

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G115		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/18/2013	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 830 EVERGREEN DRIVE SEYMOUR, IN 47274			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 17 and 18, 2013</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Provider Number: 15G115 AIM Number: 100239590 Facility Number: 000652</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/24/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 2 sampled clients (#2), the facility's nursing services failed to ensure the client's follow up physician's appointments were done.</p> <p>Findings include:</p> <p>Review of client #2's record on 7/18/13 at 7:45 AM indicated her diagnoses included, but were not limited to, legal blindness, impacted ear cerumen and seasonal allergies. The client's MAR/Medication Administration record of 7/13 indicated she received Patanol eye drops daily for allergies. The record review indicated client #2's eyes were assessed 2/02/12. The record of the office visit form indicated the client should be rechecked in one year. The follow up appointment had not been completed. The record review indicated client #2 had been seen by an ENT (Ear, Nose and Throat specialist) on 11/19/12 for impacted cerumen (wax) removal. The ENT note indicated client #2 should be seen in 6 months. She did not attend a follow-up appointment.</p> <p>Interview with the lead staff #3 on 7/18/13 at 8:00 AM indicated client #2's</p>	W000331	<p>Client #2 has now had an eye exam (7/29/13) and an ENT exam (7/22/13). QIDP's and agency nurse will work with staff to ensure all recommended medical follow up appointments are completed timely and as ordered for each client. Agency nurse will review each client's chart monthly to ensure all medical exams are obtained timely.</p> <p>Responsible for QA: QIDP, Agency nurse</p>	08/17/2013			

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	<p>parents took her to all her appointments. The interview indicated the appointments needed to be rescheduled.</p> <p>Qualified Intellectual Disabilities Professional/QIDP #1 on 7/18/13 at 10:30 AM indicated the facility nurse had not followed up to ensure the appointments were kept.</p> <p>9-3-6(a)</p>				

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed for 2 of 2 sampled clients (#1 and #2), to provide the clients with a quarterly health status review for June of 2013.</p> <p>Findings include:</p> <p>Review of client #1's record on 7/18/13 at 9:30 AM indicated the last entry by RN #1 was on 4/21/13; the last nursing quarterly physical was in March of 2013.</p> <p>Review of client #2's record on 7/18/13 at 7:45 AM indicated her last nursing quarterly physical by RN #1 was in March of 2013.</p> <p>Qualified Intellectual Disabilities Professional/QIDP #1 indicated on 7/18/13 at 10:30 AM the facility nurse was supposed to make copies of any documentation/nursing quarterlies and ensure they were in the clients' records. The interview indicated the RN had not provided the current documentation of nursing quarterly physical assessments for June of 2013.</p>	W000336	<p>The agency nurse had completed quarterly assessments for clients #1 and #2. These have now been placed in the client's records. The Medical Care Coordinator and SGL Manager have met to discuss the current procedures for nursing assessments and timely filing. Nursing staff and QIDP's will be trained on the new procedures. Random file audits will be done at least quarterly to ensure that assessments are done and filed timely.</p> <p>Responsible for QA: SGL Manager, Medical Care Coordinator, Agency nurse, QIDP</p>	08/17/2013			

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W000441	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4), the facility failed to conduct varied evacuation drills for the night shift.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 7/17/13 at 3:40 PM. There were four night shift (11:00 PM to 7:00 AM) drills during the past 12 months: 8/15/12 6:07 AM, 11/15/12 6:27 AM, 3/10/13 6:03 AM and 5/24/13 6:17 AM. The four drills were conducted when clients were awake. Three of them were conducted with two staff and only one was conducted with the single nightshift staff. There was no evidence the facility had conducted sleeptime drills with the clients and the single nightshift staff to ensure safe evacuations. This affected clients #1, #2, #3 and #4.</p> <p>Qualified Intellectual Disabilities Professional/QIDP #1 indicated on 7/18/13 at 10:30 AM the facility had not conducted any drills while the clients were asleep since 2/12.</p> <p>9-3-7(a)</p>	W000441	<p>Staff will be retrained on the standard for evacuation drills with specific emphasis on varying the times for overnight drills. QIDP's will review evacuation drills monthly to ensure that agency procedures and state standards are being met in this area.</p> <p>Responsible for QA: QIDP</p>	08/17/2013			

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