

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G715	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2014
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 PARK LN NASHVILLE, IN 47448
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W000000	<p>This visit was for the Post Certification Revisit (PCR) to the investigation of complaint #IN00156187 completed on 10/1/14.</p> <p>This visit was in conjunction with the investigation of complaint #IN00159200.</p> <p>This visit was in conjunction with the Post Certification Revisit (PCR) to the PCR, completed on 10/1/14, to the PCR, completed on 8/26/14, to the PCR, completed on 6/27/14, to the full annual recertification and state licensure survey completed on 4/17/14.</p> <p>This visit was in conjunction with the PCR to the PCR, completed on 10/1/14, to the investigation of complaint #IN00154686 completed on 8/26/14.</p> <p>Survey dates: November 13, 14, 17 and 18, 2014</p> <p>Facility number: 004000 Provider number: 15G715 AIM number: 200481990</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W000000		

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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W000104	<p>Quality Review completed 11/25/14 by Ruth Shackelford, QIDP.</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 2 of 3 clients living in the group home (A and B), the facility's governing body failed to exercise operating direction over the facility by failing to ensure client A and B's bedroom temperature remained at a comfortable temperature.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/18/14 from 5:53 AM to 8:08 AM. During the observation, the thermostat was set at 73 degrees Fahrenheit. From 5:53 AM to 7:17 AM, client A's bedroom door was closed. At 7:17 AM when client A woke up, his bedroom was noticeably colder than the common areas of the group home. The hallway leading to client A's bedroom</p>	W000104	To correct the deficient practice and ensure it does not continue, the furnace was serviced, including addition of return runs added to balance the air flow in the home. The maintenance supervisory will retrain the ND/Q and Team Manager on monitoring the home environment, and the process for submitting maintenance requests should the need arise. Ongoing monitoring will be accomplished by the Team Manager, who works full time in the home and is responsible for monitoring and maintaining the home environment. The Team Manager Weekly Report, which includes an assessment of the environment, as well as follow up related to any maintenance/environmental issues, is submitted to the Director of Residential Services and CEO for review.	12/12/2014

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	<p>was warmer than his bedroom. Client A was shivering and his teeth were chattering. Client A was wearing boxers and a short sleeve T-shirt. Client A's bedroom vent was closed. Staff #5 attempted to open the ceiling vent using a clothes hanger but was unable to do so. Staff #5 indicated she would open the vent prior to leaving her shift but left at 8:02 AM without opening the vent. At 7:34 AM when client B woke up, her bedroom was noticeably colder than the common areas of the group home. From 5:53 AM to 7:34 AM, client B's bedroom door was closed.</p> <p>There were no maintenance requests to review regarding the cold temperatures in client A and B's bedrooms.</p> <p>On 11/18/14 at 7:41 AM, the Home Manager (HM) indicated she had not previously noticed client A and B's bedrooms being cold. The HM checked the thermostat and indicated it was set at 73 degrees Fahrenheit. The HM indicated client A and B's bedrooms should be maintained at a comfortable temperature. The HM indicated the side of the group home where client A and B's bedrooms was located was typically warmer than the other side of the group home.</p>			

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W000125	<p>On 11/18/14 at 10:26 AM, the Maintenance Director (MD) indicated he was not aware of an issue with the temperature in client A and B's bedrooms. The MD indicated he had not received a maintenance request regarding the issue. The MD indicated the furnace was serviced and cleaned this year. The MD stated, "must be something wrong." The MD indicated he was going to get into the attic to ensure the heating runs were insulated. The MD stated, "they (clients A and B) are going to get sick."</p> <p>This deficiency was cited on 10/1/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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>			

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	<p>Based on observation, interview and record review for 3 of 3 clients living in the group home (A, B and C), the facility failed to ensure the clients had the right to due process in regard to a latch on the refrigerator and freezer doors.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/18/14 from 5:53 AM to 8:08 AM. At 6:50 AM, the refrigerator and freezer doors had latches (one on the refrigerator and one on the freezer) on the doors fastened to the frame of the appliance. When the surveyor attempted to open the doors, the latches had to be removed from the side of the appliance to get the doors opened. This affected clients A, B and C.</p> <p>On 11/14/14 at 10:22 AM, client A's Behavioral Support Plan (BSP), not dated, was reviewed. The BSP indicated client A had the following targeted Behaviors: Self-Injurious Behavior (defined as head banging, hair pulling, biting, pinching, or scratching self, putting things in his ears), Aggression (defined as hitting or pinching others), Sexual Hyperactivity (defined as requesting " private time " (masturbation) more than three times daily). There was no documentation in</p>	W000125	To correct the deficient practice and ensure it does not continue, the latches have been removed from the refrigerator and freezer doors. The DORS will review customer rights at the next team meeting, and the prohibition of placing undue restrictions on individuals. Ongoing monitoring will be accomplished by the Team Manager, who works full time in the home, and the ND/Q, who is in the home at least twice weekly. Additionally, the DORS will be in the home no less than monthly to review the environment and ensure no undue restrictions are in place.	12/12/2014			

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	<p>the BSP indicating the refrigerator and freezer doors needed latches to restrict his access to the food in the group home. Client A's June 2014 Individual Support Plan did not indicate the refrigerator and freezer doors needed to be latched.</p> <p>On 11/14/14 at 10:22 AM, client B's Replacement Skills Plan (RSP) was reviewed. The facility failed to provide a copy of client B's current BSP during the survey. The previously reviewed RSP, dated 3/23/14, indicated she had the following targeted behaviors: tantrum (defined as screaming), aggression (defined as hitting with open hand or object such as baby doll or shoe), and emptying closet and/or dresser drawers (defined as taking clothes out of closet and/or dresser drawers and throwing them in the floor). There was no documentation in the BSP indicating the refrigerator and freezer doors needed latches to restrict her access to the food in the group home. Client B's ISP, dated 3/23/14, did not indicate the refrigerator and freezer doors needed to be latched.</p> <p>A review of client C's Replacement Skills Plan (RSP), dated May 2014, was conducted on 11/14/14 at 10:22 AM. Client C had a targeted behavior of PICA (defined as eating non-food items, including diaper padding, laundry/dishwasher detergent pods (this type of detergent should be avoided for use in the home), flowers/plants/leaves, paper products (napkins, tissue, etc.) and other random items). There was no documentation in the BSP indicating the refrigerator and freezer doors needed latches to restrict her access to the food in the group home. Client C's May 2014 ISP did not indicate the refrigerator and freezer doors needed to be latched.</p>			

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W000149	<p>On 11/18/14 at 6:50 AM, staff #5 indicated the clients did not know how to remove the latches to access the refrigerator and freezer. Staff #5 indicated clients A, B and C did not have plans to restrict their access to the refrigerator and freezer.</p> <p>On 11/18/14 at 7:11 AM, the Home Manager (HM) indicated she did not know of a reason for the refrigerator and freezer to have latches on them. The HM indicated she thought client A may be able to unlatch the doors but did not think clients B and C could do it. The HM indicated the restriction may have been needed previously but there was no reason at this time for the latches.</p> <p>On 11/18/14 at 7:55 AM, the Network Director (ND) indicated she did not think clients A, B and C could figure out how to unlatch the refrigerator and freezer doors. The ND indicated the latches were on there due to previous client's restriction. The ND indicated clients A, B and C did not have plans to restrict their access to the refrigerator and freezer. The ND indicated the latches were an unnecessary restriction.</p> <p>This deficiency was cited on 10/1/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			

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	<p>Based on record review and interview for 1 of 5 incident/investigative reports reviewed affecting client B, the facility neglected to implement its policy and procedure to ensure a thorough investigation was conducted of an injury of unknown origin and corrective actions identified during the investigation were completed.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/13/14 at 12:04 PM and indicated the following: On 9/3/14, client B had injuries of unknown origin (bruises) on her right ear and both legs around her knees.</p> <p>The Injury of Unknown Origin Investigation, dated 11/4/14, indicated, in part, "[Client B] was at the dentist (sic) office. I, [name of Network Director], LifeDESIGNS, Inc. and [staff #4] were there. The moment [client B] entered the treatment room, before anyone had done anything she started to cry and become agitated. Once in the treatment chair she struggled, tried to keep the dental technicians and the dentist from touching her. Her arms were held, her legs were held, and her head was held. She kicked and struggled the entire time. At that</p>	W000149	To correct the deficient practice, the investigation will be updated to complete more detailed information regarding who implemented the restraint with client B during the dental appointment. Guardian consent and HRC approval will be obtained for the revised behavior support plan. To ensure the deficient practice does not continue, a performance plan will be implemented for the ND/Q that includes additional training and support related to investigations and follow up. The performance plan will include that the Director of Residential Services (DORS) will complete any investigations related to injuries of unknown origin or peer to peer aggression directly with the ND/Q for at least the next 3 months to ensure she is competent to complete said investigations. If the ND/Q is unable to demonstrate the ability to complete a thorough and complete investigation, this responsibility will be reassigned by the DORS. Ongoing monitoring will be accomplished by the a dual review of all investigations by the DORS and either the CEO or the Director of Support Services. The DORS will be responsible for monitoring group home investigations to ensure all corrective action is implemented in a timely manner.	12/18/2014			

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	<p>time she was wearing a leg brace on her left leg, and an orthopedic boot on her right leg and foot. As violently as she was moving she could have caused bruises on her legs, and knees. The bruise on her ear might have come from the dentist appointment, or from her habit of twisting her hair and shoving it into her ears... [Client B] is prescribed Diazepam, 5 mgs (milligrams), (Valium) to have before procedures. Staff did not give it to her that day. They have reported that when [client B] is given this medication she becomes agitated, and vomits after it is given... Have had a meeting with [client B's] physician, the Valium has been DC'd (discontinued), and she had been prescribed Benadryl, to replace it. Waiting on permission from her mother, and the HRC (Human Rights Committee) committee... [Staff #4] also witnessed [client B's] dental appointment. She reports that [client B] didn't want to sit in the examination chair, and had to be assisted to sit down. [Client B's] head, hands and legs had to be held to do the examination. She was trying to fight the entire time. If she hadn't been held down, no examination would have been done... The dentist's offices (sic) reported that they did not restrain [client B]...". The Recommendations section indicated, "Complete approval process for BSP (Behavior Support Plan). Retrain on</p>			

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	<p>timely reporting, QDDP (Qualified Developmental Disabilities Professional) training on reporting correctly. Train on using PRN's (as needed) for medical procedures." There was no documentation in the investigation indicating who implemented a restraint during the dental appointment.</p> <p>The facility's Unusual Incident Report (UIR), dated 9/22/14, indicated in the Incident Follow-Up section under Findings, "Any time [client B] has medical procedures, PT (physical therapy), dental care, etc she becomes very agitated. To complete treatment sometimes her hands, or legs must be held. If she is extremely agitated holding her hands, etc might result in bruising." The Action Taken section indicated, "Discuss an alternative medication for using when [client B] has a procedure. Add goals to help desensitize her to having her mouth looked at and into. Train staff and ask HRC to allow staff to help with restraints/holds for office visits, or other procedures she may fight, so she is less likely to get bruising during difficult procedures. For the purpose of the above, revise her BSP. Be sure to report if she has a procedure done, and must be held in any way." There was no documentation in the UIR indicating who implemented a restraint during the dental</p>			

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	<p>appointment.</p> <p>On 11/14/14 at 10:22 AM, a review of client B's Individual Program Plan, dated 3/23/14, indicated she did not have a goal or training objective to help desensitize her to having her mouth looked at and into.</p> <p>Client B's Behavioral Support Plan (BSP), dated 11/4/14, indicated, in part, "Typically while at the dentist she will scream, fight staff, and refuse to lie on the dentist chair. She also is very loud and difficult when blood must be drawn. She was prescribed a PRN, valium, for procedures. Valium causes an adverse reaction, where she becomes agitated, and vomits later. A conversation will be started with her physician on October 30, to see if it can be changed to something more effective. Her physician discontinued the valium, and has added Benadryl." The BSP indicated, "Practice and model aspects of medical procedures, Practice laying on the couch, (it is the dentists (sic) couch), brush your teeth, allow her to hold the tooth brush and mouth swab, let her have them when you are not going to use them, so she can see they are not threatening. Keep talking with her about it. Tell her what is expected of her, both at the table, before procedures and on outings before</p>				

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	<p>behaviors appear. Client B's BSP dated 11/4/14 did not have written informed consent, specially constituted committee (HRC) consent and had not been implemented at the time of the survey. The facility was asked to provide client B's current BSP on 11/14/14 at 10:02 AM, 11/14/14 at 10:24 AM and 11/17/14 at 12:10 PM. The facility failed to provide documentation of client B's current BSP.</p> <p>Client B's Nursing Care Plan, dated 10/23/14, indicated, "Benadryl 25 mg (milligrams): Give 1-2 capsules by mouth one hour prior to dental procedures/appointments. *Pending Guardian/HRC approval 10-30-14."</p> <p>On 11/17/14 at 12:10 PM, the Network Director (ND) indicated the staff at the dentist's office implemented the restraint. The ND indicated she and staff #4 were not involved with the restraint. The ND indicated the dentist's office did not have documentation of a restraint being used during the appointment. The ND stated "I tried to make it as thorough as possible" when asked if the investigation she conducted was thorough since the investigation did not indicate who implemented the restraints. The ND indicated she added a training objective to client B's BSP for desensitization of</p>						

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	<p>appointments. The ND indicated the plan was pending approval from client B's guardian and the HRC and had not been implemented yet.</p> <p>On 11/13/14 at 11:58 AM, the facility's policy, Individual Rights and Protections, dated 1/1/12, indicated, in part, "Customers have the right: To be free from all forms of discrimination, harassment, humiliation and cruel or unusual punishment, including forced physical activity and practices that deny an individual of sleep, shelter, physical movement for extended periods of time and/or use of bathroom facilities. To be treated with consideration and respect with recognition of his/ her dignity and individuality. To be free from emotional, verbal, and physical abuse/neglect/exploitation including but not limited to hitting, pinching and application of painful or noxious stimuli." The policy indicated, in part, "Physical Abuse: Knowingly or intentionally touching another person in a rude, insolent, or angry manner. Includes hitting, pinching, forced physical activity, willful infliction of injury, unnecessary physical or chemical restraints or isolation, practices that deny an individual of sleep, shelter, physical movement for extended periods of time and/or use of bathroom facilities,</p>			

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	<p>application of painful or noxious stimuli and punishment resulting in physical harm or pain. Neglect: Placing a customer in a situation that may endanger his or her life or health; abandoning or cruelly confining a customer; depriving a customer of necessary support including food, shelter, medical care, or technology." The facility's policy titled, "Investigating suspected cases of violations of rights," indicated the purpose of the policy was to "To ensure thorough, timely investigations and appropriate review." The policy indicated, in part, "1. Suspected violation of rights must be reported to a Network Director/QDDP (Qualified Developmental Disabilities Professional) and Director of Services. 2. The staff or consultant making the initial report should document the incident or reason for suspicion on an Unusual Incident Form within 24 hours of the report. All Unusual Incident Forms will be submitted to the Network Director/QDDP (Qualified Developmental Disabilities Professional) and a copy given to the Director of Support Services. 3. The staff receiving the report will immediately inform the Administrator (Chief Operating Officer, Chief Executive Officer or Director of Services), and the Director of Support Services, who will determine who will</p>			

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W000154	<p>conduct the investigation. The Director of Support Services will ensure the investigation is initiated within 24 hours of the initial report. The incident may be investigated by the Quality Assurance Director, Director of Services, or other designated administrator... 10. Any staff member or consultant suspected of violating customer rights shall be suspended pending completion of the investigation... 13. The investigation must be initiated within 24 hours of the initial report."</p> <p>This federal tag relates to complaint #IN00156187.</p> <p>This deficiency was cited on 10/1/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 5 incident/investigative reports reviewed affecting client B, the facility to ensure a thorough investigation was</p>	W000154	To correct the deficient practice, the investigation will be updated to complete more detailed information regarding who implemented the restraint with	12/18/2014	

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	<p>conducted of an injury of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/13/14 at 12:04 PM and indicated the following: On 9/3/14, client B had injuries of unknown origin (bruises) on her right ear and both legs around her knees.</p> <p>The Injury of Unknown Origin Investigation, dated 11/4/14, indicated, in part, "[Client B] was at the dentist (sic) office. I, [name of Network Director], LifeDESIGNS, Inc. and [staff #4] were there. The moment [client B] entered the treatment room, before anyone had done anything she started to cry and become agitated. Once in the treatment chair she struggled, tried to keep the dental technicians and the dentist from touching her. Her arms were held, her legs were held, and her head was held. She kicked and struggled the entire time. At that time she was wearing a leg brace on her left leg, and an orthopedic boot on her right leg and foot. As violently as she was moving she could have caused bruises on her legs, and knees. The bruise on her ear might have come from the dentist appointment, or from her habit</p>		<p>client B during the dental appointment. Guardian consent and HRC approval will be obtained for the revised behavior support plan. To ensure the deficient practice does not continue, a performance plan will be implemented for the ND/Q that includes additional training and support related to investigations and follow up. The performance plan will include that the Director of Residential Services (DORS) will complete any investigations related to injuries of unknown origin or peer to peer aggression directly with the ND/Q for at least the next 3 months to ensure she is competent to complete said investigations. If the ND/Q is unable to demonstrate the ability to complete a thorough and complete investigation, this responsibility will be reassigned by the DORS. Ongoing monitoring will be accomplished by the a dual review of all investigations by the DORS and either the CEO or the Director of Support Services. The DORS will be responsible for monitoring group home investigations to ensure all corrective action is implemented in a timely manner.</p>				

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	<p>of twisting her hair and shoving it into her ears... [Client B] is prescribed Diazepam, 5 mgs (milligrams), (Valium) to have before procedures. Staff did not give it to her that day. They have reported that when [client B] is given this medication she becomes agitated, and vomits after it is given... Have had a meeting with [client B's] physician, the Valium has been DC'd (discontinued), and she had been prescribed Benadryl, to replace it. Waiting on permission from her mother, and the HRC (Human Rights Committee) committee... [Staff #4] also witnessed [client B's] dental appointment. She reports that [client B] didn't want to sit in the examination chair, and had to be assisted to sit down. [Client B's] head, hands and legs had to be held to do the examination. She was trying to fight the entire time. If she hadn't been held down, no examination would have been done... The dentist's offices (sic) reported that they did not restrain [client B]...". The Recommendations section indicated, "Complete approval process for BSP (Behavior Support Plan). Retrain on timely reporting, QDDP (Qualified Developmental Disabilities Professional) training on reporting correctly. Train on using PRN's (as needed) for medical procedures." There was no documentation in the investigation indicating who implemented a restraint</p>						

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	<p>during the dental appointment.</p> <p>The facility's Unusual Incident Report (UIR), dated 9/22/14, indicated in the Incident Follow-Up section under Findings, "Any time [client B] has medical procedures, PT (physical therapy), dental care, etc she becomes very agitated. To complete treatment sometimes her hands, or legs must be held. If she is extremely agitated holding her hands, etc might result in bruising." The Action Taken section indicated, "Discuss an alternative medication for using when [client B] has a procedure. Add goals to help desensitize her to having her mouth looked at and into. Train staff and ask HRC to allow staff to help with restraints/holds for office visits, or other procedures she may fight, so she is less likely to get bruising during difficult procedures. For the purpose of the above, revise her BSP. Be sure to report if she has a procedure done, and must be held in any way." There was no documentation in the UIR indicating who implemented a restraint during the dental appointment.</p> <p>On 11/17/14 at 12:10 PM, the Network Director (ND) indicated she and staff #4 were not involved with the restraint. The ND indicated the dentist's office did not have documentation of a restraint being</p>				

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W000186	<p>used during the appointment. The ND stated "I tried to make it as thorough as possible" when asked if the investigation she conducted was thorough since the investigation did not indicate who implemented the restraints.</p> <p>This federal tag relates to complaint #IN00156187.</p> <p>This deficiency was cited on 10/1/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 3 of 3 clients living in the group home (A, B and C), the facility failed to</p>	W000186	Until recently, the ND/Q of the home also fulfilled the role of Team Manager. To correct the deficient practice and ensure it	12/12/2014

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	<p>provide sufficient staffing to manage and supervise the clients in accordance with their individual program plans.</p> <p>Findings include:</p> <p>A review of the direct care staffs' timesheets was conducted on 11/13/14 at 1:42 PM. As indicated by the timesheets, the group home had one staff working with clients A, B and C on the following dates and times:</p> <ul style="list-style-type: none"> -10/4/14 from 6:00 AM to 10:00 AM and 8:00 PM to 10:00 PM -10/5/14 from 6:00 AM to 10:00 AM and 12:00 PM to 12:15 PM -10/6/14 from 7:30 PM to 8:15 PM -10/7/14 from 7:30 PM to 8:00 PM -10/9/14 from 6:00 AM to 8:00 AM -10/11/14 from 8:05 PM to 10:00 PM -10/12/14 from 6:00 AM to 8:00 AM and 8:00 PM to 10:00 PM -10/13/14 from 6:00 AM to 7:30 AM and 8:00 PM to 10:00 PM -10/14/14 from 8:15 PM to 10:00 PM -10/16/14 from 6:00 AM to 7:45 AM and 8:00 PM to 10:00 PM -10/17/14 from 7:00 AM to 8:00 AM -10/21/14 from 8:30 PM to 10:00 PM -10/22/14 from 8:30 PM to 10:00 PM -10/24/14 from 6:00 AM to 6:30 AM -10/25/14 from 6:00 AM to 10:00 AM -10/26/14 from 6:00 AM to 7:15 AM 		<p>does not continue, and Team Manager (TM) has been hired to work in the home full-time, with the bulk of time directly supporting individuals in the home, working alongside the other DSPs to provide ongoing monitoring, supervision and support to staff in the home. The DORS will work with the ND/Q and TM to readjust staff schedules, incorporating the TM, to ensure that 2 staff are in place during waking hours. The TM will review the schedule with the DORS weekly. The DORS will also review with the TM and ND/Q procedures to follow in the case that staff does not show up, or calls in, to ensure an adequate back-up plan is in place to ensure adequate staff are on site.</p>				

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	<p>-10/27/14 from 8:30 PM to 10:00 PM -10/28/14 from 6:00 AM to 7:00 AM -10/31/14 from 7:00 AM to 8:00 AM -11/1/14 from 11:15 AM to 10:00 PM -11/2/14 from 6:00 AM to 10:00 AM -11/3/14 from 8:00 PM to 10:00 PM -11/4/14 from 8:00 PM to 10:00 PM -11/5/14 from 8:00 PM to 10:00 PM -11/6/14 from 8:15 PM to 10:00 PM -11/7/14 from 3:00 PM to 3:45 PM and 8:30 PM to 10:00 PM -11/8/14 from 6:00 AM to 10:00 PM -11/9/14 from 6:00 AM to 10:00 AM and 8:00 PM to 10:00 PM</p> <p>On 11/13/14 at 3:49 PM, client A, B and C's sleep records were reviewed for the month of November 2014. Clients A and B were typically asleep by 9:00 PM. Client C typically was asleep by 10:00 PM.</p> <p>On 11/14/14 at 10:22 AM, client A's Behavioral Support Plan (BSP), not dated, was reviewed. The BSP indicated client A had the following targeted Behaviors: Self-Injurious Behavior (defined as head banging, hair pulling, biting, pinching, or scratching self, putting things in his ears), Aggression (defined as hitting or pinching others), Sexual Hyperactivity (defined as requesting " private time " (masturbation) more than three times</p>			

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	<p>daily). The BSP indicated, in part, "[Client A] needs staff assistance in most areas of independent living and self-care, but can participate in all things if given directions one step at a time. [Client A] communicates verbally with one or two words or simple sentences. [Client A] functions best in a fun, playful, consistent environment with activities that interest him. [Client A] responds better to being asked to 'help' someone with something, rather than being prompted with something HE has to do. He enjoys being outside and swinging on the swing set. [Client A] needs encouragement to participate in activities outside of his bedroom, although this has improved over time. [Client A] enjoys going for rides in vehicles and will often ask to go somewhere. [Client A] has a strong personality and knows what he wants to do or not do as well as when he wants to do it."</p> <p>On 11/14/14 at 10:22 AM, client B's Replacement Skills Plan (RSP) was reviewed. The facility failed to provide a copy of client B's current BSP during the survey. The previously reviewed RSP, dated 3/23/14, indicated she had the following targeted behaviors: tantrum (defined as screaming), aggression (defined as hitting with open hand or object such as baby doll or shoe), and emptying closet and/or dresser drawers (defined as taking clothes out of closet and/or dresser drawers and throwing them in the floor). Client B's plan indicated, in part, "[Client B]</p>			

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	<p>needs staff assistance in all areas of personal care, but can participate in most things if given simple one step instructions. [Client B] enjoys attention from and interacting with staff members, as well as with her roommates. When [client B's] requests cannot be immediately met, she often does not respond to verbal cues. If request cannot be met she can be given a favorite item at that time and she is able to wait and amuse herself. [Client B] prefers interaction with others, particularly staff members. Preferred activities with staff include dancing, singing, and bouncing on an exercise ball. [Client B] is non-verbal, but does understand most verbal communication. [Client B] makes an effort to mimic one syllable words if given playful prompting as part of a game. [Client B] can use a few simple signs to communicate, but most often will lead to things that she wants. [Client B] does well when offered 3-5 minutes of processing time after each cue and between activities. [Client B] works well in a fun, light toned atmosphere and is sensitive to the moods and behaviors of others. She will often try to comfort others if she senses that they are upset. [Client B] needs staff prompts and/or guidance to leave the area when a peer is having a behavior to avoid aggressive behavior as she will often want to comfort the peer that is upset."</p> <p>A review of client C's Replacement Skills Plan (RSP), dated May 2014, was conducted on 11/14/14 at 10:22 AM. Client C had a targeted behavior of PICA (defined as eating non-food items, including diaper padding, laundry/dishwasher detergent pods (this type of detergent should be avoided for use in the home), flowers/plants/leaves, paper products (napkins, tissue, etc.) and other random items). In the proactive measures section, the plan indicated, in part, "Staff should be monitoring her every hour to ensure she has not wet and has not consumed</p>						

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	<p>parts of her Attend." The plan indicated, in part, "During sleep hours, [client C] should be encouraged to wear pajama bottoms with ties and will ensure the pants are tied when bed checks are made. Ensure her attends do not come out around her waist area." A revised RSP, not dated, indicated, in part, "PICA: defined as eating non-food items such as paper, foam, trash from floor, and trash can." The revised plan did not address the ingestion of diaper padding. The revised plan section addressing PICA indicated in the Reactive Measures section, "1. When preparing for bed, staff should dress [client C] in her choice of once piece sleep outfits, or be sure her shirt is tucked into her bottoms. 2. Before putting her to bed staff needs to scan her room for items she might put in her mouth, (stickers, fluff on the floor, bits of trash, etc.) and remove them. 3. If [client C] enters a housemates ' room, staff to make certain that while in the room she has not picked up any items that she might put in her mouth. 4. Once [client C] is in bed, staff should check her every hour while she is in her room. They should make sure she is asleep, and if not, they should make sure she cannot reach her disposable brief. (One piece sleep outfit, shirt tucked into her bottoms.) 5. During the day, staff will check her frequently, making sure that items she might put in her mouth are not easily available. (Crayons, paper, etc.)"</p> <p>On 11/13/14 at 2:19 PM, the interim Director of Residential Services indicated during waking hours the facility should have two staff working at the group home.</p> <p>On 11/17/14 at 12:10 PM, the Network Director (ND) indicated the facility should have two staff working in the group home when the clients were awake.</p>						

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	<p>This federal tag relates to complaint #IN00156187.</p> <p>This deficiency was cited on 10/1/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>				