

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G604	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/30/2012
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 339 W JEFFERSON ST SPENCER, IN 47460		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: March 26, 27, 28, 29 and 30, 2012</p> <p>Facility Number: 001118 Provider Number: 15G604 AIM Number: 100245630</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/10/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review and interview for 1 of 4 clients who attended an outside services workshop (#4), the facility failed to ensure the services met the needs of the client.</p> <p>Findings include:</p> <p>Observations were conducted at the workshop client #4 attended on 3/26/12 from 3:15 PM to 3:43 PM and 3/27/12 from 10:10 AM to 11:15 AM. On 3/27/12 at 10:41 AM, client #4 was sitting at the supervisor's desk working on a money counting worksheet. When the supervisor was talking to client #4's peer, client #4 left the work area and went into the cafeteria without notifying staff. The supervisor noted client #4 was out of the work area within 1 minute and located him sitting at a table in the cafeteria with his head down. His location was not visible from the workshop. The supervisor prompted client #4 to return to the work area and he did return to his work area.</p> <p>A review of the workshop's incident reports was conducted on 3/26/12 at 3:33 PM. On 3/20/12 at 9:15 AM, client #4</p>	W0120	<p>W 120 LifeDesigns is committed to ensuring that outside services meet the needs of each client by providing oversight to the Day programs and providing integrated individual program plans. The QDDP will develop a plan for Client #4 to address elopement behavior to include all environments by April 29, 2012. Client #4's wandering behavior will be addressed separately in the plan for elopement. A copy will be given to the workshop by April 29, 2012 to ensure client's needs are met. The QDDP will train the Jefferson group home staff on the plan by April 29, 2012. A copy of the plan and copy of the training signature sheet will be available at the LifeDesigns office.</p> <p>The Quality Improvement Director (QID) will re-train the Program Directors and the QDDP's on completing routine observations at the day programs by April 29, 2012. A copy of the signed training sheets will be available at the LifeDesigns office. Copies of the completed observations of Day programs will be kept on file at the group home and copies will be sent to the Director of Residential Services.</p>	04/29/2012	

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	<p>eloped from the workshop. The report indicated, "[Client #4] upon arrival to work when (sic) to his staff and asked for a math sheet to work on, which the staff gave him. [Client #4] took the paper and went to the cafeteria that is adjacent to the workshop to work on the paper. The staff was able to view [client #4] from the workshop. There was approximately a three-minute period that staff did not have [client #4] in their vision. Another staff came into the office letting the director and CEO know that [client #4] was seen walking down the road. The program director, [name of staff], went after [client #4] and brought him back to the facility. In the meantime, the CEO went into the workshop letting the staff know that [client #4] was walking down the road. The staff was shocked that [client #4] was missing because they had just been with him three minutes before. Once [client #4] was brought back to the facility all staff were informed that he was at risk for elopement and until further notice is required to be in line-of-sight at all times."</p> <p>A review of client #4's group home record was conducted on 3/28/12 at 10:58 AM. Client #4's Behavioral Support Plan (BSP), dated March 2012, indicated elopement was no longer formally addressed; strategies are still in place</p>				

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	<p>should the behavior occur. The Proactive/preventative measures section of the BSP indicated, "5. Be aware of [client #4's] whereabouts at all times... 7. Ensure that [client #4] is in eyesight at all times while in the community." The plan defined elopement as leaving the immediate premises without notifying staff that he is leaving.</p> <p>An interview with client #4's workshop supervisor was conducted on 3/27/12 at 10:36 AM. The supervisor indicated it was difficult to keep track of client #4. She indicated he seeks out empty cans or cups from the trash to fill with water. The supervisor indicated it was difficult to keep client #4 in his work area.</p> <p>An interview with workshop Administrative staff (AS) #2 was conducted on 3/27/12 at 10:51 AM. AS #2 indicated client #4 left his work area routinely throughout his day. The workshop staff have to follow him around to ensure he was supervised. AS #2 indicated there was no plan in place for client #4's wandering behavior. AS #2 indicated she was not aware of the group home staff conducting observations at the workshop to ensure the services being provided met the needs of client.</p> <p>An interview with the group home</p>						

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	<p>Qualified Mental Retardation Professional (QMRP) was conducted on 3/28/12 at 11:49 AM. The QMRP indicated the group home manager conducted observations at the workshop at least 2 times per month. The QMRP was unable to provide documentation of the observations. The QMRP indicated elopement was removed as a formal targeted behavior due to client #4 not exhibiting the behavior. The QMRP indicated the plan still addressed elopement as a historical issue. The QMRP indicated she was aware there were issues of client #4 wandering while at the workshop. The QMRP indicated there was no plan addressing this concern but it should be addressed in his plan.</p> <p>9-3-1(a)</p>				

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W0124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on observation, record review and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility failed to ensure the clients, if emancipated, and their guardians were informed of the locking of the cleaning supplies (all clients), sodas (all clients), door alarm (client #4) and razors (client #4).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/26/12 from 3:50 PM to 6:08 PM and 3/27/12 from 5:56 AM to 7:50 AM. On 3/26/12 at 4:00 PM, the assistant home manager (AHM) carried three 12 packs of soda into the locked med room and placed the packs into the locked closet. The AHM indicated all soda was locked in the med room due to client #4 drinking the soda. The AHM indicated client #4 was allowed one soda per day. At 4:02 PM, AHM indicated clients #1, #2, #3 and #5 could access their soda (one per day) by asking the</p>	W0124	<p>W 124 Life Designs is committed to ensuring the protection of rights of all clients. The Director of Residential Services (DORS) will train the QDDP's of the importance of protecting client rights by April 29, 2012. A copy of the training signature sheet will be available at the LifeDesigns office. The QDDP will contact guardians to ensure all were informed of locking of cleaning supplies. Guardian consent will be obtained for locked chemicals by April 29, 2012. The QDDP will ensure that sodas are no longer placed in a locked cabinet and will informally monitor and will address as needed. QDDP will develop a plan for Client #4 to address a plan reduction for the door alarm by April 29, 2012. QDDP will also review the Functional Assessment for Client #4 to evaluate the need for razors to be locked. If indicated, QDDP will develop a plan to address by April 29, 2012. QDDP will train group home staff on all plans implemented by April 29, 2012. A copy of the plans and training signature sheets will be available</p>	04/29/2012			

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	<p>staff to unlock the doors. The AHM indicated the clients did not have access to the soda. During the observations, the cleaning supplies were locked in a closet in the living room. At 4:07 PM, the AHM indicated the cleaning supplies were locked due to client #4's polydipsia (excessive thirst); she indicated in the past he attempted to drink cleaning chemicals. On 3/27/12 at 6:17 AM, an audible chime sounded. The HM indicated the chime was to alert staff when client #4 left his bedroom due to elopement.</p> <p>An interview with the AHM was conducted on 3/28/12 at 11:49 AM. The AHM indicated client #4's razors (electric and disposable) were locked up.</p> <p>A review of client #1's record was conducted on 3/28/12 at 11:37 AM. Client #1's ISP, dated 2/24/12, indicated she had a guardian. There was no documentation in her record indicating the guardian was informed of the locked cleaning supplies and sodas.</p> <p>A review of client #2's record was conducted on 3/28/12 at 9:08 AM. Client #2's ISP, dated 11/21/11, indicated he had a guardian. There was no documentation in his record indicating the guardian was informed of the locked cleaning supplies and sodas.</p>		<p>at the LifeDesigns office. The Quality Improvement Director (QID) will revise HRC checklist and add any needed additional questions by April 29, 2012. The QID will train the QDDP's on the revised checklist by April 29, 2012. A copy of the revised HRC checklist and copies of the training signature sheets will be available at the Life Designs office.</p>		

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	<p>A review of client #3's record was conducted on 3/28/12 at 10:12 AM. Client #3's ISP, dated 2/24/12, indicated she had a guardian. There was no documentation in his record indicating the guardian was informed of the locked cleaning supplies and sodas.</p> <p>A review of client #4's record was conducted on 3/28/12 at 10:58 AM. Client #4's ISP, dated 4/30/11, indicated he was an emancipated adult. There was no documentation in his record indicating he was informed of the locked cleaning supplies, sodas, door alarm and razors.</p> <p>A review of client #5's record was conducted on 3/28/12 at 11:39 AM. Client #5's ISP, dated 2/24/12, indicated she was an emancipated adult. There was no documentation in her record indicating she was informed of the locked cleaning supplies and sodas.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/30/12 at 12:26 PM. AS #1 indicated the clients, if emancipated, and guardians should be notified of restrictions.</p> <p>9-3-2(a)</p>						

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W0149	<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> <p>Based on record review and interview for 1 of 11 incident/investigative reports reviewed affecting client #4, the facility failed to implement its policies and procedures in regard to conducting a thorough investigation of elopement.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 3/26/12 at 1:22 PM. The facility did not provide a copy of the investigation or state reportable of client #4's 3/20/12 elopement at the time of review.</p> <p>A review of the workshop's incident reports was conducted on 3/26/12 at 3:33 PM. On 3/20/12 at 9:15 AM, client #4 eloped from the workshop. The report indicated, "[Client #4] upon arrival to work when (sic) to his staff and asked for a math sheet to work on, which the staff gave him. [Client #4] took the paper and went to the cafeteria that is adjacent to the workshop to work on the paper. The staff was able to view [client #4] from the workshop. There was approximately a three-minute period that staff did not have</p>	W0149	<p>W149 Life Designs is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served. To ensure a thorough investigation is completed on all abuse and neglect issues in the future, the Quality Improvement Director (QID) will train the PD's on policies and procedures in regard to conducting a thorough investigation by April 29, 2012. A copy of the training signature sheet will be available at the Life Designs office.</p>	04/29/2012			

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	<p>[client #4] in their vision. Another staff came into the office letting the director and CEO know that [client #4] was seen walking down the road. The program director, [name of staff], went after [client #4] and brought him back to the facility. In the meantime, the CEO went into the workshop letting the staff know that [client #4] was walking down the road. The staff was shocked that [client #4] was missing because they had just been with him three minutes before. Once [client #4] was brought back to the facility all staff were informed that he was at risk for elopement and until further notice is required to be in line-of-sight at all times."</p> <p>On 3/28/12 at 10:49 AM, Administrative Staff (AS) #1 provided a copy of the facility's investigation into client #4's elopement. The investigation indicated, "The allegation that SOI (workshop) staff were neglectful is not substantiated, as [client #4] was only out of their line of sight for approximately 3 minutes. [Client #4's] behavior support plan indicates that [client #4] has a history of elopement and directs staff to keep him within line of sight while in the community, but does not indicate it as a targeted behavior. The behavior support plan does not specifically address the potential for elopement at day program.</p>				

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	<p>Recommendation and Action Plan: It is recommended that elopement be added back into [client #4's] behavior support plan as a targeted behavior. It is also recommended that [client #4] stay in staff's line of sight both while in the community and at day program." The report indicated one interview with workshop administrative staff #1 was conducted. The group home AS #1 did not interview the staff(s) who was supervising client #4 at the time of the incident, client #4 or any additional clients who may have witnessed client #4 leaving the building.</p> <p>A review of the facility's Individual Rights and Protection policy, dated 2012-2013, was conducted on 3/28/12 at 9:51 AM. The policy indicated any violation (or suspected violation) of customer rights will be reported and investigated. The policy indicated the customers have the right: 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 defined neglect as 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.</p>			

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	<p>An interview with Administrative Staff (AS) #1 was conducted on 3/30/12 at 12:26 PM. AS #1 indicated she interviewed the administrator of the workshop but no workshop direct care staff, clients, or client #4. AS #1 indicated she was told the workshop direct care staff and client #4 had been interviewed for their state reportable so she did not reinterview them.</p> <p>9-3-2(a)</p>			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 11 incident/investigative reports reviewed affecting client #4, the facility failed to conduct a thorough investigation of elopement.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 3/26/12 at 1:22 PM. The facility did not provide a copy of the investigation or state reportable of client #4's 3/20/12 elopement at the time of review.</p> <p>A review of the workshop's incident reports was conducted on 3/26/12 at 3:33 PM. On 3/20/12 at 9:15 AM, client #4 eloped from the workshop. The report indicated, "[Client #4] upon arrival to work when (sic) to his staff and asked for a math sheet to work on, which the staff gave him. [Client #4] took the paper and went to the cafeteria that is adjacent to the workshop to work on the paper. The staff was able to view [client #4] from the workshop. There was approximately a three-minute period that staff did not have [client #4] in their vision. Another staff</p>	W0154	<p>W 154 Life Designs is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served. To ensure a thorough investigation is completed on all abuse and neglect issues in the future, the Director of Support Services (DSS) will revise the Investigation Summary Template to include all requirements of a thorough investigation process to include interviewing all individuals directly involved in the investigation. This revision will be completed by April 29, 2012. DSS will train the Quality Improvement Director (QID) on the revision and the QID will train the Program Directors on the revision and the policies and procedures in regard to conducting a thorough investigation by April 29, 2012. A copy of the revised Investigation Summary Template and training signature sheets will be available at the LifeDesigns office.</p>	04/29/2012	

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	<p>came into the office letting the director and CEO know that [client #4] was seen walking down the road. The program director, [name of staff], went after [client #4] and brought him back to the facility. In the meantime, the CEO went into the workshop letting the staff know that [client #4] was walking down the road. The staff was shocked that [client #4] was missing because they had just been with him three minutes before. Once [client #4] was brought back to the facility all staff were informed that he was at risk for elopement and until further notice is required to be in line-of-sight at all times."</p> <p>On 3/28/12 at 10:49 AM, Administrative Staff (AS) #1 provided a copy of the facility's investigation into client #4's elopement. The investigation indicated, "The allegation that SOI (workshop) staff were neglectful is not substantiated, as [client #4] was only out of their line of sight for approximately 3 minutes. [Client #4's] behavior support plan indicates that [client #4] has a history of elopement and directs staff to keep him within line of sight while in the community, but does not indicate it as a targeted behavior. The behavior support plan does not specifically address the potential for elopement at day program. Recommendation and Action Plan: It is</p>						

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	<p>recommended that elopement be added back into [client #4's] behavior support plan as a targeted behavior. It is also recommended that [client #4] stay in staff's line of sight both while in the community and at day program." The report indicated one interview with workshop administrative staff #1 was conducted. The group home AS #1 did not interview the staff(s) who was supervising client #4 at the time of the incident, client #4 or any additional clients who may have witnessed client #4 leaving the building.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/30/12 at 12:26 PM. AS #1 indicated she interviewed the administrator of the workshop but no workshop direct care staff, clients, or client #4. AS #1 indicated she was told the workshop direct care staff and client #4 had been interviewed for their state reportable so she did not reinterview them.</p> <p>9-3-2(a)</p>				

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 3 of 5 clients living in the group home (#1, #2 and #4), the facility failed to ensure there were plans addressing: 1) client #2's extended showers, 2) client #1's reading, 3) client #4's wandering behavior at the workshop, 4) client #4's restriction to soda, 5) client #4's restriction to cleaning supplies and 6) a plan of reduction for client #4's restriction of having a door alarm.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 3/26/12 from 3:50 PM to 6:08 PM. At 4:25 PM, client #2 went into the bathroom to use the restroom and to shower. At 4:47 PM, client #2 was in the bathroom. At 5:39 PM, 5:47 PM and 6:00 PM, client #2 was in the shower. At 5:45 PM, client #2 was in the bathroom. At 6:03 PM, client #2 exited the shower.</p> <p>A review of client #2's record was conducted on 3/28/12 at 9:08 AM. His Individual Support Plan (ISP), dated 11/21/11, indicated the following under</p>	W0227	<p>W 227 Life Designs is dedicated to meeting specific objectives necessary to meet the individual's needs identified by comprehensive assessments. LifeDesigns is also dedicated in providing integrated and coordinated active treatment that is monitored by the QDDP. The QDDP will develop/change plans to address the following: Client #2's extended showers, Clients #1's reading, and Client #4's wandering behavior at the workshop, soda restriction, reduction for door alarm, as well as a plan for restriction to cleaning supplies. These plans will be completed by April 29, 2012. The QDDP will train Jefferson group home staff on plans by April 29, 2012. A copy of the plans and copy of training signature sheet will be available at the life Designs office. The Director of Residential Services (DORS) trained QDDP's on importance of developing program plans annually and as needed on March 21, 2012. A copy of the training signature sheet will be available at the Life Designs office.</p>	04/29/2012	

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	<p>[Client #2] will improve his personal health, "[Client #2] takes very long showers which interfere with his PM routines (eating, physical therapy exercises and going to bed). [Client #2's] brother has expressed his concern that [client #2] is not getting enough sleep. Past experiences: [Client #2] has followed this routine for several years." The ISP did not contain a plan to reduce the amount of time client #2 spent in the shower. His Behavior Support Plan (BSP), dated November 2011, did not address extended periods of time in the shower.</p> <p>An interview with the home manager (HM) was conducted on 3/26/12 at 5:45 PM. The HM indicated client #2 spends about 2 hours each day in the shower. The HM indicated, at times, client #2 would spend up to 5 hours in the shower. The HM indicated the hot water would run out. The HM indicated the issue had been addressed with client #2's guardian however the guardian did not want a plan or a restriction put in place to address the extended showers. At 5:47 PM, client #2 was still in the shower; the HM stated he would be in there "a lot longer." At 5:49 PM, the HM stated client #2 "rarely" ate dinner with his peers on weekdays due to being in the shower. The HM indicated there was no plan in place addressing his</p>						

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	<p>extended showers. The HM indicated she had worked at the home for 6 years and client #2 had been taking extended showers during her employment at the home. The HM indicated client #2 would run out of hot water and there would not be hot water for clients #1, #3, #4 and #5. The HM indicated the other clients had to wait to wash their hair or shower since client #2 used it all.</p> <p>An interview with staff #4 was conducted on 3/27/12 at 7:44 AM. Staff #4 indicated client #2 took a long time in the shower.</p> <p>An interview with the Assistant Home Manager (AHM) was conducted on 3/28/12 at 11:49 AM. The AHM indicated client #2's extended shower time was an issue. The AHM indicated there needed to be a plan.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/28/12 at 11:49 AM. The QMRP indicated there was no plan addressing client #2's extended showers. The QMRP indicated the guardian had never been on-board with making a change. The QMRP indicated the guardian used to call at a certain time in the evening to try to get client #2 out of the shower so he could talk to him</p>				

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	<p>however this was not continued. The QMRP indicated there needed to be a plan.</p> <p>An interview with client #2's guardian was conducted on 3/27/12 at 12:12 PM. The guardian indicated he was aware of the extended showers and the team had tried many things to address it over the years (guardian would call at a certain time each night). The guardian stated it was "rude" for client #2 to use all of the hot water or tying up a shower for extended periods of time. The guardian indicated he was not sure the extended showers were bad for client #2.</p> <p>An interview with the Administrative Staff (AS) #1 was conducted on 3/28/12 at 11:49 AM. AS #1 indicated she was aware of the issue and it had been discussed numerous times over the years. AS #1 indicated there needed to be a plan to address client #2's extended showers.</p> <p>2) An observation was conducted at the group home on 3/27/12 from 5:56 AM to 7:50 AM. At 6:04 AM, client #1 received her medications with assistance from the HM. During the med pass, client #1 popped her own pills out of the med packaging however she required assistance figuring out which pill she was taking. Client #1 was unable to read the</p>						

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	<p>med packaging.</p> <p>A review of client #1's ISP, dated 12/16/11, was conducted on 3/28/12 at 11:37 AM. Client #1 did not have a training objective to increase her reading ability. Her functional assessment, dated 12/11, indicated she required physical assistance to read short messages or labels.</p> <p>An interview with the HM was conducted on 3/27/12 at 6:11 AM. The HM indicated client #1's biggest barrier was not knowing how to read. The HM indicated there was no formal plan for client #1 to increase her reading skills. The HM indicated she (the HM) worked with client #1 informally however she was not sure if the other staff did the same.</p> <p>3) Observations were conducted at the workshop client #4 attended on 3/26/12 from 3:15 PM to 3:43 PM and 3/27/12 from 10:10 AM to 11:15 AM. On 3/27/12 at 10:41 AM, client #4 was sitting at the supervisor's desk working on a money counting worksheet. When the supervisor was talking to client #4's peer, client #4 left the work area and went into the cafeteria without notifying staff. The supervisor noted he was out of the work area within 1 minute and located him</p>				

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	<p>sitting at a table in the cafeteria with his head down. His location was not visible from the workshop. The supervisor prompted client #4 to return to the work area and he did return to his work area.</p> <p>A review of client #4's group home record was conducted on 3/28/12 at 10:58 AM. Client #4's Behavioral Support Plan (BSP), dated March 2012, indicated elopement was no longer formally addressed; strategies are still in place should the behavior occur. The Proactive/preventative measures section of the BSP indicated, "5. Be aware of [client #4's] whereabouts at all times... 7. Ensure that [client #4] is in eyesight at all times while in the community." The plan defined elopement as leaving the immediate premises without notifying staff that he is leaving. There was no plan addressing wandering at the workshop.</p> <p>An interview with client #4's workshop supervisor was conducted on 3/27/12 at 10:36 AM. The supervisor indicated it was difficult to keep track of client #4. She indicated he seeks out empty cans or cups from the trash to fill with water. The supervisor indicated it was difficult to keep client #4 in his work area.</p> <p>An interview with workshop Administrative staff (AS) #2 was</p>				

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	<p>conducted on 3/27/12 at 10:51 AM. AS #2 indicated client #4 left his work area routinely throughout his day. The workshop staff have to follow him around to ensure he was supervised. AS #2 indicated there was no plan in place for client #4's wandering behavior.</p> <p>An interview with the group home Qualified Mental Retardation Professional (QMRP) was conducted on 3/28/12 at 11:49 AM. The QMRP indicated she was aware there were issues of client #4 wandering while at the workshop. The QMRP indicated there was no plan addressing this concern but it should be addressed in his plan.</p> <p>4) Observations were conducted at the group home on 3/26/12 from 3:50 PM to 6:08 PM and 3/27/12 from 5:56 AM to 7:50 AM. On 3/26/12 at 4:00 PM, the assistant home manager (AHM) carried three 12 packs of soda into the locked med room and placed the packs into the locked closet. The AHM indicated all soda was locked in the med room due to client #4 drinking the soda. The AHM indicated client #4 was allowed one soda per day. The AHM indicated client #4 did not have access to the soda. The soda was locked in the office during both observations at the group home.</p>						

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	<p>A review of client #4's record was conducted on 3/28/12 at 10:58 AM. Client #4's BSP, dated March 2012, did not address the locking of soda. He had a target behavior of food seeking defined as obtaining or attempting to obtain food and or drinks outside of meal times without staff assistance. Client #4's ISP, dated 4/30/11, did not address the locking of soda.</p> <p>An interview with the AHM was conducted on 3/28/12 at 11:49 AM. The AHM indicated the soda had been locked during her 2 years of employment at the home. The AHM indicated client #4 used to go into the other clients' rooms and take their soda.</p> <p>An interview with AS #1 was conducted on 3/28/12 at 11:49 AM. AS #1 indicated she was not aware the staff were locking up the clients' soda.</p> <p>An interview with the QMRP was conducted on 3/28/12 at 11:49 AM. The QMRP indicated the purpose of locking the soda was to ensure client #4 did not drink excessive amounts of soda. The QMRP indicated there was no plan in place addressing the restriction.</p> <p>5) Observations were conducted at the group home on 3/26/12 from 3:50 PM to</p>				

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	<p>6:08 PM and 3/27/12 from 5:56 AM to 7:50 AM. During the observations, the group home's cleaning supplies were stored in a locked closet in the living room. At 4:40 PM, the HM used a key to unlock the cleaning supply closet to obtain Kleenex tissues. During the observations, the clients were not observed to access the cleaning supplies.</p> <p>A review of client #4's record was conducted on 3/28/12 at 10:58 AM. Client #4's BSP, dated March 2012, did not address the locking of cleaning supplies. Client #4's ISP, dated 4/30/11, did not address the locking of cleaning supplies.</p> <p>An interview with the AHM was conducted on 3/26/12 at 4:07 PM. The AHM indicated the cleaning supplies were locked due to client #4 trying to drink the liquid cleaning supplies due to polydipsia (excessive thirst).</p> <p>On 3/28/12 at 10:10 AM, AS #1 indicated there was no plan in place for client #4 regarding the locked cleaning supplies. AS #1 indicated client #4 should have a plan for the locked cleaning supplies.</p> <p>6) Observations were conducted at the group home on 3/26/12 from 3:50 PM to 6:08 PM and 3/27/12 from 5:56 AM to</p>						

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	<p>7:50 AM. On 3/27/12 at 6:17 AM, an audible chime sounded. The HM indicated on 3/27/12 at 6:17 AM the chime was to alert staff when client #4 left his bedroom due to elopement. The HM indicated the alarm was armed at all times.</p> <p>A review of client #4's record was conducted on 3/28/12 at 10:58 AM. Client #4's BSP, dated March 2012, indicated the following, "6. An alarm is mounted above [client #4's] bedroom door to alert staff when he leaves his bedroom." Client #4 had a targeted behavior of elopement. Elopement was defined as, "leaving the immediate premises without notifying staff that he is leaving." The BSP did not contain a plan for reducing the door alarm restriction.</p> <p>An interview with the HM was conducted on 3/27/12 at 10:43 AM. The HM indicated she was not aware of a plan to reduce the use of client #4's door alarm.</p> <p>An interview with AS #1 was conducted on 3/28/12 at 11:49 AM. AS #1 indicated there was no plan to reduce the use of client #4's door alarm but there should be a plan of reduction.</p> <p>9-3-4(a)</p>						

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W0261	<p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based on record review and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility failed to ensure the specially constituted committee (Human Rights Committee - HRC) had a designated client representative on the committee, who was appropriate, and/or allowed clients to participate in the HRC meetings/discussions as an HRC member.</p> <p>Findings include:</p> <p>A review of the facility's HRC meeting minutes for the past 12 months was conducted on 3/30/12 at 1:02 PM. There was not a client representative at the meetings. A review of the HRC committee membership on 3/9/12 at 10:47 AM indicated there was not a client representative.</p> <p>An interview was conducted with Administrative Staff (AS) #1 on 3/30/12 at 12:26 PM. AS #1 indicated the HRC</p>	W0261	<p>W 261 Life Designs is committed to ensuring specially constituted committee or committees such as the Human Rights Committee (HRC) have appropriate representation of people as members. This would include consumers, who are appropriate to be allowed to participate in the meetings or discussions as an HRC member. With the merger of Christole and Options, now called Life Designs, The Director of Support Services (DSS) will oversee the combination of the two HRC committees. A Life Designs consumer has agreed to join the HRC as of March 7, 2012. The consumer has requested some stipulations; They do not want to review all of the program plans as it was overwhelming for them in the past. The consumer agreed to participate in the meetings and respond to requests by phone. In the past, the QDDPs called the consumer, but this time the QID would like to be the sole contact person for them. The consumer gets</p>	04/29/2012			

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	<p>committee did not have a client representative during the past 12 months. AS #1 indicated she had struggled to find a client who had the skills and wanted to commit to serving on the HRC. AS #1 indicated the facility served clients who were capable of serving on the committee. AS #1 indicated she attempted to recruit 4 clients during the past 12 months without success.</p> <p>9-3-4(a)</p>		<p>confused and frustrated when people leave them messages and they don't quite know who they are. The QID has rehearsed names and phone numbers with the consumer, but that did not seem to help. A copy of the e-mail of the consumer's agreeing to serve on the HRC will be available at the Life Designs office. In the event of the consumer representative's resignation from the HRC, the QID will actively seek another consumer representative.</p>		

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#2), the facility's specially constituted committee (HRC) failed to review, approve and monitor client #2's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 3/28/12 at 9:08 AM. Client #2's BSP, dated 10/11, did not contain documentation the HRC reviewed, approved and monitored his plan. Client #2's BSP indicated he was prescribed two psychotropic medications (Lexapro and Abilify) addressing impulsive outbursts.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/30/12 at 12:26 PM. AS #1 indicated the HRC should review and approve a restrictive BSP prior to implementation.</p> <p>9-3-4(a)</p>	W0262	<p>W 262 Life Designs is committed to ensuring that a Committee (HRC) reviews approves, and monitors individual programs designed to manage inappropriate behavior and that involve risks to client protection and rights. Clients #2's Behavioral Support Plan was reviewed by HRC on March 22, 2012. The HRC requested revisions before granting approval. The QDDP will make appropriate revisions to the BSP and resubmit to the HRC for approval no later than April 29, 2012. The Quality Improvement Director (QID) will provide refresher training on the HRC process to the PD's and QDDP's to ensure completion in the future. A copy of the training signature sheet will be available at the LifeDesigns office.</p>	04/29/2012	

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 3 clients in the sample (#2 and #4), the facility's specially constituted committee (HRC) failed to ensure consent was obtained for client #2 and #4's behavior support plan (BSP) with restrictive interventions.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 3/28/12 at 9:08 AM. His Individual Support Plan (ISP), dated 11/21/11, indicated client #2 had a guardian. His Behavior Support Plan (BSP), dated 10/11, did not include a signature (consent) from his guardian for the plan. Client #2's BSP indicated he was prescribed two psychotropic medications (Lexapro and Abilify) addressing impulsive outbursts.</p> <p>A review of client #4's ISP, dated 4/30/11, indicated he was an emancipated adult. His BSP, dated 3/9/12, did not include a signature (consent) from client #4 for the plan. Client #4's BSP indicated he was prescribed Mellaril (psychosis/bipolar), Depakote (mania) and Zyprexa Zydis (as</p>	W0263	<p>W 263 Life Designs is committed to ensuring that a Committee (HRC) reviews approves, and monitors individual programs designed to manage inappropriate behavior and that involve risks to client protection and rights. Also dedicated to ensuring that there is written informed consent of the clients, parents (if the client is a minor) or legal guardian prior to implementation of the Behavioral Support Plan. Client # 2's BSP requires revisions as requested by the HRC. The revisions will be completed by the QDDP and signed consent for the revised plan will be obtained prior to the resubmission to the HRC no later than April 29 th , 2012. The Quality Improvement Director (QID) will make revisions to the HRC Procedures to require proof of individual or guardian consent prior to approving the Individual Plan. The QID will provide training on the HRC Procedure revision to the PD's, QDDP's and CLM's by April 29, 2012. A copy of the updated HRC Procedure and training signature sheet will be available at the Life Designs office.</p>	04/29/2012			

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	<p>needed for elopement, physical aggression, and significant agitation). His plan included the use of restraint to address physical aggression.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/30/12 at 12:26 PM. AS #1 indicated consent from the client, if emancipated, or the guardian should obtained prior to a restrictive BSP being implemented.</p> <p>9-3-4(a)</p>			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review for 1 of 3 clients (#1) who received medications from staff #1 during the morning med pass, the facility failed to ensure client #1's Omeprazole (indigestion/heartburn) was administered according to the label on the packaging.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 3/26/12 from 5:56 AM to 7:50 AM. At 6:04 AM, client #1 received her medications including Omeprazole. The packaging for Omeprazole indicated, "Best to take before your morning meal." At 6:09 AM, client #1 indicated she ate breakfast prior to receiving her medications.</p> <p>A review of client #1's Physician's Orders (POs), dated 2/28/12, was conducted on 3/28/12 at 9:04 AM. The POs indicated Omeprazole was to be administered at 7:00 AM for indigestion/heartburn.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/28/12 at 11:49 AM. AS #1 indicated client #1's</p>	W0369	W 369 Life Designs is dedicated to ensuring that all medications are administered without error including those that are self-administered. The LifeDesigns Nurse will train the Medical Coordinator on completing medication reviews monthly by April 29, 2012. The MC will review all medication monthly to ensure the Physician's order and the medication packaging match and will address any discrepancies. MC will train Jefferson group home staff to monitor for any discrepancies in the PO and packaging to prevent medication errors by April 29, 2012. Copy of the training signature sheets will be available at LifeDesigns office.	04/29/2012			

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	medication (Omeprazole) should be ordered in accordance with the packaging information. 9-3-6(a)				

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 5 of 5 clients living at the group home (#1, #2, #3, #4 and #5), the facility failed to ensure evacuation drills were conducted for each shift quarterly.</p> <p>Findings include:</p> <p>A review of the evacuation drills was conducted on 3/27/12 at 8:32 AM. The day shift (8:00 AM to 3:00 PM) did not have a drill conducted since 10/15/11. The evening shift (3:00 PM to 11:00 PM) did not have an evacuation drill from 3/30/11 to 7/31/11. This affected clients #1, #2, #3, #4 and #5.</p> <p>An interview with the home manager was conducted on 3/27/12 at 8:42 AM. The home manager indicated there should be one drill per shift per quarter.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/28/12 at 11:49 AM. AS #1 indicated there should be one drill per shift per quarter.</p> <p>9-3-7(a)</p>	W0440	<p>W 440 LifeDesigns is dedicated to ensuring evacuation drills are completed in the group home at least quarterly for each shift of personnel. To ensure compliance of drill completion, the Program Director (PD) will revise the Drill form to include a checkbox to indicate day, evening, and overnight shift and times corresponding with shift times by April 29, 2012. The PD will train the CLM's and ACLM's on the revised Drill form and schedule by April 29, 2012. PD or CLM will review drills monthly to ensure drills are completed according to schedule. A copy of the revised Drill form and training signature sheet will be available at the LifeDesigns office.</p>	04/29/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 5 clients living in the group home (#2, #3, #4 and #5), the facility failed to ensure the clients packed their own lunches for the workshop.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/26/12 from 3:50 PM to 6:08 PM and 3/27/12 from 5:56 AM to 7:50 AM. During the observations, clients #2, #3, #4 and #5 were not observed to make their lunches.</p> <p>An interview with client #5 was conducted on 3/27/12 at 6:41 AM. Client #5 indicated the home manager made her lunch to take to the workshop. Client #5 indicated the home manager made everyone's lunches. Client #5 indicated she did not know what was in her lunchbox. Client #5 indicated she wanted to make her own lunch for work.</p> <p>An interview with client #4 was conducted on 3/27/12 at 6:56 AM. Client #4 indicated the staff made his lunch for work. Client #4 indicated he did not know what was in his lunchbox.</p>	W0488	<p>W 488 LifeDesigns is committed to ensuring that each client eats in a manner consistent with his or her developmental level. The QDDP will re-train the Jefferson group home staff on ensuring each client is encouraged to be as independent as possible and participates in active treatment including packing their own lunches to take to the workshop by April 29, 2012. A copy of the signed training sheet will be available at the Life Designs office. The Quality Improvement Director (QID) will provide additional training on supervisory observations to the PD's, QDDP's, CLM's and ACLM's to ensure they are providing adequate, on-going, on-site supervision to the DSP's on a daily basis. This training will include identifying what steps need to be taken by the PD's, QDDP's, CLM's, and ACLM's to improve active treatment while monitoring Direct Support Professionals. This training will be completed by April 29, 2012. Documentation of monitoring active treatment will be submitted to the appropriate supervisor within 24 hours of completion. A copy of the training signature sheet will be available at the</p>	04/29/2012	

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	<p>An interview with client #2 was conducted on 3/27/12 at 6:56 AM. Client #2 indicated staff made his lunch.</p> <p>An interview with the Assistant Home Manager (AHM) was conducted on 3/28/12 at 11:49 AM. The AHM indicated the clients made or assisted with making their lunches for work.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 3/28/12 at 11:49 AM. AS #1 indicated the clients should pack their own lunches to take to the workshop.</p> <p>9-3-8(a)</p>		LifeDesigns office.		