

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G639	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2012
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 426 E MONTGOMERY RD. GREENSBURG, IN 47240
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W0000	<p>This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 10/07/2011.</p> <p>Dates of Survey: January 30 and 31, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 001214 AIM Number: 100234330 Provider Number: 15G639</p> <p>The following deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0386	<p>The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in schedules II through IV (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part 308).</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the disposition/receipt of the client's controlled drug was documented.</p> <p>Findings include:</p> <p>During observations at the facility on 01/31/12 from 5:55 AM until 7:55 AM, the medication administration for clients was observed. Clients were observed to receive medications in individual envelopes with the names of the medications, the dosage, the client's name and the time and date they were to be administered. Client #2 was observed to receive (at 7:00 AM on 1/31/12) 2 mg/milligrams of clonazepam (used for seizures or panic disorders) contained in an envelope dated 1/31/2012 for 7:00 AM from staff #3. Staff #3 did not count or document the number of the clonazepam disbursed or those remaining in the medication envelopes.</p> <p>The facility's medication administration record/MAR for 01/12 was reviewed on</p>	W0386	<p>W386</p> <p>SGL Manager, QIDP, and QIDP assistant audited the medications cited in this survey report. Staff were retrained on procedures for documenting disposition of controlled meds. A count sheet is being kept documenting the disposition of this medication per procedures.</p> <p>Responsible for QA: QIDP, SGL manager</p>	01/31/2012
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	<p>01/31/12 at 7:15 AM. Client #2's 01/12 MAR indicated she received 2 mg. of clonazepam twice daily at 7:00 AM and 8:00 PM. The MAR contained documentation (descending count sheet) of four of the clonazepam pills which were contained in a blister type medication card dated 11/22/11. There was no descending count sheet or information regarding the disbursement of the clonazepam medication which were contained in the individual medication envelopes. Review of the Food and Drug Administration's website on 01/31/12 at 8:00 PM indicated the medication clonazepam was a schedule IV controlled drug.</p> <p>Interview with staff #1 on 01/31/12 at 3:00 PM indicated client #2's clonazepam, which was contained in individual dose envelopes for each medication time (7:00 AM and 8:00 PM daily), had not been counted for the 2/01/12 through 2/15/2012 time period. The interview indicated thirty-one 2 mg. clonazepam pills for client #2 had not been counted and quantities of it were not documented as it was dispensed twice daily at the facility.</p> <p>This federal tag was cited to October 7, 2011. The facility failed to implement a systemic plan of correction to prevent</p>			
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	recurrence. 9-3-6(a)			
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