

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 10/12/2012	
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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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: October 9, 10, 11 and 12, 2012.</p> <p>Facility Number: 000923 Provider Number: 15G409 AIMS Number: 100244490</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 10/16/12 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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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to have an annual vision screening examination.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 10/10/12 at 2:27 PM. Client #3's record did not contain any documentation of an annual vision screening examination.</p> <p>On 10/11/12 at 2:30 PM an interview with the LPN (Licensed Practical Nurse) was conducted. The LPN indicated client #3 did not have an annual vision examination for review.</p> <p>9-3-6(a)</p>	W0323	<p>W323 The facility nurse will use a form entitled yearly summary (attached) to track all necessary appointments and assure that they occur as needed-including but not limited to the annual vision screening examination. The nurse will review and update the form a minimum of monthly to assure compliance. Client 3 had a vision screen completed on 10/15/12.</p>	11/11/2012	

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W0331	<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, the facility failed for 2 of 4 sampled clients (clients #1 and #2) by not ensuring clients received nursing services according to their medical needs, by not obtaining client #1's dexa scan for her osteoporosis and by not obtaining the mammogram as ordered for client #2.</p> <p>Findings include:</p> <p>1. Client #1's records were reviewed on 03/27/12 at 2:00 PM. Client #1's record review included review of the following dated documents:</p> <p>10/2012: Physician Orders indicated client #1's diagnoses included, but was not limited to: Osteoarthritis (joint disorder) and Degenerative Joint Disease (arthritis of weight bearing joints). Client #1's Physician Orders indicated she was on medication for these medical conditions.</p> <p>09/23/08: Consultant Visit indicated client #1 had a bone density scan completed.</p> <p>08/30/10: Dexa Bone Density report</p>	W0331	W331 The facility nurse will assure that tests and evaluations, to include the dexa scan and mammogram are completed as required through the use of a tracking from entitled the Yearly Summary Form (attached). The Health Services Director will routinely review the documentation to assure compliance.	11/11/2012			

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	<p>indicated client #1's reason for exam was "osteoporosis (weak bones)."</p> <p>A review of the remainder of client #1's record did not indicate she had a dexa scan after 08/30/10.</p> <p>On 10/11/12 at 3:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated client #1 did not have a dexa scan after the 08/30/10 exam and she should have a dexa scan every two years.</p> <p>2. Client #2's records were reviewed on 10/10/12 at 1:34 PM. Client #2's record review included review of the following dated documents:</p> <p>03/13/12: Letter from [name] Breast Services indicated client #2 had a mammogram on 03/09/12. The letter indicated, "there is a finding which appears to be benign (not cancer). We recommend that you return in six months for follow up imaging.</p> <p>A review of the remainder of client #2's record did not indicate she had the follow-up mammogram as recommended.</p> <p>On 10/11/12 at 3:30 PM, an interview was conducted with the LPN. The LPN indicated client #2 did not have the</p>						

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	recommended mammogram follow-up. 9-3-6(a)			

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) and 1 additional client (client #5) who take medications prescribed by the physician, to administer medications as ordered.</p> <p>Findings include:</p> <p>On 10/10/12 at 12:15 PM the facility's BDDS ((Bureau of Developmental Disabilities Services) Reports were reviewed from 10/01/11 through 10/09/12 and indicated the following medication errors:</p> <p>02/23/12: "[Client #3] did not receive her 9 PM dose of Klonopin (seizures/panic attacks) 0.5 mg (milligram) on 02/22/12...".</p> <p>03/07/12: "[Client #3] did not receive her 9 PM dose of Klonopin on 03/06/12...".</p> <p>04/15/12: "On 04/14/12, it was discovered that [client #3's] 2 PM Klonopin on 04/13/12 was not administered...".</p>	W0368	W368 Staff members administering medications will receive additional training regarding the mechanics of passing medications as per physician's orders and without error. Professional staff will routinely observe medication administrations to assure compliance with proper technique and freedom from error.	11/11/2012

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	<p>05/09/12: "It was reported to this writer today that [client #5] had not received her Exelon (for dementia) patch since 05/05/12..."</p> <p>09/04/12: "[Client #5] did not receive her evening dose of Propranolol (for blood pressure) on 08/31/12..."</p> <p>09/27/12: "[Client #5] did not receive her Vitamin D3 (supplement)..."</p> <p>On 10/11/12 at 3:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated medications that are not given as prescribed are considered medication errors as staff are not following the physician's orders. She indicated staff had been retrained each time an error occurred.</p> <p>9-3-6(a)</p>			

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W0460	<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 on observation, record review and interview, the facility failed for 1 of 4 sample client (client #2) and 1 additional client (client #6) who were on a modified diet to follow diet orders.</p> <p>Findings include:</p> <p>On 10/09/12 from 4:30 PM until 6:45 PM observations at the group home were completed. At 6:19 PM client #2 placed a bowl of cooked hamburger on the table. The hamburger was passed around the table to all clients and client #2 and client #6 with assistance placed hamburger on their plate. Their plates contained pureed foods of green beans and grits according to staff #1. Client #2 and #6 were observed to eat the hamburger.</p> <p>Client #2's records were reviewed on 10/10/12 at 1:34 PM. Client #2's record review included review of the following dated documents: 10/26/11: ISP (Individual Support Plan) indicated client #2 has: "in the past choked and had to have the Heimlich performed." 08/06/12: Nutritional Assessment</p>	W0460	W460 All staff working at this facility will receive additional training regarding proper preparation of a modified (to include pureed) diet. Professional staff will provide routine oversight of meals to assure that staff have prepared foods as per prescribed diets.	11/11/2012			

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	<p>indicated client #2 was to have a pureed diet.</p> <p>Client #6's records were reviewed on 10/10/12 at 4:00 PM. Client #6's record review included review of the following dated documents: 01/18/12: ISP indicated client #6, "is on Pureed diet due to not chewing food thoroughly and eating fast." 08/06/12: Nutritional Assessment indicated client #2 was to have a pureed diet.</p> <p>On 10/11/12 at 3:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated clients #2 and #6 should have all their food pureed. She further indicated the hamburger should have been pureed.</p> <p>9-3-8(a)</p>						