

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G462	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/10/2013
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2228 VAN BUSKIRK RD ANDERSON, IN 46011
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>This visit was in conjunction with the PCR (post-certification revisit) to the investigation of complaint #IN00111387 completed on 08/15/12.</p> <p>Dates of survey: January 7, 8, 9 and 10, 2013.</p> <p>Facility Number: 000976 Provider Number: 15G462 AIMS Number: 100235450</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 1/17/13 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general direction in a manner to ensure 1 of 3 additional clients (client #5) did not pay for his medications.</p> <p>Findings include:</p> <p>On 01/09/13 at 10:30 AM a record review for client #5 was completed. The financial review indicated client #5 had paid for the following: Tab-A-Vite with Iron Tablet in the amount of \$7.22.</p> <p>On 01/09/13 at 3:30 PM an interview with the Area Director (AD) was conducted. The AD indicated client #5 paid for his Tab-A-Vite with Iron and had not been reimbursed by the facility for this.</p> <p>9-3-1(a)</p>	W0104	<p>W104 Client 5 has been reimbursed for the purchase he should not have made (Appendix A). All staff responsible for managing the funds of clients, as well as nursing and QMRP staff, have received training regarding obtaining physician ordered supplies (appendix B). Client funds are audited monthly and a final verification of appropriate purchases will be completed at that time.</p>	02/09/2013			

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) who resided in the home, by not ensuring an evacuation drill was conducted at least every quarter on the night shift from 12:00 AM to 6:00 AM.</p> <p>Findings include:</p> <p>On 01/07/13 at 1:45 PM, record reviews were completed of the facility's evacuation drills for the period of 01/01/12 through 01/06/13. The review of the evacuation drill records included evacuation drills which were conducted for personnel and clients #1, #2, #3, #4, #5, #6 and #7. The first night shift drill for 2012 was conducted on 04/20/12 at 5:01 AM. The next night drill was conducted on 09/14/12 at 4:03 AM.</p> <p>On 01/09/13 at 3:30 PM an interview with the Area Director (AD) was conducted. The AD indicated there were no additional evacuation drills for review.</p> <p>9-3-7(a)</p>	W0440	<p>W440 The QMRP has received additional training (appendix C) regarding the requirement that evacuation drills are completed once per shift per quarter. She has further received training regarding her responsibility to assure that the drills are scheduled and completed no less than per regulation. Staff have received additional training (appendix D) regarding their responsibility to complete evacuation drills as scheduled. The QMRP will use a tracking system to monitor for and assure compliance.</p>	02/09/2013			

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