

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 01/12/2021
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 631 N ELM ST SEYMOUR, IN 47274
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey Dates: 1/7/21, 1/8/21, 1/11/21 and 1/12/21.</p> <p>Facility Number: 000975 Provider Number: 15G461 AIM Number: 100244820</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/25/21.</p>	W 0000		
W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2) and one additional client (#4), the facility failed to ensure 1) client #2 had a cradle to protect her feet and toes as recommended by her Podiatrist and 2) client #4's walker was maintained in good repair.</p> <p>Findings include:</p> <p>1) Observations were conducted on 1/7/21 from 3:20 PM to 5:55 PM and on 1/8/21 from 6:30 AM to 8:58 AM. The observations indicated the</p>	W 0436	<p>W436 Corrective actions taken:</p> <ul style="list-style-type: none"> · Client #4's walker has been repaired. · Staff have been inserviced on inspecting and documenting needed repairs for adaptive equipment (Attachment A). · The foot cradle for Client #2 has been ordered, an IDT was held and HRP's, ISP have been revised to include this adaptive equipment 	02/11/2021

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>following:</p> <p>-At 4:05 PM, staff #1 began preparing to administer client #4 her medication and placed hand sanitizer on client #4's hands. Client #4's walker was adjacent to her while she was seated waiting for her medicines. Client #4's handrail had white medical tape wrapped around the lever used to fold and lock the handrail in place for support.</p> <p>-At 4:10 PM, staff #1 assisted client #4 from the medication room to the living room. Client #4 used her walker with the white medical tape around the left side of the handrail as she ambulated. Staff #1 was asked what the purpose of the white medical tape was for. Staff #1 stated, "I think that's a walker from therapy. It's not broken".</p> <p>-At 5:07 PM, staff #4 assisted client #4 from the living room to the dining room table for the evening meal. Client #4 used her walker with white medical tape around the left handrail as she ambulated.</p> <p>Morning observation:</p> <p>-At 6:42 AM, staff #1 assisted client #4 from the restroom to the living room. Client #4 used her walker with the white medical tape around the left handrail as she ambulated.</p> <p>-At 7:20 AM, staff #2 assisted client #4 from the living room to the medication room for her morning medicines. Client #4 used her walker with the white medical tape wrapped around the left handrail of her walker as she ambulated.</p> <p>-At 7:27 AM, staff #2 assisted client #4 from the medication room to the dining room table for her morning meal. As client #4 ambulated from the</p>		<p>(Attachment B).</p> <p>How we will identify others:</p> <ul style="list-style-type: none"> Program Managers will review adaptive equipment to ensure that it is in good repair and will review Dr's orders to ensure that any ordered adaptive equipment has been put in place. <p>Measures put in place:</p> <ul style="list-style-type: none"> Adaptive Equipment documentation (Attachment A). Revised Group Home observation form (Attachment C). Revised Group Home Quarterly Audit (Attachment D). <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> Program managers will perform weekly documented observations to ensure adaptive equipment is in good repair. Regional Quality Managers will perform Quarterly Audits to ensure adaptive equipment is in good repair. <p>Completion Date: 2-11-2021</p>	

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	<p>medication administration room she used her walker with the white medical tape wrapped around the left handrail.</p> <p>-At 8:24 AM, staff #2 assisted client #4 to the restroom. Client #4 used her walker with the white medical tape wrapped around the left handrail of her walker as she ambulated.</p> <p>On 1/11/21 at 1:25 PM, client #4's record was reviewed. The record indicated the following:</p> <p>-Individual Program Plan (IPP) dated 1/29/20 through 1/29/21 indicated, "adaptive equipment: roller walker ...".</p> <p>-January 2021 equipment check form indicated, "Walkers: surface clean, rubber stops in place, hand grips clean/ no tears" and was coded with a hand written check mark for each of these three areas on the following dates: 1/1/21, 1/2/21, 1/3/21, 1/4/21, 1/5/21, 1/6/21, 1/7/21, 1/8/21, 1/9/21 and 1/10/21.</p> <p>On 1/11/21 at 1:30 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the purpose of the white medical tape on client #4's walker. The QAM stated, "If it's broken we need to fix it. The equipment check form does not say there is an issue". The QAM used her phone to call the Nurse to identify if there was a reason for the tape. The QAM indicated after the phone call with the Nurse, the Nurse was not aware and had removed the white medical tape.</p> <p>On 1/11/21 at 3:15 PM, the Nurse was interviewed. The Nurse was asked about the purpose of the white medical tape on client #4's walker. The Nurse indicated the tape had been removed and</p>			

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	<p>stated, "The night shift staff taped the walker. We took it off. I think the staff was trying to fix a loose nut. We took that off. I will have [maintenance person] look at it and if we have to, we'll purchase her (client #4) a new walker".</p> <p>2) On 1/11/21 at 10:34 AM, client #2's record was reviewed. The record indicated the following:</p> <p>-Podiatry consult dated 11/9/20 indicated, "New Orders: Foot Cradle to bed".</p> <p>-Individual Program Plan (IPP) dated 7/31/20 through 7/31/2021 indicated, Grooming/hygiene: "[Client #2] requires verbal prompts for most hygiene tasks. She requires physical assistance with being thorough". Medical diagnoses from the IPP included, but were not limited to: "[Client #2] has been diagnosed with Mild Intellectual Disability, Hypoxia (oxygen deficiency) ... Edema (fluid retention) ... Type 2 diabetes ... dermatitis, pain and basal cell, high cholesterol...". Mobility: "[Client #2] uses a walker in the home and a wheelchair for long distances". The IPP does not list the use and support need for the podiatrist recommendation for a foot cradle as adaptive equipment.</p> <p>On 1/11/21 at 11:16 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about client #2's podiatry consult noting a recommendation to use a foot cradle, that client #2's IPP did not identify this device as an adaptive support need and observation had not identified a foot cradle as an adaptive equipment support used in the home. The QAM indicated she was unsure and not aware of client #2 requiring the use of a foot cradle and indicated she would need to review and discuss this with the Nurse. The QAM called the Nurse for further follow up and</p>			

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

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	<p>then stated, "The Nurse is trying to order it. The HRP (health risk plan) needs updated and an IDT (Interdisciplinary team meeting) to use during sleeping hours". The QAM indicated more follow up was needed.</p> <p>On 1/11/21 at 3:15 PM, the Nurse was interviewed. The Nurse was asked about client #2's podiatry recommendation for the use of a foot cradle. The Nurse stated, "I tried to get a cradle for her. You cannot just buy one. I had the staff take a wedge to keep the covers off her feet. We need to purchase one (foot cradle)". The Nurse was asked if client #2 was having any type of issue with her feet. The Nurse stated, "No, I looked at her feet today. I looked at both of her feet and did not see issues". The Nurse indicated further follow up was required and stated, "Yeah, I was not able to buy a cradle for [client #2], but yes, those (client #2's foot cradle and client #4's walker) adaptive equipment areas need more follow up". The Nurse indicated more follow up was needed.</p> <p>9-3-7(a)</p>				