

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G182	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2016
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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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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00187794 completed on 1/15/16.</p> <p>Dates of Survey: 2/1/16, 2/2/16, 2/3/16 and 2/4/16</p> <p>Facility Number: 000715 Provider Number: 15G182 AIMS Number: 100234640</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/10/16.</p>	W 0000		
W 0248 Bldg. 00	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p>			

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>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3's day services provider had current copies of their ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>Observations were conducted at clients #1, #2 and #3's day services provider on 2/2/16 from 1:00 PM through 2:00 PM. Clients #1, #2 and #3 were observed at the day services provider throughout the observation period.</p> <p>Day Services Social Worker (DSSW) #1 was interviewed on 2/2/16 at 1:50 PM. DSSW #1 indicated the day services did not have clients #1, #2 or #3's ISPs available for review.</p> <p>1. Client #1's record was reviewed on 2/2/16 at 10:24 AM. Client #1's ISP dated 2/24/15 indicated client #1 had formal training objectives.</p>	W 0248	<p>The QIDP has been re-trained by the administrator regarding her responsibility to provide current Individual Support Plans to all teammembers, including the day program. Evidence of this training is provided in an attachment. The programs that had not been provided to the day program havenow been provided. The administrator will routinely check with the day service toensure they have current programs.</p> <p>Responsible Party: QIDP</p>	02/05/2016			

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W 0440 Bldg. 00	<p>2. Client #2's record was reviewed on 2/2/16 at 8:42 AM. Client #2's ISP dated 2/27/15 indicated client #2 had formal training objectives.</p> <p>3. Client #3's record was reviewed on 2/2/16 at 9:53 AM. Client #3's ISP dated 2/27/15 indicated client #3 had formal training objectives.</p> <p>AS (Administrative Staff) #1 was interviewed on 2/4/16 at 3:00 PM. AS #1 indicated the QIDP should ensure clients #1, #2 and #3's day services had their ISPs.</p> <p>9-3-4(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 and #3), plus 2 additional clients (#4 and #5), the facility failed to conduct fire drills for each quarter of each shift of personnel.</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	03/05/2016

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	<p>The facility's fire evacuation log book was reviewed on 2/2/16 at 8:00 AM. The review did not indicate documentation of fire evacuation drills being conducted for the day shift of personnel for the first quarter of 2015 (January, February, March), the third quarter of 2015 (July, August, September) and for the fourth quarter of 2015 (October, November, December) for clients #1, #2, #3, #4 and #5. The review did not indicate documentation of fire evacuation drills being conducted for the overnight shift for the first quarter of 2015 (January, February, March) for the second quarter of 2015 (April, May, June) for the third quarter of 2015 (July, August, September) and for the fourth quarter of 2015 (October, November, December) for clients #1, #2, #3, #4 and #5.</p> <p>QC (Quality Control) #1 was interviewed on 2/2/16 at 8:05 AM. QC #1 indicated there was not additional documentation available for review regarding fire evacuation drills.</p> <p>9-3-7(a)</p>		<p>completed and to take steps to ensure any needed drills are completed. A copy of this form is provided for review as an attachment. The QIDP will be trained on this updated expectation. The QIDP will also will retrain all staff in the home regarding the expectations for completing evacuation drills. The administrator will be copied on provided training to verify completion. The administrator is also provided copies of the completed home visit notes to verify the QIDP is reviewing and ensuring completion of required evacuation drills.</p> <p>Responsible Party: QIDP</p>	