

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G115	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 830 EVERGREEN DRIVE SEYMOUR, IN 47274
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W000000	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00148936.</p> <p>Complaint #IN00148936: Substantiated, federal/state deficiencies related to the allegations are cited at W111 and W295.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Dates of Survey: June 19, 20, 23, and 24, 2014.</p> <p>Provider Number: 15G115 AIM Number: 100239590 Facility Number: 000652</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/17/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000111	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's</p>			

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>rights.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure the client's records contained pertinent information regarding a dental visit which included physical restraints.</p> <p>Findings include:</p> <p>During observations at the facility on the afternoon of 6/19/14 at 4:00 PM, client A was observed. Client A wore dual hearing aids, was hard of hearing and non verbal. Client A's left arm had a blue dime sized bruise on it. Client A's face and her left arm had scratches on them. Staff #1 was asked about the bruise and scratches. Staff #1 indicated client A had been to the dentist the previous day and had been non-compliant. Staff #1 indicated the scratches were from self injury but the bruise was from being restrained at the dentist the previous day. The dental office staff had employed physical restraint. Four dental staff held client A in the dental chair so the dentist could check her teeth. Staff #1 was in attendance at the dental visit.</p> <p>Client A's record was reviewed on 6/20/14 at 10:37 A.M. A review of client A's record indicated no documentation of restraint being employed at any time</p>	W000111	<p>W111</p> <p>All staff will be retrained on agency policies for documenting information regarding clients health care, active treatment, protection of rights, etc... Documentation will be done regarding the incident referenced in this survey report. QIDP will follow up on any verbal report to ensure that appropriate documentation is done per agency policy. Written documentation will be routed for appropriate signatures and filed in client's record. Responsible for QA: QIDP</p>	07/29/2014			

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W000295	<p>which may have led to bruising. There was also no internal injury report filed regarding an unauthorized restraint procedure.</p> <p>Administrative/ADM staff #1 was interviewed on 6/23/14 at 12:00 P.M. ADM #1 indicated applicable information should be included in the client's chart so administrative staff could address issues pertaining to clients.</p> <p>This federal tag relates to complaint #IN00148936.</p> <p>9-3-1(a)</p> <p>483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. Based on observation, record review and interview, the facility failed to define behavioral restraints/techniques to be utilized, from least to most restrictive, in the Behavior Support Plan of 1 of 3</p>	W000295	<p>W295</p> <p>QIDP will work with the Behavior Specialist to revise client A's BSP to address her possible resistance at medical procedures and appropriate</p>	07/29/2014

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	<p>sampled clients (client A).</p> <p>Findings include:</p> <p>During observations at the facility on the afternoon of 6/19/14 at 4:00 PM, client A was observed. Client A wore dual hearing aids, was hard of hearing and non verbal. Client A's left arm had a blue dime sized bruise on it. Client A's face and her left arm had scratches on them. Staff #1 was asked about the bruise and scratches. Staff #1 indicated client A had been to the dentist the previous day and had been non-compliant. Staff #1 indicated the scratches were from self injury but the bruise was from being restrained at the dentist the previous day. The dental office staff had employed physical restraint. Four dental staff held client A in the dental chair so the dentist could check her teeth. Staff #1 was in attendance at the dental visit.</p> <p>Client A's record was reviewed on 6/20/14 at 10:37 A.M. A review of client A's 9/18/12 Behavior Support Plan/BSP indicated the client had addressed behaviors which included physical aggression, signs of frustration or anxiety, self injurious behavior, and refusals. The BSP did not include methodologies for refusals during medical/dental procedures. The BSP did</p>		<p>response by staff should physical restraint be suggested. All staff will be trained on revised BSP and plan to ensure client rights at all medical procedures. QIDP will speak with staff following medical appointments for any client to ensure no restraints were used nor any violation of client rights occurred.</p> <p>Responsible for QA: QIDP</p>				

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	<p>not include any type of physical restraint for medical/dental procedures or for any of the aforementioned behaviors.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/23/14 at 11:36 A.M. QIDP #1 indicated specific restraint techniques and interventions were not identified within client A's BSP.</p> <p>This federal tag relates to complaint #IN00148936.</p> <p>9-3-5(a)</p>						