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 10/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICE ALTERNATIVES INC	912 N PARKWAY DR ANDERSON, IN46013

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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of survey: October 4, 5, 6, and 7, 2011. Surveyor: Kathy Craig, Medical Surveyor III Facility Number: 000923 Provider Number: 15G409 AIMS Number: 100244490 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/19/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.	W0000		
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 3 of 6 allegations of abuse/neglect incident reports by not implementing their abuse/neglect policy regarding reporting immediately to the administrator. Findings include:	W0149	Staff will receive additional training regarding DSA policy 7.07 Prevention of Abuse and Neglect that specifically prohibits abuse and neglect of consumers. Staff will be quizzed on the types of things that are reportable and under what circumstances things are to be reported.	11/06/2011

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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	Review on 10/4/11 at 3:05 PM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports was conducted. The following reports were allegations of abuse/neglect: 1. A report dated 3/30/11 indicated on 3/28/11 "As a result of agency training, a brand new staff came forward and reported that staff member (name of staff #1), had been verbally abusive toward [client #2] and [client #7]. The follow-up report dated 4/4/11, indicated the investigation found that staff #1 was "most likely verbally abusive to consumers." The new staff did not report this allegation immediately to the administrator. 2. A report dated 4/18/11 indicated "An allegation was made that staff [staff #2] was verbally abusive towards consumer [client #4]." The follow-up report dated 4/25/11 indicated the investigation was completed and it was "determined that the staff made inappropriate remarks to [client #4] that could be construed as threatening. The allegation was substantiated." The investigation dated 4/18/11 indicated the allegations occurred on April 15 and 17, 2011, and indicated staff #3 failed to report what she thought could have been an incorrect procedure			

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	(sending client #2 to her room). Staff #3 also indicated she felt uncomfortable working with staff #2 who acted like she didn't know what to do. The investigation also indicated staff #3 failed to report what she considered to be a threat made to a consumer as she felt she needed to tell this in person. It indicated staff reported the allegations of verbal abuse on 4/18/11. 3. A report dated 9/21/11 indicated on 9/19/11 "A staff member stated that she felt the consumers at the [name of] group home were being abused because various staff yelled at them. All staff in question were suspended." This was reported to the administrator on 9/20/11 and the report did not indicate exactly when this incident occurred. Review on 10/4/11 at 3:00 PM of the facility's abuse/neglect policy dated 6/09 was conducted. It indicated DSA, Inc. prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves. Each staff member receives instruction on forms of abuse and neglect as part of their Mandatory Initial Training. This training also includes instruction to employees regarding the necessity of reporting all instances of abuse and neglect. The policy indicated staff are required to report immediately to the administrator			

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	upon learning of an allegation of abuse/neglect. Interview on 10/7/11 at 11:00 AM with AD (Area Director) was conducted. The AD indicated staff did not implement their policy on reporting allegations of abuse/neglect. 9-3-2(a)			
W0153	The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 3 of 6 allegations of abuse/neglect incident reports by not reporting immediately to the administrator in accordance with state law. Findings include: Review on 10/4/11 at 3:05 PM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports was conducted. The following reports were allegations of	W0153	Staff will receive additional training regarding the necessity of reporting any alleged or suspected abuse immediately. Additionally, the company has instituted a "No Abuse" hotline which staff may use to report anonymously or via text message as well. Professional staff will continue to review reporting requirements routinely at regular staffings.	11/06/2011

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	abuse/neglect: 1. A report dated 3/30/11 indicated on 3/28/11 "As a result of agency training, a brand new staff came forward and reported that staff member (name of staff #1), had been verbally abusive toward [client #2] and [client #7]. The follow-up report dated 4/4/11, indicated the investigation found that staff #1 was "most likely verbally abusive to consumers." The new staff did not report this immediately to the administrator. 2. A report dated 4/18/11 indicated "An allegation was made that staff [staff #2] was verbally abusive towards consumer [client #4]." The follow-up report dated 4/25/11 indicated the investigation was completed and it was "determined that the staff made inappropriate remarks to [client #4] that could be construed as threatening. The allegation was substantiated." The investigation dated 4/18/11 indicated the allegations occurred on April 15 and 17, 2011, and indicated staff #3 failed to report what she thought could have been an incorrect procedure (sending client #2 to her room). Staff #3 also indicated she felt uncomfortable working with staff #2 who acted like she didn't know what to do. The investigation also indicated staff #3 failed to report what she considered to be a threat made to			

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