

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 07/16/2014
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 339 W JEFFERSON ST SPENCER, IN 47460
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W000000	<p>This visit was for the investigation of complaint #IN00152369.</p> <p>This visit was in conjunction with the post certification revisit (PCR) to the full recertification and state licensure survey completed on 6/2/14.</p> <p>Complaint #IN00152369: Substantiated. Federal/state deficiency related to the allegation was cited at W159.</p> <p>Survey Dates: July 14, 15 and 16, 2014</p> <p>Facility Number: 001118 Provider Number: 15G604 AIM Number: 100245630</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/23/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on record review and interview for 1 of 2 non-sampled clients (#1), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to obtain the specially constituted committee's (HRC - Human Rights Committee) approval to start two psychotropic medications ordered by the psychiatrist.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 7/15/14 at 10:49 AM. Client #1's record did not include his most recent psychiatric appointment consultation documentation. The Medical Coordinator (MC) was able to locate client #1's most recent psychiatric appointment form documentation in the group home office. The Psychotropic Medication Management Review form, dated 5/20/14, indicated, in part, "On-going mania. Try to normalize sleep (with) (adding) Ativan 1 mg (milligram) QHS (every hour of sleep) cont (continue) Mellaril. (Add) Lamictal (mood stab) grad (gradual) titration to 100 mg QHS... MD (medical doctor) Recommendations: ongoing mania: titrate lamictal to 100 mg (given conduction concerns with increasing mellaril). Continue mellaril. Add ativan 1mg qhs for sleep normalization,</p>	W000159	The two psychotropic medications ordered by the psychiatrist for client #1, have since been determined to be unnecessary as the behaviors they were meant to address are no longer in evidence. The psychiatrist has been contacted to change the order and HRC approval will not be necessary. However, to ensure this deficient practice does not recur, and that no other customers are affected, the QAD will retrain the NDQs on HRC policies and procedures, to include the use of the psychiatric consult form to trigger a request for new or changed medications. All psychotropic medications used by all customers in the house will also be reviewed by the MC, LPN and NDQ to ensure that proper approvals by families/guardians and the HRC have been sought and secured. Ongoing monitoring will be accomplished through regular documented weekly meetings with MC, LPN and NDQ to discuss medication changes and then reviewed by the NDQ with the DRS.	08/15/2014			

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	<p>improving mania."</p> <p>On 7/15/14 at 10:55 AM, the Medical Coordinator (MC) indicated she was waiting on the QIDP to obtain consent from the facility's HRC prior to starting the medications. The MC indicated she did not know why it was taking so long to obtain HRC consent. The MC indicated the QIDP was to obtain HRC consent. The MC indicated client #1's Ativan was in the group home to give however it had not been started due to not having HRC consent. The MC indicated she followed up with the QIDP on several occasions to find out if the QIDP obtained HRC consent. The MC indicated she informed the Health Care Coordinator (HCC) who told her to keep following up with the QIDP since the HCC did not obtain HRC consent for medications.</p> <p>On 7/15/14 at 2:48 PM, the Health Care Coordinator (HCC) stated client #1's orders for two new psychotropic medications were "stuck" in HRC for now. The HCC indicated the pharmacy had the orders but they were on hold until the HRC approves the medications. The HCC indicated the QIDP was working on getting the medications through the HRC to obtain consent so the medications could be started.</p>			

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	<p>On 7/15/14 at 11:18 AM, the QIDP indicated she was waiting to obtain HRC approval before starting client #1's new psychotropic medications. The QIDP indicated the HRC did not convene in June 2014. The QIDP indicated she needed to obtain HRC consent prior to client #1's medications being started. The QIDP indicated she sent the HRC members an email in an attempt to obtain their consent for client #1's medications however not enough of the HRC members responded in order to start the medications. The QIDP stated, "There's not much else I can do until the HRC approves."</p> <p>This federal tag relates to complaint #IN00152369.</p> <p>9-3-3(a)</p>			