

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G404	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 314 W 13TH ST ANDERSON, IN 46016
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: April 12, 13, and 19, 2016.</p> <p>Facility Number: 000918 Provider Number: 15G404 AIM Number: 100235430</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/26/16.</p>	W 0000		
W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based upon record review and interview, the facility failed to ensure money was available for 1 of 2 sampled clients (client #1) and one additional client (client #6).</p>	W 0126	<p>W126</p> <p>The QIDP will establish a system to ensure that cash is available to clients in the home as determined by their requests, funds available, and ability to manage cash.</p>	05/19/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G404	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 04/19/2016
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 314 W 13TH ST ANDERSON, IN 46016		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Findings include:</p> <p>Client financial records and personal cash on hand were reviewed on 4/12/16 at 5:40 PM. Client #1 had \$11.93 on hand. Client #6 had \$17.72 on hand.</p> <p>Clients #1 and #6 were interviewed on 4/12/16 at 5:50 PM and indicated the staff on duty had indicated they did not have any cash on hand when they requested money that morning.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/13/16 at 2:26 PM and indicated the clients should have been given money as requested on 4/12/16 in the morning.</p> <p>9-3-2(a)</p>		<p>The identified clients do have the capability to manage spending money as they had requested as do additional clients that live in the facility. The direct care staff will receive training on this system which shall include their responsibility to provide cash to clients when requested and per the system implemented. The direct care staff will also receive a refresher training on all client rights. Client rights will also be an ongoing topic of discussion during monthly staff meetings. The QIDP is responsible for the accounting of how client funds are spent. The QIDP gathers receipts and updates financial records for clients weekly. When this is done the QIDP will review the information to ensure clients have been provided funds per their requests. Any issues will be addressed with the responsible employees. The financial records are posted electronically in a shared cloud. The administrator will routinely review to ensure clients are being provided cash for spending.</p> <p>Responsible Party: QIDP</p>		