

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G090	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/20/2012
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3839 CAMELOT LN COLUMBUS, IN 47201		
(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	
W0000	<p>This visit was for a post certification revisit (PCR) to the fundamental recertification and state licensure survey completed on 11/22/11.</p> <p>Survey Dates: January 19 and 20, 2012.</p> <p>Facility Number: 000630 Provider Number: 15G090 AIM Number: 100233920</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/25/12 by Ruth Shackelford, 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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W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the clients had the right to due process in regard to a cabinet door in the kitchen having chimes attached to the handle.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/19/12 from 3:42 PM to 5:20 PM. At 3:47 PM, a cabinet below the kitchen sink near the living room had wind chimes attached, with a rubber band, to one of the two cabinet handles. The chimes were behind the closed cabinet door but the rubber band and the tops of the chimes were visible when the cabinet door was closed. The cabinet contained cleaning supplies. When the cabinet door was opened, the wind chimes sounded an audible alert. This affected clients #1, #2, #3, #4, #5 and #6. At 3:50 PM, staff #8 indicated the chimes were not part of any of the clients' plans. Staff #8 removed the wind chimes and placed them into a drawer next to the refrigerator.</p>	W0125	<p>W125 QIDP has removed the wind chimes from the home and met with staff to review, again, the issue of client rights. QIDP or designee will document routine observations at least weekly for one month and specifically check for chimes or any such restriction of client rights within this home. QIDP or designee will continue to observe in this home at least monthly thereafter to ensure continued compliance. Responsible for QA: QIDP</p>	02/10/2012			

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	<p>A review of client #1's record was conducted on 1/20/11 at 9:23 AM. There was no documentation in his record indicating he required the use of wind chimes on the cabinet handle to alert staff.</p> <p>A review of client #2's record was conducted on 1/20/11 at 9:24 AM. There was no documentation in his record indicating he required the use of wind chimes on the cabinet handle to alert staff.</p> <p>A review of client #3's record was conducted on 1/20/11 at 9:25 AM. There was no documentation in his record indicating he required the use of wind chimes on the cabinet handle to alert staff.</p> <p>A review of client #4's record was conducted on 1/20/11 at 9:26 AM. There was no documentation in his record indicating he required the use of wind chimes on the cabinet handle to alert staff.</p> <p>A review of client #5's record was conducted on 1/20/11 at 9:27 AM. There was no documentation in his record indicating he required the use of wind chimes on the cabinet handle to alert staff.</p> <p>A review of client #6's record was conducted on 1/20/11 at 9:28 AM. There was no documentation in his record indicating he required the use of wind</p>				

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	<p>chimes on the cabinet handle to alert staff.</p> <p>An interview with direct care staff (DCS) #8 was conducted on 1/19/12 at 3:48 PM. DCS #8 indicated she was unaware of the chimes on the cabinet door handle. DCS #8 indicated the chimes may have been a Christmas decoration. At 3:50 PM, DCS #8 indicated there were no clients with a plan for the use of the chimes on the cabinet door.</p> <p>An interview with DCS #2 was conducted on 1/19/12 at 3:48 PM. DCS #2 indicated she did not know why the chimes were attached to the cabinet handle.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/20/12 at 9:01 AM. The QMRP indicated the use of wind chimes on the cabinet door handle was not part of the clients' plans and should not be used.</p> <p>This deficiency was cited on 11/22/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>						

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W0126	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 4 of 6 clients living in the group home (#2, #3, #4, and #5), the facility failed to ensure the clients accessed their petty cash funds.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 1/19/12 at 1:44 PM.</p> <p>-Client #2: From 11/1/11 until 1/19/12, the balance in his petty cash was \$4.07. Client #2 did not access his funds for two and a half months. A purchase of 5 handheld radios was made from his account on 12/19/11 however client #2 did not participate in the purchase.</p> <p>-Client #3: From 11/1/11 until 1/19/12, the balance in his petty cash was \$3.56. Client #3 did not access his funds for two and a half months.</p> <p>-Client #4: From 11/1/11 until 1/19/12, the balance in his petty cash was \$4.47. Client #4 did not access his funds for two and a half months.</p> <p>-Client #5: From 11/1/11 until 1/19/12, the balance in his petty cash was \$1.33. Client #5 did not access his funds for two and a half months.</p>	W0126	W126 QIDP will retrain staff and assist them in planning activities which will support each resident in accessing their petty cash funds at least monthly. QIDP or designee will audit client petty cash reports at least monthly to ensure compliance in this area. Responsible for QA: QIDP	02/10/2012
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	<p>An interview with the Director of Supported Group Living was conducted on 1/19/12 at 1:58 PM. The Director indicated the clients should be accessing their petty cash monthly for personal transactions.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/19/12 at 1:58 PM. The QMRP indicated the clients should be accessing their petty cash monthly.</p> <p>This deficiency was cited on 11/22/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 4 clients observed to receive medications (#1, #2 and #3), the facility failed to ensure staff implemented their med training objectives.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/19/12 from 3:42 PM to 5:20 PM. Staff #2 started the med pass at 4:09 PM. At 4:09 PM, client #3 received his medication (Benztropine). Staff #2 got client #3's water for him. Staff #2 did not attempt to get client #3 to get his own water. At 4:19 PM, client #1 received his medication (Lithium Carbonate). Staff #2 prompted client #1 to get his own water and to name his medication. Staff #2 did not ask/inform client #1 the med side effects, med times or identify the med by its color. At 4:29 PM, client #2 received his medication (Ensure). Staff #2 did not prompt client #2 to get a glass for his Ensure or review the possible side effects of Ensure.</p>	W0249	<p>W249 QIDP will retrain staff on thorough implementation of medication training objectives. QIDP or designee will observe at least weekly for one month and at least monthly thereafter to ensure compliance in this area. On-going training for staff will be provided as needed for continued compliance. Responsible for QA: QIDP</p>	02/10/2012

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	<p>A review of client #1's record was conducted on 1/20/11 at 9:51 AM. His Individual Program Plan (IPP), dated 5/11-5/12, indicated he had a training objective to increase his self-administration of medications. The training objectives were to identify med by name, identify side effects of med, learn medication times, and identify meds by color.</p> <p>A review of client #2's record was conducted on 1/20/12 at 9:56 AM. His IPP, dated 6/11-6/12, indicated he had a training objective to increase his self-administration of medications. His training objectives were to get a glass of water for his evening medications and staff would review his medication side effects.</p> <p>A review of client #3's record was conducted on 1/20/12 at 9:59 AM. His IPP, dated 6/11 to 6/12, indicated he had a training objective to get his water for his evening meds.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/20/11 at 9:44 AM. The QMRP indicated the clients' medication administration training objectives should be implemented at each med pass.</p>			
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