

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 12/03/2013
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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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(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
W000000	<p>This visit was for the Post Certification Revisit (PCR) to the PCR (completed 10/23/13) to the PCR (completed 6/19/13) to the extended annual recertification and state licensure survey completed on 5/15/13.</p> <p>This visit was in conjunction with the PCR to complaint #IN00137138 completed on 10/23/13.</p> <p>This visit was was in conjunction with the PCR to the investigation of complaint #IN00138798 completed on 11/1/13.</p> <p>Survey Dates: December 2 and 3, 2013.</p> <p>Facility Number: 004000 Provider Number: 15G715 AIM Number: 200481990</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/9/13 by Ruth Shackelford, QIDP.</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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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 2 sampled clients (C), the facility failed to ensure client C had a successful hearing evaluation.</p> <p>Findings include:</p> <p>A review of client C's record was conducted on 12/2/13 at 3:49 PM. There was no documentation in client C's annual physical exam documentation, dated 4/23/12, indicating her hearing was screened during the exam. Client C had an appointment for a hearing re-evaluation on 8/14/13. The Medical Appointment Record, dated 8/14/13, indicated, in part, "Could not test. She responded at a level that indicates a moderate hearing loss. Needs additional testing and conditioning to confirm and establish softest sounds capable of hearing. Please have supervisor/nurse call to discuss." There was no documentation client C had a follow-up appointment.</p> <p>On 12/2/13 at 3:49 PM, the nurse indicated client C had not had her hearing examination. The nurse indicated the</p>	W000323	Client B's hearing evaluation was successfully completed on 12/5/13. This was scheduled following the previous revisit, and the appointment on 12/5/13 was the soonest client B could be seen. The nurse has reviewed medical appointments for all individuals living in the home to ensure they are recurrent with all medical appointments. To ensure the deficient practice does not happen again, the medical coordinator will maintain and monitor a log of all medical appointments to ensure that all appointments are completed within the required timeframes. The medical coordinator will review a monthly summary of all past and scheduled appointments with the nurse, and resolve any issues at that time. The medical coordinator will be retrained on responsibilities around monitoring the timeliness of all appointments and follow up, and what to do should an appointment be unsuccessful or need to be rescheduled for any reason. To ensure the deficient practice does not recur, the nurse will review all appointments on an ongoing basis on the monthly nursing summary. Additional monitoring will be completed as part of the	12/05/2013			

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	<p>exam was scheduled on 12/5/13. The nurse indicated this was the earliest the nurse could get client C in for a hearing test.</p> <p>On 12/3/13 at 10:42 AM, the Quality Assurance Director (QAD) indicated client C's hearing test was scheduled for 12/5/13.</p> <p>This deficiency was cited on 10/23/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		QA process through the ND/Qchecklist.		