

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G174	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2012
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 227 GASLITE LN GREENFIELD, IN 46140
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 21, 22, 24 and 29, 2012</p> <p>Facility Number: 000708 Provider Number: 15G174 AIM Number: 100248830</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 3/09/2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure client #1 wore a shirt that fit and was in good repair.</p> <p>Findings include:</p> <p>During the observation period on 2/21/12 at 4:45 PM to 7:20 PM, client #1 was wearing a yellow Hawaiian print shirt that had a tear in the sleeve seam and was too large. Client #1 wore the shirt on the outside and the bottom of the shirt was half way down his leg. During the observation period on 2/22/12 from 6:00 AM to 8:00 AM, client #1 was observed, when he first got up, wearing the same shirt. Staff #3, at 6:45 AM indicated he had a goal to wear clean clothes and she would would get someone to make sure he put on clean clothes.</p> <p>The record review for client #1 was conducted on 2/22/12 at 11:02 AM. The record indicated client #1 had a goal to "wear clean clothes." The Behavior Development Program dated 6/11</p>	W0137	<p>The shirt that client #1 was observed to wear during observations has been removed from his available wardrobe with the approval of his legal guardian. Additionally his wardrobe has been sorted through to ensure all of this clothing fits appropriately and is in good repair. The staff will be retrained on their responsibility to ensure all clients wear clothing that fits properly and is in good repair. Professional staff will complete routine observations in the home to ensure all clients clothing fits properly and is in good repair.</p> <p>Responsible Party: Residential Director</p>	03/30/2012			

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	<p>indicated client #1 was to do a "Task Scheduling." The "Task Scheduling" indicated client #1 had specific critical tasks related to hygiene that should be scheduled to occur during the evenings under close staff supervision. These included:</p> <ol style="list-style-type: none"> 1. Showering or bathing scheduled as a daily evening task. 2. Choosing and laying out a clean change of clothing to wear the next morning. <p>Interview with staff #2, Program Coordinator (PC) on 2/22/12 at 9:00 AM indicated client #1 liked the shirt he had on that morning and would get it out of his dirty clothes to wear it again. Staff #2, PC, indicated they would throw the shirt away because it was too big.</p> <p>9-3-2(a)</p>			

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W0440	<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 7 of 7 clients living in the home (clients #1, #2, #3, #4, #5, #6 and #7), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The record book of evacuation drills was reviewed on 2/22/12 at 8:20 AM. The record book did not include an evacuation for clients #1, #2, #3, #4, #5, #6 and #7 the last quarter of 2011 on 3rd shift between 11:00 PM and 5:30 AM. The last evacuation on 3rd shift in 2011 was 9/15/11. There was no record of an evacuation in October, November, December of 2011.</p> <p>Interview with staff #2, Program Coordinator (PC) on 2/22/12 at 8:40 AM indicated there should have been an evacuation conducted. Staff #2, PC, indicated the paper is sent to the main office and a copy is supposed to be kept in the home. Interview with staff #6, Administrator, on 2/22/12 at 10:30 AM indicated there was no record of a 3rd shift evacuation being done.</p>	W0440	<p>A tracking mechanism has been developed and is in place for drill compliance. The Residential Director will receive further training regarding her responsibility to review tracking and to enforce compliance with drill completion as scheduled. The Residential Director, Residential Coordinator and direct care staff have received additional training regarding the requirement that drills must be held at least quarterly for each shift of personnel. The training included specific time frames that each type of drill is to be completed. Sleep drills will occur between 1 and 4am. Drills will be held across all shifts. Administrative staff will routinely review the drill tracking mechanism that is in place to ensure compliance.</p> <p>Responsible Party: Residential Director</p>	03/30/2012			

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