

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  02/19/2016
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 912 N PARKWAY DR ANDERSON, IN 46013
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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 15, 16, 17, 18 and 19, 2016.</p> <p>Facility Number: 000923 Provider Number: 15G409 AIM Number: 100244490</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/26/16.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon record review and interview for 2 of 3 sampled clients (clients #1 and #3), the facility failed to implement policy and procedures which prohibited abuse, neglect and mistreatment by failing to investigate injuries of unknown origin.</p>	W 0149	The facility did fail to ensure causes of all injuries weredocumented properly. The agency documentation system has been updated to promptstaff to document cause of injuries when known and to notify the ResidentialDirector if the cause is unknown. Per agencypolicy the Residential Director will notify the	03/20/2016

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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	<p>Findings include:</p> <p>The facility's illness and injury reports were reviewed on 2/16/16 at 10:30 AM and indicated the following:</p> <ol style="list-style-type: none"> <li>1. An entry dated 11/19/15 indicated client #1 was healing from a bruise below her right knee (size not documented). There was no documentation which indicated the cause of client #1's bruising was known or of an investigation of the cause of client #1's bruising. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</li> <li>2. An entry dated 12/23/15 indicated client #3 had a scratch on her right calf (size not indicated). There was no documentation which indicated the cause of client #3's scratch or of an investigation to determine the cause of client #3's scratch. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</li> <li>3. An entry dated 1/14/16 indicated client #3 had bruising to her thigh area and down by her ankle (size not indicated). There was no documentation which indicated the cause of client #3's bruising. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</li> <li>4. An entry dated 2/3/16 client #3 had a "small" bruise on her inner thigh "possibly from her [incontinence brief] pinching (size not indicated)." There was no documentation which indicated the cause of client #3's bruising had been investigated. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</li> </ol> <p>The facility's investigations of abuse and</p>		<p>Administrator of any injuries for which the origin is unknown. When this occurs an incident report will be filed with BQIS and an investigation will be initiated. The staff that work in the home were re-trained on 3/11/16 to ensure causes of injuries are documented properly. Injury information is recorded in an electronic documentation system. Initially the nurse will review these records no less than twice a week to ensure needed information is documented. The nurse will complete documentation regarding any reported injuries as needed. The frequency of reviewing this information will reduce to weekly once it has been demonstrated that staff are documenting properly for 3 consecutive weeks. The administrator will also routinely review records to ensure documentation is completed properly. Agency management and administrative staff will ensure agency policies are followed regarding reporting and investigating injuries of unknown origin.</p> <p>Responsible Party: Facility Nurse</p>		

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	<p>neglect were reviewed on 2/16/16 at 6:55 AM and failed to indicate the injuries of unknown origin involving clients #1 and #3 were investigated.</p> <p>The Residential Director (RD) was interviewed on 2/16/16 at 1:33 PM and indicated the injuries described in the entries regarding clients #1 and #3 were known in origin and she would look for additional documentation.</p> <p>The RD indicated on 2/18/16 at 9:33 AM there was no additional documentation as to the cause of clients #1 and #3's injuries and staff would be retrained on the requirement to document cause of injury when known.</p> <p>The facility's policy Preventing Abuse and Neglect, revised 10/13 was reviewed on 2/19/16 at 4:18 PM and indicated "DSA, Inc. (Developmental Service Alternatives, Inc.) prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of consumers it serves...'Abuse' means intentional or willful infliction of physical injury,...'Neglect' means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual." The policy indicated the RD and Area Director were responsible for completing a documented investigation into incidents of abuse, neglect and mistreatment.</p> <p>9-3-2(a)</p>			

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W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based upon record review and interview for 2 of 3 sampled clients (clients #1 and #3), the facility failed to investigate injuries of unknown origin.</p> <p>Findings include:</p> <p>The facility's illness and injury reports were reviewed on 2/16/16 at 10:30 AM and indicated the following:</p> <ol style="list-style-type: none"> <li>1. An entry dated 11/19/15 indicated client #1 was healing from a bruise below her right shin (size not indicated). There was no documentation which indicated the cause of client #1's bruising was known or of an investigation of the cause of client #1's bruising. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</li> <li>2. An entry dated 12/23/15 indicated client #3 had a scratch on her right calf (size not indicated). There was no documentation which indicated the</li> </ol>	W 0154	<p>The facility did fail to ensure causes of all injuries were documented properly. The agency documentation system has been updated to prompt staff to document cause of injuries when known and to notify the Residential Director if the cause is unknown. Per agency policy the Residential Director will notify the Administrator of any injuries for which the origin is unknown. When this occurs an incident report will be filed with BQIS and an investigation will be initiated. The staff that work in the home were re-trained on 3/11/16 to ensure causes of injuries are documented properly. Injury information is recorded in an electronic documentation system. Initially the nurse will review these records no less than twice a week to ensure needed information is documented. The nurse will</p>	03/20/2016

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	<p>cause of client #3's scratch or of an investigation to determine the cause of client #3's scratch. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</p> <p>3. An entry dated 1/14/16 indicated client #3 had bruising to her thigh area and down by her ankle (size not indicated). There was no documentation which indicated the cause of client #3's bruising. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</p> <p>4. An entry dated 2/3/16 client #3 had a "small" bruise on her inner thigh "possibly from her [incontinence brief] pinching (size not indicated)." There was no documentation which indicated the cause of client #3's bruising had been investigated. The entry indicated the group home nurse and the Residential Director (RD) had been notified.</p> <p>The facility's investigations of abuse and neglect were reviewed on 2/16/16 at 6:55 AM and failed to indicate the injuries of unknown origin involving clients #1 and #3 were investigated.</p> <p>The Residential Director (RD) was interviewed on 2/16/16 at 1:33 PM and indicated the injuries described in the entries regarding clients #1 and #3 were known in origin and she would look for additional documentation.</p> <p>The RD indicated on 2/18/16 at 9:33 AM there was no additional documentation as to the cause of clients #1 and #3's injuries and staff would be retrained on the requirement to document cause of injury when known.</p>		<p>complete documentation regarding any reported injuries as needed. The frequency of reviewing this information will reduce to weekly once it has been demonstrated that staff are documenting properly for 3 consecutive weeks. The administrator will also routinely review records to ensure documentation is completed properly. Agency management and administrative staff will ensure agency policies are followed regarding reporting and investigating injuries of unknown origin.</p> <p>Responsible Party: Facility Nurse</p>	

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W 0322 Bldg. 00	<p>9-3-2(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care. Based upon record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2) to ensure an annual physical examination was completed.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 2/16/16 at 12:07 PM. The last annual physical examination in the record was dated 12/1/14.</p> <p>Client #2's records were reviewed on 2/16/16 at 12:30 PM. There was no evidence of an annual physical examination in the record.</p> <p>The Program Quality Coordinator was interviewed on 2/19/16 at 4:23 PM and indicated there was no evidence of annual physical examinations for clients #1 and #2.</p>	W 0322	<p>The annual physicals that were not completed have been scheduled, client #1 is scheduled for 3/14/16 and client #2 is scheduled for 3/22/16. The facility has a new nurse that is being trained on her responsibility to monitor and ensure required physician visits occur, including annual physicals for each client. The attached yearly summary form will be used by the nurse to track completion of needed appointments. The nurse will also review records for all clients in the facility to ensure all required physician visits, including annual physicals, are current. The results of the record review to verify completion of annual physicals within the past year will be provided to the administrator to review and to verify compliance.</p> <p>Responsible Party: Facility Nurse</p>	03/20/2016

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W 0331  Bldg. 00	<p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 additional clients (clients #5 and #7), the facility's nursing services failed to ensure protocols were developed to monitor for head injury and illness.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 2/16/16 at 6:55 AM and indicated the following:</p> <p>1. A BDDS report dated 12/21/15 indicated client #7 was scheduled to be seen by her primary care physician, but was weak and not able to walk without the assistance of a wheelchair. Her primary care physician instructed staff to take client #7 to the ER (emergency room) and client #7 was admitted with a diagnosis of possible pneumonia and dehydration for evaluation, observation and treatment. A follow up report dated 12/24/15 indicated client #7 remained at the hospital and was receiving IV (intravenous) antibiotics and a catheter as</p>			W 0331	<p>The agency has a new facility nurse. This nurse will receive training regarding her responsibility to develop and implement protocols to monitor for various health and medical needs to include monitoring for response to treatment for acute illnesses and for head injuries. The agency will also develop and implement standardized protocols to monitor effectiveness of treatment for acute illnesses and for possible head injury. The nursing staff will also assess for the need for any additional generalized health and medical protocols for acute situations. The nurse will be responsible for ensuring these protocols are implemented when necessary. The administrator will verify that all staff in the facility are trained on the new protocols. Completed by: Facility Nurse</p>		03/20/2016

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	<p>she had reduced output (urine).</p> <p>A BDDS report dated 12/26/15 indicated client #7 was released on 12/25/15 after being treated for pneumonia and dehydration. At the time of her release, client #7 remained weak and unable to transfer herself. On the morning of 12/26/15, client #7 remained weak and had elevated blood pressure. Client #7 was taken to a different hospital via ambulance and admitted for evaluation, observation and treatment. A follow up report dated 1/6/16 indicated client #7 was given IV antibiotics and fluids for pneumonia and once stabilized, was admitted to a skilled nursing facility for rehabilitation.</p> <p>Client #7's accident and injury records were reviewed on 2/16/16 at 10:30 AM and indicated on 12/15/15 client #7 was "not feeling well" and the group home nurse assessed her. Notes indicated on 12/16/15 client #7 "was very weak and out of breath" when walking. On 12/17/15 client #7 was diagnosed with an upper respiratory illness and vaginal infection by a physician. On 12/18/15 and 12/19/15 staff indicated there were no signs/symptoms of illness/injury and on 12/20/15 "still not feeling well...." On 12/21/15 staff indicated there was no sign of illness and injury. There were no additional entries in regards to client #7's condition until 12/25/15 at which time client #7 was released from the hospital.</p> <p>Client #7's December, 2015 MAR was reviewed on 2/16/15 at 12:30 PM and failed</p>			

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	<p>to indicate her temperature was recorded until 12/25/15 at which time her temperature was recorded as 97.3 and on 12/26/15 at which time her temperature was recorded as 97.6.</p> <p>The Residential Director was interviewed on 2/16/16 at 11:00 AM and indicated staff may have documented client #7's temperature in the electronic record.</p> <p>An electronic record of client #7's vital signs for December, 2015 was reviewed on 2/16/16 at 1:28 PM. There was no evidence client #7's temperature was being monitored with the exception of entries on 12/1/15 and 12/3/15 at which time her temperature was recorded at 97.10.</p> <p>Client #7's nursing protocols were reviewed on 2/16/16 at 10:30 AM and failed to indicate a protocol or instructions to staff to monitor client #7's temperature after being diagnosed with an upper respiratory infection on 12/17/15.</p> <p>The group home nurse was interviewed on 2/19/16 at 3:03 PM and indicated staff should have taken client #7's temperature to monitor her after being diagnosed with an upper respiratory illness on 12/17/15. The group home nurse indicated she was not the group home nurse at the time of client #7's illness in December, 2015, so she was uncertain as to what measures had been put in place by the nurse at the time to monitor client #7.</p>			

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	<p>2. A report dated 2/13/16 indicated client #5 fell in her room from a standing position after becoming entangled in panty hose she had worn earlier in the evening. Client #5 "suffered abrasions to her left knee (three) one a nickel in size and two smaller ones the size of a pencil eraser. She also suffered a half moon shaped abrasion on her right upper wrist as well as scrapes to the right side of her face, four scrapes in all on forehead, cheek and chin. She also has red areas on her right foot where the pantyhose tightened when she fell, there are four in all on her foot with an abrasion to the back of her heel (sic). Her left great toenail was half ripped off." Client #5 was taken to the hospital after complaints of pain and not wanting to walk. Client #5 was given x-rays of her hips, legs and ankles finding no fractures and released with orders to take a pain reliever every 4 hours. Client #5 "refused" to use her right hand to hold her drink or spoon and was taken to an urgent care medical facility for evaluation. The medical facility could find nothing wrong with client #5's wrist and was released with orders to continue the pain reliever. "The agency nurse will continue to monitor [client #5's] physical condition to ensure she is healing from her injuries. An investigation has been started into this incident."</p> <p>Notes written by RD #2 were reviewed on 2/16/16 at 1:32 PM and indicated on 2/13/16 "Staff are monitoring [client #5] at this time...."</p>			

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	<p>Electronic Injury/Illness and Full Body Check Reports dated 2/10-2/15/16 were reviewed on 2/16/16 at 1:33 PM and indicated on 2/13/16 client #5 fell and on 2/14/16 and 2/15/16 staff #1 and #2 indicated client #5 had no signs/symptoms of illness/injury as assessed by "inquiry." The group home nurse indicated on 2/15/16 "I went to examine [client #5] and she was staring into space and did not respond to my verbal questions. She had an episode where she rolled her eyes into the back of her head for about 10 seconds. She was then taken to [name] Hospital."</p> <p>Client #5's February, 2016 MAR was reviewed on 2/18/16 at 3:50 PM and failed to indicate documentation of how client #5 was monitored after her fall on 2/13/16.</p> <p>Client #5's nursing protocols were reviewed on 2/16/16 at 1:27 PM and failed to indicate a protocol to monitor client #5 for head injury or other conditions after her fall on 2/13/16.</p> <p>The group home nurse was interviewed on 2/16/16 at 1:50 PM and indicated there was no specific written protocol for staff to monitor clients for head injury after a fall. She indicated staff were told to look for unusual behavior and call the nurse if noted.</p> <p>The Program Quality Coordinator was interviewed on 2/19/16 at 4:23 PM and indicated client #5 had suffered a pulmonary</p>			

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W 0436 Bldg. 00	<p>embolism (blood clot) that had most likely traveled from her foot after her fall to her lungs. She indicated client #5 was being discharged to a rehabilitation center to recuperate.</p> <p>9-3-6(a)</p> <p>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 upon observation, record review and interview for 1 of 3 sampled clients (client #3), the facility failed to ensure adaptive equipment was in complete condition (foot rests).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 2/15/16 from 4:49 PM until 6:32 PM and again on 2/16/16 from 6:45 AM until 7:38 AM. Client #3's wheelchair was missing the foot rests and</p>	W 0436	<p>The QIDP for the facility will ensure that the a currentassessment is scheduled and completed regarding a need for client #3 to havefoot rests on her wheelchair. The results of this assessment will then beaddressed by the facility administration to ensure the client's wheelchair issued as recommended. The QIDP will also review adaptive equipment for allclients in the facility to ensure all items are in place as recommended. Shewill secure updated assessments as necessary. The QIDP will report to</p>	03/20/2016

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	<p>her feet dangled 1 inch from the floor. Client #3 wheeled herself from the kitchen to the living room during the observations.</p> <p>The Residential Director was interviewed on 2/16/16 at 7:25 AM and indicated client #3 was not to use foot rests as she used her feet to propel herself in the wheelchair.</p> <p>Staff #7 was interviewed on 2/16/16 at 7:26 AM and indicated client #3's foot rests were being repaired and the old foot rests should not be used as it would damage the wheelchair.</p> <p>Observations were completed at the day services on 2/16/16 from 9:38 AM until 9:58 AM. Client #3 did not have foot rests on her wheelchair and propelled herself using her wheelchair wheels in the program room.</p> <p>Day Services staff #1 was interviewed on 2/16/16 at 9:45 AM. When asked about client #3's foot rests to her wheelchair she stated client #3 had not had foot rests for "months."</p> <p>Client #3's records were reviewed on 2/16/16 at 12:55 PM and indicated a wheelchair evaluation dated 6/10/14 with measurements taken. "Having problems</p>		<p>theadministrator in writing the results of this review.</p> <p>Responsible Party: QIDP</p>	

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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 912 N PARKWAY DR ANDERSON, IN 46013			
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W 0440 Bldg. 00	<p>moving W/C (wheelchair)-wheels leans to R (right) side. Due for new wheelchair..." A wheelchair invoice dated 12/4/09 indicated client #3 had received a wheelchair with adjustable foot plates. There was no evidence of a new wheelchair or of an assessment to indicate client #3 did not need foot rests on her wheelchair.</p> <p>The Program Quality Coordinator was interviewed on 2/16/16 at 4:23 PM and indicated there was no updated documentation in regards to repairs or an updated wheelchair for client #3.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based upon record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3) and for 3 additional clients (clients #4, #5 and #6), the facility failed to ensure evacuation drills were completed on each shift on a quarterly basis.</p> <p>Findings include:</p>	W 0440	The agency has a Professional Presence policy which includes the use of a home visit note that directs items professional staff review when in the program. The QIDP is in the home no less than weekly and completed the form. This form has been updated to include a review of evacuation drills that have been completed and to take steps to ensure any needed drills are	03/20/2016			

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W 0460  Bldg. 00	<p>The facility's evacuation drills from 2/15-2/16 were reviewed on 2/15/16 at 5:47 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5 and #6 on the second shift between 5/29/15 to 11/6/15.</p> <p>The Program Quality Coordinator was interviewed on 2/19/16 at 4:23 PM and indicated there were no additional drills for the second shift for the missing time period.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon observation, record review and interview for 1 of 3 sampled clients (client #3) the facility failed to ensure her food was prepared to prescribed consistency.</p> <p>Findings include:</p> <p>Observations were completed at the</p>			W 0460	<p>completed. A copy of this form is provided for review as an attachment. The QIDP will be trained on this updated expectation. The QIDP has also retrained all staff in the home regarding the expectations for completing evacuation drills. The administrator is provided copies of the completed home visit notes to verify the QIDP is reviewing and ensuring completion of required evacuation drills. Responsible Party: QIDP</p> <p>Properly preparing pureed food so that it meets the dietary guidelines to be smooth will be reviewed with each staff. Each staff person will successfully demonstrate that they can puree all aspects of a meal properly before their re-training will be considered complete. Evidence of all completed training will be provided to the administrator to verify compliance.</p>		03/20/2016

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	<p>group home on 2/15/16 from 4:49 PM until 6:32 PM. Client #3 ate ground chicken with a lumpy texture</p> <p>The Residential Director (RD) was interviewed on 2/15/16 at 6:22 PM and indicated the texture should be smooth.</p> <p>Observations were completed at the group home on 2/16/16 from 6:45 AM until 7:38 AM. Client #3 was served scrambled eggs with lumps.</p> <p>The RD was interviewed on 2/16/16 at 6:50 AM and when asked if the consistency of the eggs was pureed, she stated, "It's as good as it gets." The RD added mayonnaise to the scrambled eggs and smashed them with a fork, but the scrambled eggs retained a lumpy texture.</p> <p>Client #3's record was reviewed on 2/16/16 at 12:55 PM and indicated she was to receive a pureed textured diet.</p> <p>The facility's Quickview Guidelines for Puree Foods dated 9/09 were reviewed on 2/16/16 at 10:59 PM and indicated "There are NO LUMPS or CHUNKS--it is SMOOTH-- period." The guide indicated scrambled eggs should not be chopped in a chopper and "scrambled eggs (must still be moist-don't let cook too dry or add sauce to them)."</p>		<p>The QIDP has been checking meals weekly to ensure they are prepared per ordered guidelines and has provided necessary guidance to staff to make any needed corrections. The QIDP will increase the frequency at which meals are observed to ensure that no less than 3 meals are observed each week for 3 weeks to ensure food is prepared and served properly. With no reported concerns following those 3 weeks, the QIDP will resume weekly observations with approval of the administrator.</p> <p>Responsible Party: QIDP</p>				

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W 9999  Bldg. 00	<p>9-3-8(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers</p>	W 9999	<p>The needed references for the staff person for which they had not been received will be submitted. Agency policy does require that all employees provide 3 references upon hire. The professional staff that completes new hire orientation and is responsible for receiving the required references will be retrained to ensure this is completed. The administrator will routinely review personnel records to ensure compliance.</p> <p>Responsible Party: Area Program Coordinator</p>	03/20/2016

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	<p>shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 3 staff (staff #4) personnel files reviewed, the facility failed to ensure 3 complete references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's personnel files were reviewed on 2/16/16 at 11:58 AM. Records for staff #4 failed to include 3 references.</p> <p>The Program Quality Coordinator was interviewed on 2/19/16 at 4:23 PM and indicated there were no references for staff #4.</p> <p>9-3-2(c)(3)</p>			