STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G697	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICES INC	4251 RIVER RD COLUMBUS, IN 47203

(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
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: January 5, 6, 7, 8 and 9, 2015. Surveyor: Dotty Walton, QIDP. Facility Number: 003184 AIM Number: 100368720 Provider Number: 15G697 The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 1/14/15 by Ruth Shackelford, QIDP.	W000000		
W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and one additional client (#6), the facility's nursing services failed to address a contagious scabies rash before it spread from client to client. Findings include:	W000331	DSI has created a parasite policy in order to address future outbreaks: Due to reemerging problems with parasites and environmental pests, it has become necessary to implement the following policy regarding incidents involving clients and staff. Parasites such as scabies, ringworm, lice, etc. are passed person to	02/08/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Observations of clients #1, #2, #3, #4, #5 and #6 (at the group home) were done on 1/05/15 from 4:20 PM to 6:00 PM. Client #2 was observed to scratch his body and raise his shirt baring his abdomen. Client #2 was covered with a red rash. Observations of clients #1, #2, #3, #4, #5 and #6 were conducted on 1/06/15 from 6:00 AM until 7:55 AM. Client #2 was observed to scratch his abdomen and put his hands into his pants. Client #6 was observed to be scratching his midriff during the medication administration on 1/06/15 at 7:34 AM. Client #6's abdomen was examined by staff #6 and it was found to be covered with a red rash. Staff #6 stated: "Looks like [client #2's] stuff (rash)." Observations of clients #1, #2, #3 and #5 were done on 1/06/15 at the clients' facility operated day program from 12:00 PM until 1:30 PM. Client #2 was observed to scratch his lower legs and his abdomen. He raised his shirt and exposed his chest and abdomen which was covered with a red, scabbed rash. Review of client #2's record was conducted on 1/06/15 at 3:00 PM. Client #2's record indicated he had been seen at an urgent care center and treated for scabies on 11/4/14. Review of client #6's record was		person and can spread easily and quickly. In an effort to minimize risk to our clients and staff, DSI will respond to any incident as soon as the agency is informed or becomes aware. If the incident involves a client, they will be removed from the common areas and sent for treatment. If the incident involves a staff, they will be pulled from duty until treatment is completed. The client and/or the staff will be responsible to report any incident, upon discovery, to their supervisor. The client and/or the staff will be responsible for getting the treatment and documentation from a physician or licensed professional stating they are clear to return to services or work. The policy outline such measures as when to remove an infected client from day program and for how long will he or she be kept from the general population after treatment. An in-service for River Road staff was held on 1/19/2015 in order to address proper hygiene for the clients before and after: toileting, meals, snacks and med pass. When future skin irritations are discovered in the future, staff will ensure that medical professionals as well as the house nurse are aware of past outbreaks that have occurred in the home. Any medical reports generated by staff that are consistent with possible parasitic infections will be reviewed by the QIDP as well as the regional program manager. The agency's	

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	conducted on 1/07/15 at 1:30 PM. Client #6's record indicated on a monthly nursing note dated 10/17/14 he had a rash on his body. There was no further documentation the nurse had followed up in regards to this rash until client #6 went to Urgent Care on 1/6/15 and was diagnosed with scabies. Interview with RN #2 on 1/06/15 at 2:00 PM indicated there was no protocol put in place or training done at the facility to prevent the spread of the scabies rash amongst the clients. Interview with the Qualified Developmental Disabilities Professional (QIDP) #1 on 1/07/15 at 3:15 PM indicated client #6 had been to an urgent care center on the evening of 1/06/15 and had been diagnosed with scabies and he had been treated for the condition. The interview indicated clients #1 and #3 had the same skin condition (rash) on their legs. The interview indicated all staff working at the facility and all clients living at the facility were being treated for scabies. The interview indicated the staff also worked at another agency owned facility and the staff and clients at the other facility were being treated prophylactically for scabies on 1/08/15.		head nurse will then be notified and an internal evaluation will be conducted as well as any outside examination. The QIDP and QA will ensure that these actions are systemic and followed out through formal, documented observations of staff as well as daily and weekly informal house visits.	

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	9-3-6(a)			
W000336	483.460(c)(3)(iii) NURSING SERVICES 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 for 3 of 3 sampled clients, (#1, #2, and #3), the facility's nursing services failed to ensure quarterly health status of the clients, who did not need medical care plans, were part of the clients' records. Findings include: Review of client #1's record was conducted on 1/06/15 at 2:28 PM. Client #1's record did not include a nursing quarterly physical for the year 2014. The last quarterly physical was dated 11/2013. The client's record did not contain a nursing monthly summary for November of 2014. Review of client #2's record was conducted on 1/06/15 at 3:00 PM. Client #2's record did not include a nursing	W000336	The QIDP and QA will ensure that all nursing related documentation is current in the home. They will review the client records on a weekly basis in order become more aware of when quarterly health assessments are filed in the home. When the nurses are finished with documentation, they will file the documentation with 5 business days. When the nurses file the quarterlies, they will notify the QIDP, the QA or team lead and the head or nursing services. The QIDP and QA will be aware of what month quarterlies are dues by frequent home visits, daily and weekly, and communicate to the nurse when a document is missing. The QIDP and QA will ensure that these actions are systemic and followed out through formal, documented observations of staff as well as daily and weekly	02/08/2015

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	quarterly physical for the year 2014. The last quarterly physical was dated 11/2013. The client's record did not contain a nursing monthly summary for November of 2014. Review of client #3's record was conducted on 1/06/15 at 3:30 PM. Client #3's record did not include a nursing quarterly physical for the year 2014. The last quarterly physical was dated 11/2013. The client's record did not contain a nursing monthly summary for November of 2014. Interview with RN #1 on 1/07/15 at 1:30 PM indicated the facility's RN (RN #3) had done the nursing quarterlies for the year of 2014 and the monthly reviews for November 2014. The quarterlies and the monthly summary were not in the clients' records as they should have been. 9-3-6(a)		informal house visits.	
W000454	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and one additional client	W000454	DSI's tentative Policy Regarding Environmental Pests and Parasites: Due to reemerging problems with	02/08/2015

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	(#6), the facility failed to ensure a sanitary environment to prevent the spread of a contagious skin rash (scabies). Findings include: Observations of clients #1, #2, #3, #4, #5 and #6 (at the group home) were done on 1/05/15 from 4:20 PM to 6:00 PM. Client #2 was observed to scratch his body and raise his shirt baring his abdomen. Client #2 was covered with a red rash. Observations of clients #1, #2, #3, #4, #5 and #6 were conducted on 1/06/15 from 6:00 AM until 7:55 AM. Client #2 was observed to scratch his abdomen and put his hands into his pants. Client #6 was observed to be scratching his midriff during the medication administration on 1/06/15 at 7:34 AM. Client #6's abdomen was examined by staff #6 and it was found to be covered with a red rash. Staff #6 stated: "Looks like [client #2's] stuff (rash)." Observations of clients #1, #2, #3 and #5 were done on 1/06/15 at the clients' facility operated day program from 12:00 PM until 1:30 PM. Client #2 was observed to scratch his lower legs and his abdomen. He raised his shirt and exposed his chest and abdomen which was covered with a red, scabbed rash.		parasites and environmental pests, it has become necessary to implement the following policy regarding incidents involving clients and staff. Parasites such as scabies, ringworm, lice, etc. are passed person to person and can spread easily and quickly. In an effort to minimize risk to our clients and staff, DSI will respond to any incident as soon as the agency is informed or becomes aware. If the incident involves a client, they will be removed from the common areas and sent for treatment. If the incident involves a staff, they will be pulled from duty until treatment is completed. The client and/or the staff will be responsible to report any incident, upon discovery, to their supervisor. The client and/or the staff will be responsible for getting the treatment and documentation from a physician or licensed professional stating they are clear to return to services or work. An in-service for River Road staff was held on 1/19/2015 in order to address proper hygiene for the clients before and after: toileting, meals, snacks and med pass. Staff will work with each client to help them with hand washing and hygiene. TAs have been added for each client that addresses the need for proper and frequent hand washing. The staff will work with the clients daily in order to achieve this standard. They will coach the clients and help them achieve 90% or above efficiency for	

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	Review of client #2's record was conducted on 1/06/15 at 3:00 PM. Client #2's record indicated he had been seen at an urgent care center and treated for scabies on 11/4/14. Review of client #6's record was conducted on 1/07/15 at 1:30 PM. Client #6's record indicated on a monthly nursing note dated 10/17/14 he had a rash on his body. Interview with RN #2 on 1/06/15 at 2:00 PM indicated there was no protocol put in place or training done at the facility to prevent the spread of the scabies rash amongst the clients. Interview with the Qualified Developmental Disabilities Professional (QIDP) #1 on 1/07/15 at 3:15 PM indicated client #6 had been to an urgent care center on the evening of 1/06/15 and had been diagnosed with scabies and he had been treated for the condition. The interview indicated clients #1 and #3 had the same skin condition (rash) on their legs. The interview indicated all staff working at the facility and all clients living at the facility were being treated for scabies. The interview indicated the staff also worked at another agency owned facility and the staff and clients at the other facility were being treated prophylactically for scabies on		the hygiene task for at least 10 consecutive times before their skills are reassessed for completion of this task. The QIDP and the QA will ensure through weekly visits to the house that these TAs are being carried out. The QIDP and QA will also utilize multiple monthly documented observation forms to track staff and client involvement in this area. The QASSM will ensure through her monthly inspections that staff and clients are working together to complete hygiene goals.	

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	1/08/15. 9-3-7(a)			
W000455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation 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 exhibited proper handwashing technique. Findings include: Observations of clients #1, #2, #3, #4, #5 and #6 (at the group home) were done on 1/05/15 from 4:20 PM to 6:00 PM. Client #6 assisted staff with the evening meal. Client #6 did not wear gloves or wash his hands during meal preparation or setting the dinner table. Client #2 was observed to scratch his body and raise his shirt	W000455	An in-service for River Road staff was held on 1/19/2015 in order to address proper hygiene for the clients before and after: toileting, meals, snacks and med pass. Staff will work with each client to help them with hand washing and hygiene. Task analyses have been added for each client that addresses the need for proper and frequent hand washing. The staff will work with the clients daily in order to achieve this standard. They will coach the clients and help them achieve 90% or above efficiency for the hygiene task for at least 10 consecutive times before their skills are reassessed for completion of this	02/08/2015

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	baring his abdomen. Client #2 was covered with a red rash. Client #2 was verbally prompted to wash his hands at 5:30 PM. Client #2 went to the master bathroom and wetted his hands using both sinks. He did not use soap and was not accompanied by facility staff to ensure he washed his hands thoroughly. At 5:45 PM, clients #1, #2, #3, #4, #5 and #6 sat down to eat without thoroughly washing their hands. Observations of clients #1, #2, #3, #4, #5 and #6 were conducted on 1/06/15 from 6:00 AM until 7:55 AM. Client #2 was observed to scratch his abdomen and put his hands into his pants. He did not wash his hands thoroughly before breakfast. Clients ate breakfast at 7:03 AM without first washing their hands thoroughly. Observations of clients #1, #2, #3 and #5 were done on 1/06/15 at the clients' facility operated day program from 12:00 PM until 1:30 PM. The clients were observed to have snacks at 1:20 PM. They did not wash their hands or use sanitizer prior to eating their snacks. Interview with the Qualified Developmental Disabilities Professional (QIDP) #1 on 1/07/15 at 1:00 PM indicated it was expected that clients should sanitize/wash their hands as needed during their routine meal preparation, snacks and dining. Proper		task. The QIDP and the QA will ensure through weekly visits to the house that these TAs are being carried out. The QIDP and QA will also utilize multiple monthly documented observation forms to track staff and client involvement in this area. The QASSM will ensure through her monthly inspections that staff and clients are working together to complete hygiene goals.	

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	hygiene should have been reinforced by all staff members. 9-3-7(a)			
W000488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation 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 participated in family style dining and meal preparation. Findings include: Observations of clients #1, #2, #3, #4, #5 and #6 (at the group home) were done on 1/05/15 from 4:20 PM to 6:00 PM. Staff #5 was observed to prepare the meal of macaroni and cheese, baked chicken, broccoli and pineapple. Staff #5 prepared the meal and washed dishes without including clients #1, #2, #3, #4, #5 in the activities. Staff #5 custodially cut up the clients' chicken with scissors and filled their plates (clients #1, #2, #4, #5 and #6). Client #2's food was pureed and	W000488	In order to ensure that staff are adequately aware of the expectations of providing clients meals that are in line with their menu, an in-service was held on 1/19/2015. The staff were instructed to ensure that the clients are offered everything that is listed on each day's menu. The house lead and the QIDP will make use of documented observations in order to ensure staff are following the menu. The staff were also instructed to avoid serving the meals in a custodial manner. The in-service instructed them to allow clients to serve themselves as their functioning level would allow. Clients who need help serving themselves will be provided hand over hand assistance from the staff. The QA will assist staff with following the menu on a daily and weekly basis. The RPM expects all	02/08/2015

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	client #2 stood by the food processor as staff #5 pureed his food and filled his dinner plate. Client #6 assisted staff with some of the meal preparation but many simple tasks were done by the staff such as getting ingredients and washing pots and pans. Observations of clients #1, #2, #3, #4, #5 and #6 were conducted on 1/06/15 from 6:00 AM until 7:55 AM. Staff #5 prepared the clients' breakfast. The clients' plates were on the kitchen counter with bagels on them at 6:10 AM. Staff #5 continued the custodial meal preparation of frying sausage and preparing eggs to make the sausage and egg bagels. Interview with the Qualified Developmental Disabilities Professional (QIDP) #1 on 1/07/15 at 1:00 PM indicated it was expected that clients should participate in family style dining and meal preparation to the extent of their capabilities. 9-3-8(a)		county QIDPs to ensure, through documented and undocumented observations that meals are being served in accordance with each facility's menu and that clients are engaging in family style meals within their functioning levels. If staff are seen to be confused or unable to follow the menu or unable to ensure that each client eats in a manner consistent with their functioning level, the county QIDP will offer more focused training regarding adherence to the menu. Monthly house meetings will include the importance of having family style meals and client participation in meal prep and while serving the meal.	