

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 03/10/2025
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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 #IN00454575.</p> <p>Complaint #IN00454575: Federal and State deficiency related to the allegation(s) is cited at: W125.</p> <p>Dates of Survey: March 5, 6, and 10, 2025.</p> <p>Facility Number: 000923 Provider Number: 15G409 AIMS Number: 100244490</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #39778 on 3/21/25.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>Based on record review and interview for 2 of 3 sampled clients (A and B), the facility failed to maintain clients A and B's rights pertaining to their attendance at the contracted day service provider.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports were reviewed on 3/5/25 at 11:31 AM and indicated the following:</p> <p>1. A BDS report dated 2/26/25 indicated, "...[Client A] has been attending Day Service programs at [name of day service] through contractual</p>	W 0125	<p>PLAN OF CORRECTION PARKWAY-complaint</p> <p>W125 Failed to maintain clients A and B's rights pertaining to their attendance at the contracted day service provider. There was turnover in the finance and accounts payable departments. Caregiver will assure vendors have the appropriate contact information for the Accounts Payable Department. Hopewell Center was also given</p>	04/01/2025

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 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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	<p>agreement between his provider [name of provider] and [name of day services]. Due to lack of payment for services by [name of provider], as described in the contractual agreement, these services were suspended on Wednesday, February 26, 2025 and will not be reinstated until payments are made by [name of provider] to [name of day services]. [Name of day services] has sent timely invoices for payment as described in the contractual agreement and has e-mailed the appropriate [name of provider] personnel on at least two occasions in the last two weeks in attempts to get the two months of unpaid invoices rectified. As of this morning, [name of day services] has still not received those payments nor have they received any correspondence from [name of provider] in regards to payment. Therefore, there is an interruption of services in regards to day programs...".</p> <p>2. A BDS report dated 2/26/25 indicated, "...[Client B] has been attending Day Service programs at [name of day service] through contractual agreement between his provider [name of provider] and [name of day services]. Due to lack of payment for services by [name of provider], as described in the contractual agreement, these services were suspended on Wednesday, February 26, 2025 and will not be reinstated until payments are made by [name of provider] to [name of day services]. [Name of day services] has sent timely invoices for payment as described in the contractual agreement and has e-mailed the appropriate [name of provider] personnel on at least two occasions in the last two weeks in attempts to get the two months of unpaid invoices rectified. As of this morning, [name of day services] has still not received those payments nor have they received any correspondence from [name of provider] in regards to payment.</p>		<p>local information if they have trouble getting a hold of the Accounts Payable Department. With the new team and software there are no further payment issues expected.</p> <p>Person Responsible: Corporate Office Accounts Payable Department</p>	

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	<p>Therefore, there is an interruption of services in regards to day programs...".</p> <p>Client A was interviewed on 3/5/25 at 12:52 PM. Client A was asked how he liked attending [name of day services]. Client A indicated he liked it and stated, "We just started going back yesterday (3/4/25). We hadn't gone for about a week." Client A was asked why he wasn't able to go to [name of day services]. Client A stated, "I'm not real sure, heard something about a payment." Client A indicated he had been coming to the [name of provider] office for the day program there for the end of last week and then started back at [name of day services] yesterday. Client A indicated he was happy to be back at [name of day services].</p> <p>DSD (Day Service Director) #1 was interviewed on 3/6/25 at 9:45 AM. DSD #1 was asked about the issue pertaining to [name of provider] clients not being able to attend [name of day service]. DSD #1 stated, "We had to seize services with [name of provider] due to lack of payment." DSD #1 indicated [name of provider] had not paid for the last 2 months of services. DSD #1 was asked how the payments were set up and when [name of provider] was expected to make the payments. DSD #1 stated, "We send out an invoice on the 10th of each month and that invoice is the expected payment of services for the prior month. They have 30 days to pay the invoice." DSD #1 was asked when the invoices were sent to [name of provider]. DSD #1 stated, "The last invoice was sent on 2/10/25 for January (2025) services. Before that, an invoice was sent out on 1/10/25 for December (2024) services and at that time they ([name of provider]) owed for November (2024) and December (2024)." DSD #1 was asked where the invoices were sent. DSD #1 stated, "We sent the invoices to their ([name of provider's])</p>			

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

PRINTED: 04/30/2025

FORM APPROVED

OMB NO. 0938-039

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	<p>corporate office, to their website email which is where they told to us to send it and we did not receive the payment." DSD #1 was asked if anyone at the local [name of provider] office would have received the invoices and would have be aware of the unpaid invoices. DSD #1 stated, "No, the invoices are only sent to the corporate office. We don't send anything to the local office. I did call and speak with [RSD (Residential Service Director) #1] at the local office and told her that the clients were not able to attend and told her what was going on. After I spoke with her (RSD #1), I think it was last Tuesday (2/25/25), the clients were out about 3 days and we received the payment to bring them back up to date and they returned back to services this week."</p> <p>RSD #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 were interviewed on 3/6/25 at 1:15 PM. QIDP #1 was asked who receives the invoices for clients attending day services. QIDP #1 stated, "Corporate office, accounts payable." QIDP #1 was asked who was responsible for ensuring clients services are paid. QIDP #1 stated, "Accounts Payable (corporate office) in [name of state]." QIDP #1 was asked if anyone in the local office receives a copy of the invoices. QIDP #1 indicated they did not. RSD #1 was asked when she was alerted the payments for multiple clients under [name of provider] had not been paid and an outstanding balance had accrued. RSD #1 stated, "[DSD #1] called me on the 25th (2/25/25) and said [name of provider] owes a bill and clients are not able to attend. She (DSD #1) said it (invoice) was sent to corporate. I immediately let [QIDP #1] know and contacted my AD (Area Director). I know the invoice was eventually paid because the clients started back to [name of day program] the other day."</p>			

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	<p>Client A's record was reviewed on 3/6/25 at 11:04 AM. Client A's ISP (Individual Support Plan) dated 8/1/24 indicated he was to attend day services daily Monday through Friday.</p> <p>Client B's record was reviewed on 3/6/25 at 11:29 AM. Client B's ISP dated 3/13/24 indicated she was to attend day services daily Monday through Friday.</p> <p>The facility's email correspondence and invoice records pertaining to client A and client B's day services was reviewed on 3/6/25 at 12:17 PM. The email correspondence and invoice records indicating the following:</p> <p>-"...From: [COO (Chief Operating Officer) #1] To: [AD #1]; [RD #1]...Contracts; AP Invoices... Subject: Day Service Payments... Attached is an invoice for January 2025 covering Day Services programs provided by [name of day services]. Please be advised there are two months of back payment due as well (for November and December 2024). Per the signed agreement dated starting 11/1/2024, there is a 5% late fee for November and December not being received per time requirement. Late payment has been an on-going issue and is disappointing it continues to happen despite the signed agreement. Payment for the past due amounts (November and December 2024) will need to be received by Monday, February 24, 2025 or the services will be suspended until payment is received. Payment for the January 2025 portion of this invoice is due by March 10, 2025. Respectfully submitted, [COO #1]...</p> <p>(Attached Invoices).....Invoice Date 2/10/2025</p>			

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	<p>Invoice Due Date 3/10/2025...</p> <p>Starting November 1, 2024 a late fee of 5% will be added to any payment later than 30 days from receipt...</p> <p>Day Services and Group Hab (Habilitation) Services</p> <p>Name [DSAC (Developmental Service Alternatives client) #1]...Days 16.0...Amount 86.32...Total billed 1381.12...</p> <p>Name [DSAC #2]...Days 15.0...Amount 86.32...Total Billed 1294.80...</p> <p>Name [DSAC #3]...Days 18.0...Amount 86.32...Total Billed 1553.76...</p> <p>Name [DSAC #4]...Days 12.0...Amount 42.61...Total Billed 511.32...</p> <p>Name [DSAC #5]...Days 2.0...Amount 42.61...Total Billed 85.22...</p> <p>Name [client B]...Days 12.0...Amount 86.32...Total Billed 1035.84...</p> <p>Name [client A]...17.0...Amount 42.61...Total Billed 1035.84...</p> <p>Name [DSAC #6]...Days 18.0...Amount 86.32...Total Billed 1553.76...</p> <p>Name [DSAC #7]...Days 14.0...Amount 86.32...Total Billed 1208.48...</p> <p>Name [DSAC #8]...Days 18.0...Amount 42.61...Total Billed 766.98...</p> <p>Total Billed for January 2025 \$10,115.65 Past Due Amount 24,006.28 November's Late Fee 718.24 December's Late Fee 482.07 Total \$35,322.24..."</p> <p>This federal tag relates to complaint #IN00454575.</p> <p>9-3-2(a)</p>			