

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G461 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/22/2020 |
|---|---|--|--|--|
| NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 631 N ELM ST SEYMORE, IN 47274 | | |
| (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 |
| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaint #IN00329891 and complaint #IN00332835. This visit included the Covid-19 focused infection control survey.</p> <p>Complaint #IN00329891: Substantiated. Federal/state deficiencies related to the allegation(s) were cited at W153, W154 and W296.</p> <p>Complaint #IN00332835: Substantiated. No deficiencies related to the allegation(s) were cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: July 21 and 22, 2020</p> <p>Facility Number: 000975 Provider Number: 15G461 AIM Number: 100244820</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 7/29/20.</p> | W 0000 | | |
| W 0153 Bldg. 00 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 9</p> | W 0153 | W153 | 08/21/2020 |

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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| | <p>incident/investigative reports reviewed affecting former client A, the facility failed to report an incident of client A's self-injurious behavior requiring medical treatment to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>On 7/21/20 at 10:23 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>On 6/8/20, client A was taken to the emergency room (ER) due to self-injurious behavior (bit her bicep causing bleeding). The 6/11/20 BDDS report indicated, "...[Client A] was taken to the ER on 6/8 due to self harm. She had injured herself by biting herself. Also, it was found she was pulling out her hair while at the hospital itself... She was evaluated by a trained Social Worker at the hospital and found her appropriate for an acute stay at a psychiatric hospital...."</p> <p>The 6/15/20 Incident Follow-Up Report indicated, "...In the early morning hours of 6/9, she was transported to [name of psychiatric hospital] for an evaluation. 1) The bite did break the skin. 2) She bit her left bicep repeatedly. 3) Update: client continues to self harm while at [name of hospital]. 4) Treatment completed at [name of hospital]: basic first aid was completed and a psychological evaluation. 5) Planned date of discharge: Unknown at this time. 6) No discharge instructions have been given at this time. 7) No new risk plans have been developed. An (sic) SIB (self-injurious behavior) risk plan has already been developed prior to this incident and will likely be revised when she returns with doctor's orders...."</p> | | <p>Corrective actions taken:</p> <ul style="list-style-type: none"> Program Managers will be inserviced on BDDS reporting, including timeliness, SOP 1.020 and revised Incident Reporting Protocol by 8-21-2020. <p>How we will identify others:</p> <ul style="list-style-type: none"> Regional Program Managers will review incident reports to ensure that BDDS reports have been submitted in a timely manner. <p>Measures put in place:</p> <ul style="list-style-type: none"> Revised Incident Reporting Protocol (Attachment A). <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> Program managers will review incident reports after staff submission to determine if BDDS report is required. Regional Quality Managers will review incident reports to ensure that BDDS reports have been completed and submitted in a timely manner. <p>Completion Date: 8-21-2020</p> | |

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| W 0154 Bldg. 00 | <p>On 7/21/20 at 1:12 PM, staff #1 indicated on 6/8/20, client A bit her bicep causing it to bleed. Staff #1 indicated client A had never caused herself to bleed in the past although she had bitten herself before. Staff #1 indicated while client A was attempting to bite herself, she (staff #1) held her head and hand to try to prevent from biting herself. Staff #1 indicated she was attempting to prevent client A from harming herself. Staff #1 indicated client A did not have restraints in her plan.</p> <p>On 7/21/20 at 11:36 AM, the Quality Assurance staff #1 indicated the timeframe for reporting an incident to BDDS was 24 hours.</p> <p>On 7/21/20 at 11:36 AM, the Regional Manager of Community Living Services indicated the timeframe for reporting an incident to BDDS was 24 hours.</p> <p>This federal tag relates to complaint #IN00329891.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 9 incident/investigative reports reviewed affecting former client A, the facility failed to conduct an investigation of an incident of client A's self-injurious behavior requiring medical treatment and a subsequent admission to a psychiatric hospital.</p> <p>Findings include:</p> | | W 0154 | <p>W154</p> <p>Corrective actions taken:</p> <ul style="list-style-type: none"> Program Managers will be inserviced on BDDS reporting, including timeliness, SOP 1.020 and revised Incident Reporting Protocol by 8-21-2020. <p>How we will identify others:</p> <ul style="list-style-type: none"> Regional Program | 08/21/2020 |

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| | <p>On 7/21/20 at 10:23 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>On 6/8/20, client A was taken to the emergency room (ER) due to self-injurious behavior (bit her bicep causing bleeding). The 6/11/20 BDDS report indicated, "...[Client A] was taken to the ER on 6/8 due to self harm. She had injured herself by biting herself. Also, it was found she was pulling out her hair while at the hospital itself... She was evaluated by a trained Social Worker at the hospital and found her appropriate for an acute stay at a psychiatric hospital...."</p> <p>The 6/15/20 Incident Follow-Up Report indicated, "...In the early morning hours of 6/9, she was transported to [name of psychiatric hospital] for an evaluation. 1) The bite did break the skin. 2) She bit her left bicep repeatedly. 3) Update: client continues to self harm while at [name of hospital]. 4) Treatment completed at [name of hospital]: basic first aid was completed and a psychological evaluation. 5) Planned date of discharge: Unknown at this time. 6) No discharge instructions have been given at this time. 7) No new risk plans have been developed. An (sic) SIB (self-injurious behavior) risk plan has already been developed prior to this incident and will likely be revised when she returns with doctor's orders...."</p> <p>There was no documentation the facility conducted an investigation.</p> <p>On 7/21/20 at 11:13 AM, Quality Assurance (QA) staff #1 indicated the incident should have been investigated.</p> | | <p>Managers will review incident reports to ensure that BDDS reports have been submitted in a timely manner and any use of a physical restraint has been reported.</p> <p>Measures put in place:</p> <ul style="list-style-type: none"> Revised Incident Reporting Protocol (Attachment A). <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> Program managers will review incident reports and complete an investigation, as needed, after staff submission to determine if a physical restraint was implemented. Regional Quality Managers will review incident reports to ensure that BDDS reports have been completed and submitted in a timely manner, including the use of a physical restraint. <p>Completion Date: 8-21-2020</p> | |

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| W 0250 Bldg. 00 | <p>On 7/21/20 at 1:12 PM, staff #1 indicated on 6/8/20, client A bit her bicep causing it to bleed. Staff #1 indicated client A had never caused herself to bleed in the past although she had bitten herself before. Staff #1 indicated while client A was attempting to bite herself, she (staff #1) held her head and hand several times to try to prevent client A from biting herself. Staff #1 indicated she was attempting to prevent client A from harming herself. Staff #1 indicated client A did not have restraints in her plan. Staff #1 indicated she was not interviewed by the facility's administrative staff to see what occurred during the incident.</p> <p>On 7/21/20 at 2:32 PM, QA staff #1 indicated she was not aware staff #1 held client A's hand and head during the incident. QA staff #1 indicated the former Regional Manager should have conducted an investigation to collect all the information.</p> <p>This federal tag relates to complaint #IN00329891.</p> <p>9-3-2(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 4 of 4 clients living in the group home (B, C, D and E), the facility failed to ensure the clients had an active treatment schedule outlining the activities for the day.</p> <p>Findings include:</p> | | W 0250 | <p>W250</p> <p>Corrective actions taken:</p> <ul style="list-style-type: none"> Active Treatment Schedules have been updated (Attachment B). Staff will be inserviced on Active Treatment by 8-21-2020. | 08/21/2020 |

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| | <p>On 7/21/20 from 12:41 PM to 2:48 PM, an observation was conducted at the group home. Upon arrival, clients B, C, D and E were sitting at the dining room table waiting to eat their lunches. At 1:06 PM, staff #1 took client D's dishes to the sink. At 1:08 PM, staff #3 removed client C's dishes from the table and took them to the sink. After the meal was completed, clients B, D and E went to the living room to watch television. Client C continued to sit at the table for several minutes and eventually went to the living room to watch television. At 2:06 PM, client C left on a medical appointment with staff #3. Clients B, D and E continued to watch television until the end of the observation at 2:48 PM.</p> <p>On 7/21/20 at 12:53 PM, staff #1 indicated none of the clients (B, C, D and E) attended a day program or workshop. Staff #1 indicated the clients were at home daily Monday to Friday from 8:00 AM to 4:00 PM.</p> <p>On 7/21/20 at 12:59 PM, a review of client B, C, D and E's undated active treatment schedules was conducted. The schedule indicated the same routine for each client on Monday to Friday from 8:00 AM to 11:00 AM and 1:00 PM to 3:00 PM. The schedule indicated, "WORKSHOP. Choice activity." Monday to Friday at 12:00 PM, the schedules indicated, "lunch."</p> <p>On 7/21/20 at 2:26 PM, the Regional Manager (RM) of Community Living Services stated the clients' active treatment schedules were "not accurate." The RM stated, regarding the clients' schedules, "needs some work."</p> <p>9-3-4(a)</p> | | | <p>How we will identify others:</p> <ul style="list-style-type: none"> Program Manager will review Active Treatment schedules to ensure that they reflect client's daily routines. <p>Measures put in place:</p> <ul style="list-style-type: none"> Revised Active Treatment schedule (Attachment B). Group Home observations (Attachment C). <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> Program Managers will perform weekly documented observations to ensure that staff are performing Active Treatment. Regional Program Manager will review monthly PM documented observations to ensure Program Managers are observing Active Treatment. <p>Completion Date: 8-21-2020</p> | |

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| W 0296 Bldg. 00 | <p>483.450(d)(1)(ii) PHYSICAL RESTRAINTS The facility may employ physical restraint as an emergency measure, but only if absolutely necessary to protect client or others from injury.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (former client A), the facility failed to convene client A's interdisciplinary team to discuss the use of an emergency physical intervention to prevent her from engaging in further self-injurious behavior.</p> <p>Findings include:</p> <p>On 7/21/20 at 10:23 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>On 6/8/20, client A was taken to the emergency room (ER) due to self-injurious behavior (bit her bicep causing bleeding). The 6/11/20 BDDS report indicated, "...[Client A] was taken to the ER on 6/8 due to self harm. She had injured herself by biting herself. Also, it was found she was pulling out her hair while at the hospital itself... She was evaluated by a trained Social Worker at the hospital and found her appropriate for an acute stay at a psychiatric hospital...."</p> <p>The 6/15/20 Incident Follow-Up Report indicated, "...In the early morning hours of 6/9, she was transported to [name of psychiatric hospital] for an evaluation. 1) The bite did break the skin. 2) She bit her left bicep repeatedly. 3) Update: client continues to self harm while at [name of hospital]. 4) Treatment completed at [name of hospital]: basic first aid was completed and a psychological evaluation. 5) Planned date of discharge: Unknown at this time. 6) No</p> | | W 0296 | <p>W296</p> <p>Corrective actions taken:</p> <ul style="list-style-type: none"> Program Managers will be inserviced on BDDS reporting, including timeliness, SOP 1.020 (Attachment D) and revised Incident Reporting Protocol by 8-21-2020. <p>How we will identify others:</p> <ul style="list-style-type: none"> Regional Program Managers will review incident reports to ensure that BDDS reports have been submitted in a timely manner and any use of a physical restraint has been reported. <p>Measures put in place:</p> <ul style="list-style-type: none"> Revised Incident Reporting Protocol (Attachment A). <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> Program managers will review incident reports and complete an investigation, as needed, after staff submission to determine if a physical restraint was implemented. Regional Quality Managers will review incident reports to ensure that BDDS reports have been completed and submitted in a timely manner, including the use of a physical restraint. <p>Completion Date: 8-21-2020</p> | 08/21/2020 |

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| | <p>discharge instructions have been given at this time. 7) No new risk plans have been developed. An (sic) SIB (self-injurious behavior) risk plan has already been developed prior to this incident and will likely be revised when she returns with doctor's orders...."</p> <p>On 7/21/20 at 1:12 PM, staff #1 indicated on 6/8/20, client A bit her bicep causing it to bleed. Staff #1 indicated client A had never caused herself to bleed in the past although she had bitten herself before. Staff #1 indicated while client A was attempting to bite herself, she (staff #1) held her head and hand to try to prevent client A from biting herself several times throughout the incident. Staff #1 indicated she was attempting to prevent client A from harming herself. Staff #1 indicated client A did not have restraints in her plan. Staff #1 indicated she was not interviewed by the facility's administrative staff to see what occurred during the incident.</p> <p>On 7/21/20 at 2:32 PM, QA (Quality Assurance) staff #1 indicated she was not aware staff #1 held client A's hand and head during the incident. QA staff #1 indicated the former Regional Manager should have conducted an investigation to collect all the information and then convened client A's interdisciplinary team to discuss the use of an emergency intervention.</p> <p>This federal tag relates to complaint #IN00329891.</p> <p>9-3-5(a)</p> | | | |