

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G182	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2326 BERWICK DR SHELBYVILLE, IN 46176
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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
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 1/9/14, 1/10/14, 1/13/14, 1/14/14 and 1/15/14.</p> <p>Facility Number: 000715 Provider Number: 15G182 AIMS Number: 100234640</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/22/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL 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 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the QIDP (Qualified Intellectual Disabilities Professional) failed to monitor, coordinate and integrate each client's active treatment program by</p>	W000159	<p>The requirements regarding the QIDP responsibility to monitor, coordinate, and integrate each client's active treatment program has been reviewed with the QIDP. The QIDP has been placed on a performance based development plan which includes strategies to ensure formal programming is</p>	02/14/2014

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>failing to ensure clients #1, #2, #4, #5 and #6's formal training objectives were reviewed and revised on a routine basis for progression or regression of skills, by failing to develop a program of formal learning objectives for client #3, by failing to ensure clients #1, #2, #4, #5 and #6's training objectives included timeframes for completion, by failing to provide an active treatment schedule for staff to follow for clients #1, #2 and #3, by failing to ensure the facility's HRC (Human Rights Committee) reviewed, monitored and approved client #1's restrictive program and client #3's use of an audio monitor and bedroom door alarm prior to implementation of the program, and by failing to ensure the facility's HRC obtained the written informed consent of client #1's HCR (Health Care Representative) before the use of psychotropic medications for the management of client #1's behavior.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/10/14 at 2:04 PM. Client #1's ISP (Individual Support Plan) dated 9/19/13 indicated the following training objectives: (1) will brush teeth; (2) will properly put away his eyeglasses; (3) will make change for \$1.00; (4) will store clean clothing; (5) will administer</p>		<p>current and reviewed monthly for each client in her caseload. See Appendix A. The QIDP will schedule time weekly to work on reviewing, revising and developing formal training objectives. This time is scheduled with her supervisor, the Area Director. The QIDP will meet with her supervisor weekly to review her schedule and progress in this area. DSA Inc. uses an electronic system for implementation of formal training objectives. This system includes the means to set timeframes for completion. The Area Director will use this system to verify that formal learning objectives are in place and include time frames for completion. The Area Director will also use the system to verify that formal learning objectives are reviewed monthly and revised. The Area Director has implemented a tracking system to ensure programs are implemented, reviewed, and revised as required for all clients in her area of supervision. This system will be updated no less than twice a month. The QIDP will be trained on the requirements for implementing and monitoring an active treatment schedule for all clients. The QIDP will receive re-training on the agency HRC policy and her responsibilities to ensure all restrictive programs are approved prior to implementation of the program. This will include a review of the</p>				

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	<p>his own medications and (6) will state how to control anger. Client #1's ISP dated 9/19/13 indicated, "QIDP, [QIDP #1], to analyze and review data no less than monthly...."</p> <p>Client #1's record did not indicate documentation of monthly review of client #1's training objective data for progression or regression of skills.</p> <p>2. Client #2's record was reviewed on 1/13/14 at 2:11 PM. Client #2's ISP dated 10/23/13 indicated the following training objectives: (1) will identify options for anger; (2) will shower; (3) will complete a meal; (4) will balance a checkbook; (5) will purchase groceries from a list; (6) will brush teeth; (7) will self administer his medications and (8) will complete a job application. Client #2's ISP dated 10/23/13 indicated, "QIDP, [QIDP #1], to analyze and review data no less than monthly...."</p> <p>Client #2's record did not indicate documentation of monthly review of client #2's training objective data for progression or regression of skills.</p> <p>3. Client #4's record was reviewed on 1/15/14 at 4:00 PM. Client #4's ISP dated 11/13/13 indicated the following training objectives: (1) will make correct</p>		<p>requirement to have a health care representative provide written consent for use of restrictive programs including the use of psychotropic medications prior to submitting for review by the HRC. This requirement will also be reviewed with the HRC at their next scheduled meeting on 2/13/14. The agency provides training sessions monthly to QIDP's to review responsibilities of their job which includes but is not limited to expectations regarding consumer programming. During these meetings the QIDP will be provided a report regarding their status of completion with work products and timelines for completion of any due items. See Appendix B for training QIDP participated in on 1/27/14. Please see responses to W227, W230, W250, W262, and W263 for correction for the specific issues resulting in W159.</p>	

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	<p>change for \$5.00; (2) will self administer medications and (3) will serve himself the correct potion of food. Client #4's 11/13/13 ISP dated indicated, "QIDP, [QIDP #1], to analyze and review data no less than monthly...."</p> <p>Client #4's record did not indicate documentation of monthly review of client #4's training objective data for progression or regression of skills.</p> <p>4. Client #5's record was reviewed on 1/15/14 at 4:10 PM. Client #5's 12/4/13 ISP indicated the following training objectives: (1) will enunciate words; (2) will prepare the main dish of a meal; (3) will state the reason for medications; (4) will carry his personal identification card and (5) will initiate a social activity. Client #5's 12/4/13 ISP dated indicated, "QIDP, [QIDP #1], to analyze and review data no less than monthly...."</p> <p>Client #5's record did not indicate documentation of monthly review of client #5's training objective data for progression or regression of skills.</p> <p>5. Client #6's record was reviewed on 1/15/14 at 4:15 PM. Client #6's 12/4/13 ISP indicated the following training objectives: (1) will brush his hair; (2) will maintain folded clothing; (3) will</p>			

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	<p>set burner and temperature on the stove; (4) will maintain a grooming checklist; (5) will wash his hands; (6) will use cleaning chemicals; (7) will read medication names and (8) will identify safe situations. Client #6's 12/4/13 ISP dated indicated, "QIDP, [QIDP #1], to analyze and review data no less than monthly...."</p> <p>Client #6's record did not indicate documentation of monthly review of client #6's training objective data for progression or regression of skills.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 1/15/14 at 3:45 PM. QIDP #1 indicated the clients' training objectives should be reviewed monthly for progression or regression of skills. QIDP #1 indicated there was not additional documentation available for review regarding review of clients #1, #2, #4, #5 and #6's ISP objectives.</p> <p>6. The QIDP failed to develop a program of formal learning objectives for client #3. Please see W227.</p> <p>7. The QIDP failed to ensure clients #1, #2, #4, #5 and #6's training objectives included timeframes for completion. Please see W230.</p>			

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W000227	<p>8. The QIDP failed to provide an active treatment schedule for staff to follow for clients #1, #2 and #3. Please see W250.</p> <p>9. The QIDP failed to ensure the facility's HRC reviewed, monitored and approved client #1's restrictive program and client #3's use of an audio monitor and bedroom door alarm prior to implementation of the program. Please see W262.</p> <p>10. The QIDP failed to ensure the facility's HRC obtained the written informed consent of client #1's HCR before the use of psychotropic medications for the management of client #1's behavior. Please see W263.</p> <p>9-3-3(a) 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 3 sampled clients (#3), the facility failed to develop a program of learning objectives for client #3.</p> <p>Findings include:</p>	W000227	The QIDP will develop and implement a program of learning objectives for client #3. These objectives will be developed and implemented using the agency electronic system. The information in the system is available to the administrator who	02/14/2014			

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	<p>Client #3's record was reviewed on 1/10/14 at 12:23 PM. Client #3's ISP (Individual Support Plan) dated 4/15/13 indicated client #3 had been admitted to the facility on 3/2/13. Client #3's 4/15/13 ISP indicated the IDT (Interdisciplinary Team) had recommended "Assessment, development and training in goals/objectives to increase daily living skills in the following areas: (1) Cooking Skills; (2) Personal Care and Hygiene; (3) Housekeeping Skills; (4) Laundry Skills and (5) Self administration of medications." Client #3's 4/15/13 ISP indicated the IDT had recommended "Assessment, development and training in the following areas: (1) Money Management; (2) Interpersonal skills; (3) Social skills and (4) Personal safety." Client #3's record did not indicate documentation of the development of training objectives to increase client #3's daily living skills in the areas of cooking, personal care and hygiene, housekeeping, laundry, medication administration, money management, interpersonal skills, social skills and/or personal safety skills.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>		<p>will review information in the system to ensure the objectives are in place. The requirements regarding the QIDP responsibility to monitor, coordinate, and integrate each client's active treatment program has been reviewed with the QIDP. The QIDP has been placed on a performance based development plan which includes strategies to ensure formal programming is current for each client in her caseload. See Appendix A. The QIDP will schedule time weekly to work on reviewing, revising and developing formal training objectives. This time is scheduled with her supervisor, the Area Director. The QIDP will meet with her supervisor weekly to review her schedule and progress in this area. DSA Inc. uses an electronic system for implementation of formal training objectives. The Area Director has implemented a tracking system to ensure all clients in the program have a program of learning objectives and will ensure all clients in the home have appropriate learning objectives in place. The QIDP will be provided a report regarding her status of completion with work products including needs for developing and implemented learning objectives and timelines for completion of any due items.</p>		

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W000230	<p>1/13/14 at 1:30 PM. QIDP #1 stated, "I don't have any goals for [client #3]. They haven't been developed."</p> <p>9-3-4(a)</p> <p>483.440(c)(4)(ii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be assigned projected completion dates. Based on record review and interview for 2 of 3 sampled clients (#1 and #2) plus 3 additional clients (#4, #5 and #6), the facility failed to ensure clients #1, #2, #4, #5 and #6's training objectives include projected timeframes for completion.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/10/14 at 2:04 PM. Client #1's ISP (Individual Support Plan) dated 9/19/13 indicated the following training objectives: (1) will brush teeth; (2) will properly put away his eyeglasses; (3) will make change for \$1.00; (4) will store clean clothing; (5) will administer his own medications and (6) will state how to control anger.</p> <p>Client #1's 9/19/13 ISP training objectives did not indicate</p>	W000230	<p>The QIDP will update the training objectives for all clients to include projected timeframes for completion. This will be done in the electronic system that is used to implement formal learning objectives. The Area Director will review the system to verify that the required timeframes are included. A check for projected timeframes for completion will be included in the Area Directors tracking system of learning objectives. This will be updated no less than twice a month. The QIDP will be provided a report regarding her status of completion with work products including needs for establishing projected timeframes for completion of learning objectives and her timelines for completion of any due items.</p>	02/14/2014			

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	<p>documentation of projected timeframes for completion.</p> <p>2. Client #2's record was reviewed on 1/13/14 at 2:11 PM. Client #2's ISP dated 10/23/13 indicated the following training objectives: (1) will identify options for anger; (2) will shower; (3) will complete a meal; (4) will balance a checkbook; (5) will purchase groceries from a list; (6) will brush teeth; (7) will self administer his medications and (8) will complete a job application.</p> <p>Client #2's 10/23/13 ISP objectives did not indicate documentation of projected timeframes for completion.</p> <p>3. Client #4's record was reviewed on 1/15/14 at 4:00 PM. Client #4's ISP dated 11/13/13 indicated the following training objectives: (1) will make correct change for \$5.00; (2) will self administer medications and (3) will serve himself the correct potion of food.</p> <p>Client #4's 11/13/13 ISP objectives did not indicate documentation of projected timeframes for completion.</p> <p>4. Client #5's record was reviewed on 1/15/14 at 4:10 PM. Client #5's 12/4/13 ISP indicated the following training objectives: (1) will enunciate words; (2)</p>			

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	<p>will prepare the main dish of a meal; (3) will state the reason for medications; (4) will carry his personal identification card and (5) will initiate a social activity.</p> <p>Client #5's 12/4/13 ISP objectives did not indicate documentation of projected timeframes for completion.</p> <p>5. Client #6's record was reviewed on 1/15/14 at 4:15 PM. Client #6's 12/4/13 ISP indicated the following training objectives: (1) will brush his hair; (2) will maintain folded clothing; (3) will set burner and temperature on the stove; (4) will maintain a grooming checklist; (5) will wash his hands; (6) will use cleaning chemicals; (7) will read medication names and (8) will identify safe situations.</p> <p>Client #6's 12/4/13 ISP objectives did not indicate documentation of projected timeframes for completion.</p> <p>AS (Administrative Staff) #1 was interviewed on 1/15/14 at 2:37 PM. AS #1 indicated the clients' ISP objectives should have timeframes for completion.</p> <p>9-3-4(a)</p>			

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to provide an active treatment schedule for staff to follow.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client #1's record was reviewed on 1/10/14 at 2:04 PM. Client #1's record did not indicate documentation of an active treatment schedule for staff to follow. 2. Client #2's record was reviewed on 1/13/14 at 2:11 PM. Client #2's record did not indicate documentation of an active treatment schedule for staff to follow. 3. Client #3's record was reviewed on 1/10/14 at 12:23 PM. Client #3's record did not indicate documentation of an active treatment schedule for staff to follow. <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/13/14 at 1:30 PM. QIDP #1 indicated</p>	W000250	<p>The QIDP will develop an active treatment schedule that outlines the current active treatment program for all clients in the home including clients #1, #2, and #3. She will train all staff in the home on the schedules and ensure they are readily available to the direct care staff. These schedules will also be posted electronically where they are accessible to the Area Director for review. The Area Director completes routine observations in the home, during future visits she will ensure the schedules are readily available to staff. The Area Director will implement a tracking system to ensure all clients have activity schedules as required. This system will be updated by the Area Director no less than twice a month. The QIDP will be provided a report regarding her status of completion with work products including needs for active treatment schedules for consumers and her timelines for completion of any due items.</p>	02/14/2014	

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W000262	<p>clients #1, #2 and #3 should have active treatment schedules available for staff to follow.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #3) with restrictive programs, the facility's HRC (Human Rights Committee) failed to review, monitor and approve client #1's restrictive program. The facility's HRC failed to review, monitor and approve client #3's use of an audio monitor and bedroom door alarm prior to implementation of the program.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/10/14 at 2:04 PM. Client #1's BSP (Behavior Support Plan) dated 11/21/13 indicated client #1's targeted behaviors included resistance, non severe anger control, physical assault, property</p>	W000262	The HRC has reviewed and approved the Behavior Development Program for Client #1. See Appendix C. The HRC has also reviewed and approved the use of the bedroom door alarm for client #3 and his roommate. See Appendix D. Agency policy regarding QIDP responsibility to obtain timely approval of restrictive programs has been reviewed with the QIDP. The QIDP will ensure all restrictive programs in place are reviewed and approved by the HRC as required. The Area Director will verify this has occurred and has implemented a tracking system to monitor for timely approvals of restrictive procedures. The Area Director meets with the QIDP weekly to review due work products including obtaining any pending approvals for proposed restrictive	02/14/2014	

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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
	<p>misuse and skin picking. Client #1's BSP dated 11/21/13 indicated, "[Client #1] currently receives total daily dosages of Risperidone 4 milligrams (bipolar), Paroxetine 20 milligrams (depression/anxiety), and Fluvoxamine 200 milligrams (obsessive compulsive disorder) for behavior control."</p> <p>The review did not indicate documentation of the facility's HRC review or approval regarding client #1's use of psychotropic medication for behavior control.</p> <p>2. Observations were conducted at the group home on 1/13/14 from 6:00 AM through 7:45 AM. At 7:00 AM, an alarm sounded as client #3 exited his bedroom. An alarm sounded each time client #3 opened his bedroom door throughout the observation period.</p> <p>Interview with RC (Residential Coordinator) #1 on 1/13/14 at 7:10 AM indicated client #3 had an audio monitor (baby monitor) in his room and his door had an alarm as part of his seizure care plan.</p> <p>Client #3's record was reviewed on 1/10/14 at 12:23 PM. Client #3's IST (Individual Support Team) meeting form dated 10/24/13 indicated the facility</p>		procedures.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G182		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/15/2014	
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W000263	<p>would use an audio monitor in client #3's bedroom at night, as well as, a door alarm on his bedroom door as part of client #3's seizure care plan.</p> <p>The review did not indicate documentation of the facility's HRC review or approval regarding the facility's use of an audio monitor and/or bedroom door alarm for client #3.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/10/14 at 1:30 PM. QIDP #1 indicated client #1's BSP did not have HRC approval. QIDP #1 indicated client #3's audio monitor and bedroom door alarm had not been approved/reviewed by the facility's HRC.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 3 sampled clients (client #1) with restrictive programs, the facility's HRC (Human Rights Committee) failed to obtain the written informed consent of</p>	W000263	The QIDP has been trained on the requirement to have a health care representative provide written consent for use of restrictive programs including the use of psychotropic medications prior to submitting for review by	02/14/2014			

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	<p>client #1's HCR (Health Care Representative) before the use of psychotropic medications for the management of client #1's behavior.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/10/14 at 2:04 PM. Client #1's ISP (Individual Support Plan) dated 9/19/13 indicated client #1 had a HCR. Client #1's BSP (Behavior Support Plan) dated 11/21/13 indicated client #1's targeted behaviors included resistance, non severe anger control, physical assault, property misuse and skin picking. Client #1's BSP dated 11/21/13 indicated, "[Client #1] currently receives total daily dosages of Risperidone 4 milligrams (bipolar), Paroxetine 20 milligrams (depression/anxiety), and Fluvoxamine 200 milligrams (obsessive compulsive disorder) for behavior control." Client #1's BSP did not indicate documentation of written informed consent from client #1's HCR.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/13/14 at 1:30 PM. QIDP #1 indicated client #1's BSP dated 11/21/13 should be signed by client #1's HCR. QIDP #1 indicated there was no additional documentation of written informed</p>		<p>the HRC. This requirement will also be reviewed with the HRC at their next scheduled meeting on 2/13/14. The QIDP will review client #1's current Behavior Development Program and his current regimen of psychotropic medications with his Health Care Representative to ensure she does approve of the restrictive programs that are in place. Her consent will be obtained in writing. Should she not provide consent, this will be reviewed by his Individual Support Team. In the future her consent will be obtained prior to restrictive procedures being sent for HRC review. The QIDP will ensure proper consents are in place for all clients in her caseload and will ensure they are obtained on-going as required. The Area Director will verify this occurs when reviewing proposed programs as a member of the IST and of the HRC.</p>				

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	<p>consent from client #1's HCR regarding client #1's use of psychotropic medication for behavior management.</p> <p>9-3-4(a)</p>			