he was to receive Gaviscon liquid antacid 15 ml. 4 times daily.</p> <p>Staff #1/QIDP-d(Qualified Intellectual Disabilities Professional designee) contacted the physician and received the original order (7/6/15) for the Gaviscon on 2/4/16 at 1:29 PM, The order indicated "Gaviscon Extra Strength 254 mg (milligrams) 237.5 mg 15 ml oral suspension" after meals and at hour of sleep.</p> <p>Interview with staff #1/Team Leader and QIDP-d #1 on 2/4/16 at 10:00 AM indicated there was no generic equivalent for Gaviscon liquid. The facility was in the process of getting the Gaviscon for client #1.</p>		<p>and quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action.</p> <p>All documented observations and audits are forwarded to the agency director of quality for review.</p>	

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W 0382 Bldg. 00	<p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 1 of 3 sampled clients (#1), the facility failed to ensure medications were locked except when being administered.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 2/02/16 at 6:40 AM, client #1's medications (risperdone, antacid liquid, terbinafenate cream and clotrim/beta antifungal cream) were on the desk in the unlocked medication room while staff #4 escorted client #1 to the bathroom to wash his hands. Staff #4 poured 15 milliliters of liquid antacid into a medication cup for client #1 and carried it to the kitchen area and placed it on the kitchen island at 6:45 AM.</p> <p>Staff #1 was asked where the antacid was on 2/02/16 at 6:50 AM. Staff #1</p>	W 0382	<p>W382</p> <p>Corrective actionstaken:</p> <ul style="list-style-type: none"> · In-serviced staff on proper medicationadministration on 2/19/16 (attachment C) <p>How we will identifyothers:</p> <ul style="list-style-type: none"> ·All county QIDPs will document medicationadministration on their monthly documented observations. ·The group home quality assurance manager willensure that staff are following proper medication administration on her monthlydocumented audits. <p>Measures put inplace:</p> <ul style="list-style-type: none"> ·Group home monthly record review (Attachment B) ·Group home observation sheet (Attachment A) <p>Monitoring ofcorrective action:</p> <ul style="list-style-type: none"> ·The group home regional program manager willreceive all QIDP documented observations and quality assurance manager audits.The regional program manager will ensure all 	03/06/2016

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W 0391 Bldg. 00	<p>indicated staff #4 had been prompted to lock client #1's antacid up in the medication room. The interview indicated medications were to be locked if not being prepared for administration by staff.</p> <p>9-3-6(a)</p> <p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation and interview, for 2 of 4 medications administered to client #1 during the morning medication administration, the facility failed to remove from use the medication container with a worn label and failed to label another medication.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 2/02/16 at 6:40 AM, client #1's medications were readied for administration. Terbinafenate cream (used for fingernail fungus) had an illegible label and the liquid antacid had no pharmacy label.</p> <p>An interview with the Qualified Intellectual Disabilities Professional</p>	W 0391	<p>deficiencies found are addressed in the form of training or appropriate disciplinary action.</p> <ul style="list-style-type: none"> All documented observations and audits are forwarded to the agency director of quality for review. <p style="text-align: center;">W391</p> <p>Corrective action taken:</p> <ul style="list-style-type: none"> The illegible label for the medication has been replaced with a new label Staff were in-serviced on recognizing missing or illegible medication labels on 2/19/16. (attachment C) <p>How we will identify others:</p> <ul style="list-style-type: none"> Night auditors will ensure all medication has clean and legible labeling The group home quality assurance manager will ensure that all medication has legible labeling during her monthly documented audits. <p>Measures put in place:</p> <ul style="list-style-type: none"> Group home monthly record review (Attachment B) Night auditor sheet (Attachment D) 	03/06/2016			

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W 0440 Bldg. 00	<p>designee (QIDP-d) was conducted on 2/04/16 at 1:29 P.M. The QIDP indicated all medications are to have a label and further indicated the labels are not to be worn.</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. Based on record review and interview for 3 of 3 sampled clients (#1, #2, #3), and 3 additional clients (#4, #5, #6), the facility failed to ensure evacuation drills were conducted at least quarterly for all shifts of personnel.</p> <p>Findings include:</p> <p>Fire evacuation drills from 1/15 until the time of the survey with clients #1, #2, #3, #4, #5, and #6 as participants, were reviewed on 2/1/16 at 5:00 PM. The review indicated no sleeptime drill (nightshift of personnel 11:00 PM to 7:00</p>	W 0440	<p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> The group home regional program manager will receive all QIDP documented observations and quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action. All documented observations and audits are forwarded to the agency director of quality for review. All county QIDPs will review night auditor sheets and their findings on a daily basis <p>W440</p> <p>Corrective actions taken:</p> <ul style="list-style-type: none"> The fire evacuation drill sheet has been revised to reflect that all sleep time drills must be conducted between the hours of 1am and 4am. Staff were in-serviced on the new expectation of the sleep time drills on 2/19/16 (attachment C) <p>How we will identify others:</p> <ul style="list-style-type: none"> The group home quality assurance manager will ensure that all drills have been conducted during the proper time during her monthly documented audits. All group home night auditors ensure during their nightly audits 	03/06/2016

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W 0488 Bldg. 00	AM) for the second quarter of 2015, (April, May, June). Interview with staff #1/QIDP-d(Qualified Intellectual Disabilities Professional designee) on 2/2/16 at 9:57 AM indicated no additional drills were available for the second quarter of 2015. 9-3-7(a) 483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the	W 0488	that scheduled drills have been completed. Sleep timedrills will be conducted by the night auditor. Measures put inplace: ·Revised fire evacuation drill sheet (attachmentE) ·Group home monthly record review (Attachment B) ·Night auditor sheet (Attachment D) Monitoring of correctiveaction: ·The regional manager will receive all countyfire evacuation drills monthly to ensure sleep time drills are conductedbetween the hours of 1am-4am ·The agency safety coordinator receives all grouphome drills monthly to ensure continuing compliance. ·All county QIDPs will review night auditorsheets and their findings on a daily basis ·The group home regional program manager willreceive all quality assurance manageraudits. The regional program manager will ensure all deficiencies found areaddressed in the form of training or appropriate disciplinary action. W488 Corrective actions taken: ·Staff were in-serviced on informal meal pretraining opportunities and active treatment	03/06/2016			

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	<p>facility failed to ensure clients participated in family style dining and meal preparation.</p> <p>Findings include:</p> <p>Observations of clients #1, #2, #3, #4, #5 and #6 (at the group home) were done on 2/01/16 from 3:44 PM to 6:10 PM. Staff #3 was observed to prepare the meal of stir fry vegetables, chicken, rice, dinner rolls and fruit cocktail. Staff #3 prepared the chicken and rice, cut up vegetables and cooked them without consistently involving clients in the tasks. Clients #1 and #6 sat in the living area during the meal preparation and were not involved. Staff #3 dished up the food into serving bowls and placed the bowls upon the table. Staff #3 custodially cut up a dinner roll for client #1 with a pair of scissors.</p> <p>Observations of clients #1, #2, #3, #4, #5 and #6 were conducted on 2/02/16 from 6:05 AM until 7:45 AM. Staff #1 and #3 prepared the clients' breakfast sandwiches of sausage with scrambled eggs on English muffins. Staff #3 started the meal preparation of getting ingredients and utensils. Staff #1 cooked the scrambled eggs and fried sausage. Staff #3 prepared coffee. Staff #1 assembled the sandwiches by placing eggs and sausage on an English muffin. The clients were</p>		<p>on 2/19/16 (attachment C)</p> <ul style="list-style-type: none"> ·QIDP will make 3 documented meal time observations per week for 2 months in order to ensure compliance <p>How we will identify others:</p> <ul style="list-style-type: none"> ·QIDPs will perform active treatment observations weekly to ensure active treatment is present both formal and informally and that custodial care is not present ·Group Home quality assurance manager will document staff active treatment during her monthly audits. <p>Measures put in place:</p> <ul style="list-style-type: none"> ·Group home observation sheet (Attachment A) ·Group home monthly record review (Attachment B) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> ·The group home regional program manager will receive all QIDP documented observations and quality assurance manager audits. The regional program manager will ensure all deficiencies found are addressed in the form of training or appropriate disciplinary action. ·All documented observations and audits are forwarded to the agency director of quality for review. 				

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4251 RIVER RD COLUMBUS, IN 47203		
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	<p>not involved in preparing the breakfast sandwiches. Staff #1 prepared the plates for clients and heated water for client #3's coffee. Staff #4 washed dishes and pots and pans without including clients.</p> <p>Interview with the Qualified Developmental Disabilities Professional-designee (QIDP-d) #1 on 2/02/16 at 10:04 AM indicated it was expected clients should participate in family style dining and meal preparation to the extent of their capabilities.</p> <p>9-3-8(a)</p>				