

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 10/17/2011
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2228 VAN BUSKIRK RD ANDERSON, IN46011
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: October 12, 13, 14, and 17, 2011</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000976 Provider Number: 15G462 AIMS Number: 100235450</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 11/3/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 1 of 4 incidents of client to client abuse (clients #2 and #5) to implement their abuse/neglect policy to report it within 24 hours of the incident to</p>	W0149	<p>The Residential Director shall receive additional training regarding the necessity to report any alleged or suspected abuse to BDDS/BQIS within 24 hours. All Residential Directors will receive refresher training</p>	11/16/2011

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>BDDS (Bureau of Developmental Disabilities Services).</p> <p>Findings include:</p> <p>Review on 10/12/11 at 2:10 PM of the facility's records was conducted, and included the BDDS incident reports. An incident that took place on 1/5/11 indicated client #2 aggressed towards client #5 after being agitated by another consumer. Client #5 sustained minor scratches to his face. It was not reported to BDDS until 1/18/11.</p> <p>Review on 10/12/11 at 1:50 PM of the facility's "Preventing Abuse and Neglect" policy dated 6/09, indicated allegations of abuse/neglect, exploitation, sexual abuse and/or sexual exploitation was to be reported to BDDS according to the BDDS reporting policy which is within 24 hours of the incident.</p> <p>Interview on 10/13/11 at 10:20 AM with the AD (Area Director) was conducted. She indicated she did not know why this incident was reported late to BDDS and it should have been reported within 24 hours of the incident.</p> <p>9-3-2(a)</p>		regarding this requirement as well as DSA policy 7.07 Preventing Abuse and Neglect.		

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W0153	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed for 1 of 4 incidents of client to client abuse (clients #2 and #5) to report it within 24 hours of the incident to BDDS (Bureau of Developmental Disabilities Services) in accordance with State law.</p> <p>Findings include:</p> <p>Review on 10/12/11 at 2:10 PM of the facility's records was conducted, and included the BDDS incident reports. An incident that took place on 1/5/11 indicated client #2 aggressed towards client #5 after being agitated by another consumer. Client #5 sustained minor scratches to his face. It was not reported to BDDS until 1/18/11.</p> <p>Interview on 10/13/11 at 10:20 AM with the AD (Area Director) was conducted. She indicated she did not know why this incident was reported late to BDDS and it should have been reported within 24 hours of the incident.</p> <p>9-3-2(a)</p>	W0153	The Residential Director shall receive additional training regarding the necessity to report any alleged or suspected abuse to BDDS/BQIS within 24 hours. All Residential Directors will receive refresher training regarding this requirement as well as DSA policy 7.07 Preventing Abuse and Neglect.	11/16/2011	

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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 8 meds (medications) passed in error affecting 1 additional client (client #5).</p> <p>Findings include:</p> <p>Observations was conducted at the group home on 10/12/11 from 3:30 PM to 6:15 PM, and included observation of the med pass. At 4:40 PM, client #5 was given one 5 milligram Omeprazole tablet (for GERD) . At 4:45 PM, client #5 ate crackers, peanut butter and drank a glass of milk.</p> <p>Review on 10/12/11 at 4:50 PM of client #5's MAR (Medication Administration Record) dated October, 2011, was conducted. The MAR indicated client #5 was to take Omeprazole 1/2 hour before a meal.</p> <p>Interview on 10/13/11 at 10:50 AM with the group home's nurse was conducted. The nurse indicated client #5 should not have eaten for 30 minutes after taking his</p>	W0369	<p>Staff members will receive additional training regarding what it means to pass medications on an empty stomach. Professional staff will provide routine oversight to medication administrations completed by staff members to assure a similar error does not occur.</p>	11/16/2011

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W0448	<p>Omeprazole. She indicated it was a med error.</p> <p>9-3-6(a)</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview, the facility failed for 1 of 6 clients (client #5) who resided in the group home by not investigating his problem of refusing to participate in evacuation drills.</p> <p>Findings include:</p> <p>Review on 10/12/11 at 4:10 PM of the facility's evacuation drills was conducted. Client #5 refused to get up or participate in the following drills: 1/14/11, 6/22/11, 7/14/11, 7/15/11 and 10/6/11.</p> <p>Interview on 10/12/11 at 4:20 PM with the RC (residential Coordinator) was conducted. The RC indicated there was no investigation into the problem of client #5 refusing to participate in evacuation drills.</p>	W0448	The Residential Director will receive training regarding the requirement to investigate instances in which there are problems with evacuation drills, including refusal to participate by consumers. The Area Director shall review such investigations to assure findings and recommendations are followed through with.	11/16/2011	
W0449	<p>9-3-7(a)</p> <p>The facility must investigate all problems with evacuation drills and take corrective action. Based on record review and interview, the</p>	W0449	The facility has taken corrective action regarding the refusal of	11/16/2011	

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	<p>facility failed for 1 of 6 clients (client #5) who resided in the group home by failing to take corrective action to address the client's refusal to evacuate.</p> <p>Findings include:</p> <p>Review on 10/12/11 at 4:10 PM of the facility's evacuation drills was conducted. Client #5 refused to get up or participate in the following drills: 1/14/11, 6/22/11, 7/14/11, 7/15/11 and 10/6/11.</p> <p>Review on 10/13/11 at 10:30 AM of client #5's IPP (Individual Program Plan) dated 12/15/10 did not include a program to address his refusals to evacuate during drills.</p> <p>Interview on 10/12/11 at 4:20 PM with the RC (residential Coordinator) was conducted. The RC indicated the facility had not addressed the problem of refusing.</p> <p>9-3-7(a)</p>		<p>client 5 to participate in evacuation drills. He has had a formal training objective added regarding making responses in emergency situations. The Residential Director will review data not less than monthly regarding progress on the objective; however, she will investigate expeditiously should there be additional incidence of refusal.</p>		