STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G409	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICE ALTERNATIVES INC	912 N PARKWAY DR ANDERSON, IN 46013

(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	This visit was for a fundamental annual recertification and state licensure survey. Survey Dates: December 9, 10, 11, 12 and 15, 2014. Facility number: 000923 Provider number: 15G409 AIM number: 100244490 Surveyor: Kathy Wanner, QIDP The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/23/14 by Ruth Shackelford, QIDP.	W000000		
W000312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, for 1 of 4 sampled clients (client #4), the facility failed to ensure the plans included	W000312	W312 The medicationreduction plans within the individual program plans for all facility clientswill be	01/14/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	an obtainable plan of reduction for the use of medications to address behavior. Findings include: Client #4's records were reviewed on 12/11/14 at 9:50 A.M. A Behavior Support Plan (BSP) dated 7/14 indicated target behaviors of physical assault, self-injurious behavior (SIB), type one and two resistance, and non-severe anger control. Client #4's "baseline rates" for the year prior to 5/14 indicated 12 episodes of physical assault,13 episodes of type one resistance, 25 incidents of SIB and 11 incidences of non-severe anger control. The plan included the use of Valproic Acid (mood stabilizer) for Behaviors, Benztropine (anti anxiety) for mood disorder, Risperidone (anti-psychotic) for mood disorder, and Clonazepam (anxiety) for mood disorder. The plan indicated client #4's psychotropic medication would be considered for reduction if she maintained rates of 2 or less targeted behavior per quarter for each quarter for one year. Client #4's record did not indicate a specific medication targeted for reduction. The Residential Director (RD) was interviewed on 12/15/14 at 10:10 A.M. and indicated the medication reduction		reviewed to assure that they include an obtainable plan of reductionfor the use of medications to address behavior and that a specific medicationis targeted for reduction. TheResidential Director will review proposed Behavior Development Plans and assureall of the required components are present prior to presentation to the IDT andHRC for approval.	

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	plan for client #4 may not be obtainable, and there was no specific medication targeted for reduction. 9-3-5(a)			
W000352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed to ensure 1 of 4 sampled clients (client #4) had an annual dental examination. Findings include: Client #4's record was reviewed on 12/11/14 at 9:50 A.M. Client #4's record included a dental exam on 2/14/13 which indicated "No evidence of decay	W000352	W352 Client 4 will have a dental exam on 1/21/15. The nurse will use a yearly summary form totrack dental examinations to assure that they are occurring at leastannually. The Residential Director willreview documentation on a monthly basis to assure that dental examinations haveoccurred as expected and required.	01/14/2015

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	detected. Generalized moderate amount of plaque and debris on all surfaces of teeth. If possible please try to assist with brushing and flossing 2-3 times daily." Her next dental exam was scheduled for 1/21/15. An interview was conducted with the Residential Director (RD) on 12/15/14 at 10:10 A.M. The QIDP stated, "No, she (client #4) did not have a dental exam in the past year. It had to be rescheduled." 9-3-6(a)			
W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview, the facility failed to ensure 1 of 4 sampled clients (client #3) used all of her adaptive dining equipment at meals. Findings include:	W000436	W436 Contrary to what is listed in the citation, client 3does not require the use of built up utensils or a non-skid mat as evidenced bythe attached nutrition assessments-the last year is attached. The Residential Director will continue toroutinely monitor meals to assure that adaptive equipment is in place	01/14/2015

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	Observations of the evening meal were conducted at the home where client #3 lived on 12/10/14 at 5:33 P.M. Client #3 utilized a regular plate with a plate guard. Client #3's record was reviewed on 12/11/14 at 9:33 A.M. Client #3's nutrition assessment dated 10/2014 indicated she was to utilize a divided plate or plate guard, a non-skid mat and built-up utensils to assist her with her hand tremors and to have a firmer grip on the utensil handles. An interview was conducted with the Residential Director (RD) on 12/15/14 at 10:10 A.M. The RD stated, "I really can't say if she (client #3) used the non-skid mat and built-up utensils at dinner on 12/11/14." The RD indicated client #3 was to use a non-skid mat and built-up utensils at all meals. 9-3-7(a)		asordered.	