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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G090 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/27/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>DEVELOPMENTAL SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3839 CAMELOT LN<br>COLUMBUS, IN 47201 |
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| W 000<br><br>Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 24, 25, 26 and 27, 2015.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 000630<br/>AIM Number: 100233920<br/>Provider Number: 15G090</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/5/15 by Ruth Shackelford, QIDP.</p> | W 000         |   |                      |
| W 157<br><br>Bldg. 00 | <p>483.420(d)(4)<br/>STAFF TREATMENT OF CLIENTS<br/>If the alleged violation is verified, appropriate corrective action must be taken.<br/>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to take corrective action to address client #2's falls with injury.</p>   | W 157         | In order to ensure that the facility is ensuring the safety and well-being of client #2 , the following steps have been taken: The agency has ordered a dining room chair with arms. This is to ensure that client #2 | 03/29/2015           |

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>Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports on 2/25/15 at 10:30 AM indicated the following:</p> <p>12/10/14 at 6:30 AM client #2 was sitting at the kitchen when he had a seizure. He fell out of his chair as he was falling. He sustained a 3 cm./centimeter bruise with swelling behind his right ear from hitting the chair as he fell.</p> <p>On 2/13/15 at 6:45 AM, client #2 was sitting at the kitchen table for breakfast when he had a seizure and fell out of his chair onto the floor. The client sustained a 1/2 cm/centimeter cut to the inside of his lip.</p> <p>During morning observations at the facility on 2/25/15 at 7:00 AM, client #2 was sitting at the kitchen table in an armless chair alone. Staff #7 was not sitting with client #2 at the table, but was at the stove preparing the breakfast.</p> <p>Review of client #2's record on 2/25/15 at 2:00 PM indicated an Individual Support Plan dated 6/14 to 6/15. The ISP indicated his diagnosis included, but was not limited to, recurrent epileptic seizures. The record contained health risk plans dated 6/18/14 for falls and</p> |   | <p>will not fall out of his chair when he has a seizure while dining. The chair is heavy duty and durable enough to last for years. The cushion of the chair has a pommel that will assist in keeping client #2 in an upright position in the case of a seizure. In-service house training was provided for staff on 3/16/15. This training addressed the need for staff to sit at eye level and at the dining room table with client #2 when he is eating. The training also ensured that staff understand client #2's specific dining plan. Staff are to understand that not only does client #2 need eye level supervision while eating to prevent injuries from seizures while eating, but to provide family style dining. The QIDP will revise client #2's seizure health risk plan to include the need for a chair with arms while dining. The day program has an armchair ready when client #2 attends. The RPM will address this issue with other county QIDPs in order to ensure that other staff are observing client specific dining plans and proper client supervision while clients are dining. The QIDP and QA for client #2 will observe meals three times a week. If staff are found to be in compliance with the protocol, the QIDP or QA will observe dining twice a week. If staff are continuing to display proper protocol, the QIDP or QA will observe dining at the home once a week. If during that week, staff are found to still be in</p> |                      |   |

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| W 249<br>Bldg. 00  | <p>seizure management which indicated the RN would check documentation monthly for "trends and problems." The 6/18/14 health risk plans contained no revisions for addressing the falls from the kitchen chairs. No safety measures had been put into place to assist client #2 from falling and sustaining injuries while sitting at the kitchen table.</p> <p>Interview with supervisory staff #3 on 2/27/15 3:15 PM indicated no evidence the interdisciplinary team had addressed client #2's falls with injury.</p> <p>9-3-2(a)</p> <p>483.440(d)(1)<br/>PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients' programs were implemented.</p> <p>Findings include:</p> <p>During morning observations at the</p> | W 249         | <p>compliance, the QIDP or QA will observe dining on a monthly basis thereafter. The monthly dining observations will be documented and submitted to the RPM. This will be done in order to ensure that the corrective actions are in place and being followed on a continuous basis.</p> <p>In order to ensure that the facility is ensuring the safety and well-being of client #2 , the following steps have been taken: The agency has ordered a dining room chair with arms. This is to ensure that client #2 will not fall out of his chair when he has a seizure while dining. The chair is heavy duty and durable enough to</p> | 03/29/2015           |

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|  | <p>facility on 2/25/15 at 7:00 AM, client #2 was sitting at the kitchen table in an armless chair alone. Staff #7 was not sitting with client #2 at the table, but was at the stove preparing the breakfast. At 7:50 AM, client #3 concluded taking his medications and treatments. Client #3 was observed to be wearing a gait belt around his torso. Client #3 walked alone from the medication room to the dining room alone without staff assistance.</p> <p>Review of client #2's record on 2/25/15 at 2:00 PM indicated an Individual Support Plan dated 6/14 to 6/15. The ISP indicated his diagnosis included, but was not limited to, recurrent epileptic seizures. The record contained a dining plan dated 2/9/15 which indicated "100% supervision during all food intake."</p> <p>Review of client #3's record on 2/25/15 at 12:00 PM indicated an Individual Support Plan dated 6/14 to 6/15. The ISP indicated his diagnoses included, but were not limited to, spasticity with left hemiplegia and progressive right foot drop. The record indicated the client's physical therapy consultant had recommended the use of a gait belt and staff supervision during all ambulation to prevent falls.</p> <p>Interview with staff #1, Qualified</p> |   | <p>last for years. The cushion of the chair has a pommel that will assist in keeping client #2 in an upright position in the case of a seizure. In-service house training was provided for staff on 3/16/15. This training will address the need for staff to sit at eye level and at the dining room table with client #2 when he is eating. The in-service also addressed the need to adhere to all of the clients' dining plans. Staff will also sit at eye level with client while he is seated at the table.</p> <p>The training will also ensure that staff understand client #2's specific dining plan. Staff are to understand that not only does client #2 need eye level supervision while eating to prevent injuries from seizures while eating, but to provide family style dining. The QIDP will revise client #2's seizure health risk plan to include the need for a chair with arms while dining. The RPM will address this issue with other county QIDPs in order to ensure that other staff are observing client specific dining plans and proper client supervision while clients are dining. The QIDP and QA for client #2 will observe meals three times a week. If staff are found to be in compliance with the protocol, the QIDP or QA will observe dining twice a week. If staff are continuing to display proper protocol, the QIDP or QA will observe dining at the home once a week. If during that week, staff are found to still be in compliance, the</p> |                      |   |

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| W 268<br>Bldg. 00  | <p>Intellectual Disabilities Professional/QIDP, on 2/25/15 at 3:15 PM indicated clients' programs were to be implemented by staff. The staff were to supervise clients during meals to ensure safety from choking. The interview indicated client #2 required supervision while eating and client #3 required supervision during mobility by means of his gait belt.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i)<br/>CONDUCT TOWARD CLIENT<br/>These policies and procedures must promote the growth, development and independence of the client.<br/>Based on observation and interview for 1 additional client (#4), the facility failed to ensure the staff promoted the client's dignity by using inappropriate language to explain his eating manner.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the afternoon/evening of 2/24/15 from 4:33 PM until 7:40 PM.<br/>Staff #9 was observed to supervise client #4 while eating his meal at 7:00 PM.<br/>Client #4 was observed to require</p> | W 268   | <p>QIDP or QA will observe dining on a monthly basis thereafter. The monthly dining observations will be documented and submitted to the RPM. This will be done in order to ensure that the corrective actions are in place and being followed on a continuous basis. Staff will schedule a PT appointment for client #3 to reassess his mobility. QA will observe staff engagement with client #3 and document staff reaction to any mobility needs by client #3. Staff will provide client #3 assistance via a gait belt when needed.</p> <p>In order to ensure that interactions between clients and staff are consistent and positive, the following measures have been enacted to promote client growth, development and independence: an in-service for house staff was provided on 3/16/15. This in-service instructed staff to engage clients in an ethical and proper manner. Staff learned that some types of language is unsuitable for describing client behavior. Staff will be instructed to respect client rights and to never compare client behavior to that of an animal. Staff will be made aware that this</p> | 03/29/2015   |  |   |  |

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|  | <p>prompting to keep his head/face in a functional state for eating. The client was observed to be offered hand over hand guidance to use his adaptive spoon for consuming his pureed food by staff #9. Staff #9 stated client #4 would "eat like a dog" if he was not redirected to hold his head in a functional manner (upright) at the dining table.</p> <p>During morning observations on 2/25/15 from 5:55 AM until 8:30 AM breakfast was observed. At 7:20 AM, client #4 was observed to have a plate of pureed food in front of him (pureed breakfast burrito and pureed fruit). Client #4 was observed to hold his plate up and start to drink the fruit (it was of a fruit smoothie type consistency) out of his adaptive plate. Staff #11 stated client #4 "eats like a dog" due to his prior placement.</p> <p>Interview with staff #1, Qualified Intellectual Disabilities Professional/QIDP, on 2/25/15 at 3:15 PM indicated client #4's dignity was not promoted by staff when they described his eating habits as stated above.</p> <p>9-3-5(a)</p> |   | <p>type of behavior is harmful to client self-esteem and promotes an environment of disrespect. This expectation has always been a required part of DSI training, staff must complete client rights training annually. All program managers in all countys served will ensure that every interaction they see between staff and client upholds the high expectations that DSI demands. On 3/20/15, program managers understood this expectation and made a commitment to enforce DSI's culture of respect for our clients. The QIDP or QA will observe staff/client interaction on the weekend and during the week. The QA or QIDP will visit the home 5 days a week to promote a culture of respect. If the staff are observed to be interacting with the clients in a proper way, the QIDP or QA will visit the home 3 times the following week. If after that week the staff are upholding DSI's principles, the QIDP or QA will resume normal observations. The QIDP or QA will continue to submit observations for each shift in writing to the RPM on a monthly basis. The observations will note how the staff are interacting with the clients. Staff #9 and staff #11 will be issued a counseling memorandum that will stress the need to always use positive and encouraging language when around the clients or interacting with the clients. The staff will be provided examples of</p> |                      |   |

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| W 368<br>Bldg. 00  | <p>483.460(k)(1)<br/>DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to assure drugs administered to 2 additional clients (#5 and #6) were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports on 2/25/15 at 10:30 AM indicated the following medication errors.</p> <p>A BDDS report dated 12/18/14 at 8:30 PM involving client #6 indicated staff discovered he had not been given his 7:00 AM medications on 12/18/14:<br/>Abilify 20 mg/milligrams (behavior)<br/>Levetiracetam (anticonvulsant) 750 mg.,<br/>quetiapine (antipsychotic) 200 mg. and</p> | W 368         | <p>how to teach and reinforce skill acquisition. The RPM will require all QIDPs to include staff/client interaction in their monthly observations. Staff will schedule an OT appointment for client #4 in order to determine if there is a need for adaptive equipment that would enable and assist client #4 to sit upright while dining.</p> <p>In-service house training will be provided for staff on 3/16/15. Part of this training will cover medication administration. Staff will be instructed upon DSI's policy regarding med pass. Staff will be expected to perform proper med passes after this training. Staff will be given the opportunity to voice any concerns or questions at this time. Staff will also be asked to continue to follow DSI's SGL medication administration buddy check. The house nurse is involved in ensuring that the MAR is completed correctly. When the nurse is in the home, she will observe med pass. When there is a med error, the staff are to call the nurse and seek medical advice. The nurse will then retrain staff in-house, in addition to DSI's med error policy. This policy outlines corrective actions to take depending on the staff's number</p> | 03/29/2015           |

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| W 460<br><br>Bldg. 00  | <p>Therems vitamin supplement.</p> <p>A BDDS report dated 1/28/15 involving client #5 indicated staff discovered he had not been given his 8:00 PM medications on 1/27/15: Chlorhexidine mouth rinse, nail fungus treatment, deep sea nasal spray, Famotidine 20 mg/milligrams (stomach acid) Lamotrigine 400 mg (seizures), Levetiracetam 1500 mg. (seizures) Simvastin 40 mg. (for cholesterol), sweet oil drops for ear wax, topiramate 200 mg. (seizures), vitamin C 500 mg. (supplement) and vitamin D 3 2,000 international units.</p> <p>Interview with supervisory staff #3 on 2/27/15 3:15 PM indicated clients' medications should be administered without error according to the prescription.</p> <p>9-3-6(a)</p> <p>483.480(a)(1)<br/>FOOD AND NUTRITION SERVICES<br/>Each client must receive a nourishing, well-balanced diet including modified and</p> |   | <p>of previous med errors. This buddy check is performed by staff after med pass has been completed and before the med pass window has expired. The QIDP and/or QA will observe med pass three times a week until they are assured that staff are proficient at this procedure. The QIDP and QA will observe med pass once a week once they see staff implementing proper med pass procedure. During their multiple, monthly home observations, QIDPs in all counties will observe medication administration in order to target staff deficiencies.</p> |                      |   |

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| 9-3-8(a)           | <p>specially-prescribed diets.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure clients were served their total menued diet.</p> <p>Findings include:</p> <p>Observations of the evening meal and its preparation were conducted on 2/24/15 from 4:33 PM until 7:40 PM. Clients #1, #2, #3, #4, #5, and #6 were served spaghetti with a meatless tomato sauce, garlic bread, beverage, fried zucchini and onions and fruit/gelatin cups. The clients were not served spaghetti with a meat sauce or other protein choice.</p> <p>Review of the menu on 2/25/15 at 8:00 AM indicated the following menu for the evening meal on 2/24/15: spaghetti with meat sauce, Italian green beans (zucchini and onions were substituted), garlic bread, gelatin with fruit, and 8 fluid ounces of skimmed milk.</p> <p>Interview with staff #5 and #6 on 2/24/15 at 7:30 PM indicated the spaghetti sauce did not contain meat and there had been no meat added to the sauce.</p> | W 460         | <p>Staff will be expected to follow the house menu. The menu was created by a dietician and ensures that clients are receiving nourishing; well-balanced diets that take into account modified and specially- prescribed diets. The QIDP and the QA will utilize previously mandated weekly visits to the house during mealtimes to observe staff and client preparation of meals. The QIDP or QA will observe meal time once on the weekend and 5 times the following week. If the meal is prepared and executed properly, the QIDP or QA will visit the home during mealtime 3 times the following week. If after that week the proper policy and procedure is followed, the QIDP and QA will resume normal observations. The QIDP and QA will intercede when staff fail to provide clients with balanced diets based off the house menu. Staff will be provided with an appropriate substitution list in the event that a menu item is not available. In order to set these expectations, a staff in-service was held on 3/16/15. Staff were informed of DSI policy and procedure regarding adherence to the house menu. Staff will be instructed to pay close attention to the food needs when grocery shopping. The in-service also stressed the importance of engaging clients during and after meal preparation. The RPM will</p> | 03/29/2015           |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

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|  |  |  | expect all county QIDPs to<br>observe meal preparation and<br>dining during their multiple<br>monthly observation.       |                            |  |