

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G409	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/08/2024
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP COD 912 N PARKWAY DR ANDERSON, IN 46013
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00427277.</p> <p>Complaint #IN00427277: Federal and State deficiencies related to the allegation(s) were cited at W104 and W227.</p> <p>Dates of Survey: March 6, 7 and 8, 2024.</p> <p>Facility Number: 000923 Provider Number: 15G409 AIMS Number: 100244490</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/20/24.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (A, B and C) plus 3 additional clients (D, E and F), the governing body failed to exercise operating direction over the facility to ensure a medication cabinet door was not broken/missing, to ensure the flooring in the medication room was in good repair and to ensure an air vent in the kitchen was clean.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 3/6/24 from 2:06 PM to 3:10 PM. Clients A, B, C, D, E and F were observed throughout the</p>	W 0104	The facility will ensure that the group home medication cabinet door and all his apparatus is functioning properly, and nothing is broken. The flooring in the medication room will be repaired so that it will not be a hazard. The gaps in the rooms of individuals will be covered to ensure privacy. All these repairs will be finished no later than 4/8/2024.	04/08/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jenna Metcalfe

Director of Quality Assurance

03/27/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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W 0227 Bldg. 00	<p>observation periods. At 2:13 PM, the surveyor observed the group home's medication room. The top left cabinet was broken with the right cabinet door missing. There were unsecured medication supplies including several lancets used for blood glucose testing. At 2:16 PM, the flooring in the medication room had 3 one to one and a half inch gaps between the floor boards. At 2:18 PM, the surveyor observed a 1 inch gap in the doorway threshold in front of client B and client D's bedroom. At 2:40 PM, a ceiling vent in the group home's kitchen was completely covered with dirt, dust and grease.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/7/24 at 11:56 AM. QIDP #1 was asked if the group home's medication cabinet door should be broken/missing. QIDP #1 stated, "No, it shouldn't." QIDP #1 was asked if the flooring in the medication room should be in good repair. QIDP #1 stated, "Yes, because it can cause a trip hazard." QIDP #1 indicated there should not be an exposed gap in the flooring threshold in front of client B and client D's bedroom. QIDP #1 indicated the vent in the group home's kitchen should be routinely cleaned and free from dirt/dust.</p> <p>This federal tag relates to complaint #IN00427277.</p> <p>9-3-1(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 3</p>	W 0227	The QIDP will update the Behavior	04/08/2024

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	<p>sampled clients (A), the facility failed to ensure client A's BSP (Behavior Support Plan) addressed self-stimulating behavior following multiple incidents of self-stimulation.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 3/7/24 at 9:49 AM.</p> <p>Client A's record indicated staff notes dated 6/5/23 through 1/24/24. Client A's staff notes indicated client A engaged in self-stimulating behavior (masturbation) on 29 occasions between 11/3/23 and 1/23/24.</p> <p>Client A's BSP dated 9/26/23 indicated client A had the following targeted behaviors addressed in her BSP: verbal aggression, unusual/repetitive behavior, PICA (eating non-food items)/food seeking, and agitation. Client A's BSP did not indicate an update addressing client A's engagement in self-stimulating (masturbation) behavior over the last 3 months.</p> <p>Staff #1 was interviewed on 3/6/24 at 2:21 PM. Staff #1 was asked about client A's self-stimulating behavior. Staff #1 stated, "Yeah she does it at least two times a day here recently. She will primarily do it in the shower, and on occasion in her room or in the living room." Staff #1 was asked what staff was supposed to do if they see here engaging in this behavior in public areas. Staff #1 stated, "We just keep an eye on her and quickly redirect her."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/7/24 at 11:55 AM. QIDP #1 was asked about client A's behavioral concerns. QIDP #1 stated, "Verbal</p>		Support Plan of client A no later than 4/1/2024 to show the new targeted behavior of stimulation and behavior tracking shall be put in place to track the behavior.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>aggression, hallucinations, agitation, PICA/food seeking, and masturbating." QIDP #1 was asked if client A's daily notes indicated multiple incidents involving client A taking multiple showers and engaging in self-stimulating behavior over the last 3-4 months, why was this not addressed in her behavior plan. QIDP #1 stated, "Because I didn't update it." QIDP #1 was asked if this behavior should be addressed in her BSP. QIDP #1 stated, "Yes."</p> <p>This federal tag relates to complaint #IN00427277.</p> <p>9-3-4(a)</p>				