

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G444	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/20/2014
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 902 N MUESSING RD INDIANAPOLIS, IN 46229
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(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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/18/14, 8/19/14 and 8/20/14.</p> <p>Facility Number: 000958 Provider Number: 15G444 AIMS Number: 100235250</p> <p>Surveyor: Keith Briner, QIDP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed August 22, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients #5, #6 and #7), the facility failed to conduct evacuation drills for each quarter on each shift of staff.</p> <p>Findings include:</p>	W000440	Staff will be in-serviced on completing drills in compliance with regulations. The ResidentialDirector will be responsible to schedule specific staff to complete drills at afrequency which is compliant with regulations. This schedule has been placed in the site. The drills and schedule will be monitored by the Residential	09/19/2014

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>The facility's evacuation drill record was reviewed on 8/20/14 at 9:30 AM. The review indicated the facility failed to conduct an evacuation drill for 7 of 7 clients (#1, #2, #3, #4, #5, #6 and #7) for the fourth quarter, October, November and December 2013 for the day and evening shifts.</p> <p>AD (Area Director) #1 was interviewed on 8/20/14 at 9:50 AM. AD #1 indicated there was not additional documentation of evacuation drills available for review.</p> <p>9-3-7(a)</p>		<p>Director and Area Director to assure compliance. Additionally, clerical staff will track the completion of the drills and provide periodic reports to the Residential Director and Area Director who will assure compliance. Persons Responsible: Residential Director and Area Director</p>		