

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 06/01/2015
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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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W 0000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>Survey dates: May 27, 28, 29 and June 1, 2015</p> <p>Facility number: 004000 Provider number: 15G715 AIM number: 200481990</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview for 2 of 2 clients in the sample (#1 and #3), the facility failed to ensure staff implemented the clients' money management training objectives as written.</p> <p>Findings include:</p> <p>1) On 5/28/15 at 3:00 PM, a review of client #1's money at the group home was reviewed. The June 2015 ledger</p>	W 0249	To correct the deficient practice and ensure it does not continue, the Network Director/ QDDP re-trained all staff on the implementation of money management training objectives for all individuals living in the home. The Team Manager works in the home full-time, and works alongside direct support staff to provide ongoing support and supervision. This includes monitoring individual schedules and activities to ensure ongoing training and active treatment occurs on an ongoing basis.	07/01/2015

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>indicated client #1 did not spend money in May 2015. The April 2015 ledger indicated client #1 spent his money one time.</p> <p>On 5/29/15 at 1:30 PM, a review of client #1's record was conducted. Client #1's Individual Support Plan, dated June 2014, indicated he had a training objective to increase his money management skills. The plan indicated, "[Client #1] will carry a wallet with money, hand money to the clerk, and accept change and the receipt. When: One Time Weekly, at least twice monthly on an outing." The plan indicated the Developmental Outcome was, "[Client #1] will become more familiar with the process of completing a transaction and increase independence with money... On an outing or pretend store in the group home [client #1] will pay the cashier from his wallet 60% of the time for 3 consecutive months with verbal and environmental cues."</p> <p>Client #1's January and February 2015 Residential Services Monthly Summaries indicated client #1's training objective for money management was implemented one time.</p> <p>On 5/29/15 at 2:48 PM, the Network Director (ND) indicated client #1 did not</p>		<p>Ongoing monitoring will be accomplished by the ND/QDDP's weekly review of goal tracking completed by staff, as well as a review of customer individual financial records on-site at least twice monthly to verify that purchases are being made regularly as part of developing money management skills. Additionally, the QDDP will observe staff & customer interactions in the home/ community at least twice weekly to ensure all program plans are implemented as written, and provide support and re-training to staff if necessary.</p>				

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	<p>make purchases in May 2015. The ND indicated client #1 made one purchase in April 2015. The ND indicated client #1's plan to increase his money management should be implemented as written.</p> <p>2) On 5/28/15 at 3:00 PM, a review of client #3's money at the group home was reviewed. The May 2015 ledger indicated client #3 did not spend money in May 2015. The April 2015 ledger indicated client #3 spent her money one time.</p> <p>On 5/29/15 at 1:58 PM, a review of client #3's record was conducted. Client #3's Individual Support Plan, dated 3/7/15, indicated she had a training objective to increase her money management skills. The plan indicated client #3 was to hand money to a cashier one time weekly. The plan indicated, in part, "Each week to or from an outing staff will take [client #3] (sic) the clerk, after she has made a selection. Staff will hand her the money she needs and she will hand it to the cashier or clerk. Staff will assist [client #3] with physical assistance, verbal and environmental cues as needed for [client #3] to complete the selection and purchase."</p> <p>Client #3's March and April 2015 Residential Services Monthly Summaries</p>			

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W 0262 Bldg. 00	<p>indicated client #3's training objective was not implemented. Client #3's February Residential Services Monthly Summary indicated the training objective was implemented one time.</p> <p>On 5/29/15 at 2:48 PM, the ND indicated client #3's plan to increase her money management should be implemented as written.</p> <p>9-3-4(a)</p> <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 2 clients in the sample (#3), the facility's specially constituted committee (Human Rights Committee - HRC) failed to review, approve and monitor client #3's restrictive behavior plan.</p> <p>Findings include:</p> <p>On 5/29/15 at 1:58 PM, a review of client #3's record was conducted. Client #3's 3/7/15 Behavioral Support Plan indicated she was prescribed one psychotropic</p>	W 0262	To correct the deficient practice, the behavior support plan for client #3 has been revised, and has been submitted to the HRC for review and approval. Once approved, all staff will be re-trained on appropriate implementation of the revised plan. To ensure no others were affected by the deficient practice, the ND/Q will review BSPs for all others living in home to ensure HRC approval has been obtained, and if not, will submit those plans to the HRC for review and approval as well. To ensure the	07/01/2015

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W 0312 Bldg. 00	<p>medication (Abilify for obsessive behavior). There was no documentation in client #3's record the HRC reviewed, approved and monitored her 3/7/15 behavior plan.</p> <p>On 5/29/15 at 2:36 PM, the Network Director (ND) indicated the facility's HRC should review the client's plan at least annually or as restrictions change in the plan. The ND indicated he sent the plan, which was written by the previous ND, to the HRC however the HRC did not approve the plan. The ND indicated he was revising the plan and resubmitting it for HRC approval. The ND indicated there was no documentation the HRC reviewed and approved client #3's Behavioral Support Plan.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 clients in the sample who received medications for behavior management (#3), the facility failed to ensure client #3 had a medication reduction plan for her</p>	W 0312	<p>deficient practice does not continue, the Director of Residential Services will review the process for updating plans regularly and acquiring the appropriate approvals prior to implementation. Ongoing monitoring will be accomplished by the Quality Assurance Director, who will develop a system to track and monitor all plan dates and HRC approvals. This system will be shared with the ND/QDDPs and Director of Residential Services on an ongoing basis, so when plans are nearing the review date, reviews can happen in a timely manner prior to the expiration of the existing plan.</p> <p>To correct the deficient practice, a medication reduction plan has been developed for client #3. To ensure no others were affected by the deficient practice, the ND/QDDP will review plans for</p>	07/01/2015	

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	<p>psychotropic medication.</p> <p>Findings include:</p> <p>On 5/29/15 at 1:58 PM, a review of client #3's record was conducted. Client #3's 3/7/15 Behavioral Support Plan indicated she was prescribed one psychotropic medication (Abilify for obsessive behavior). The plan indicated, in part, "On-going monitoring by a psychiatrist will occur so as to ensure the lowest possible therapeutic doses of psychoactive medications. At least quarterly the Interdisciplinary Team (IDT) will review these medications/doses relative to [client #3's] current behavioral status. The QDDP (Qualified Developmental Disabilities Professional) will relay concerns relative to these reviews to the prescribing physician as needed. It is the consensus of the IDT that addressing the above listed behaviors of concern with medication, while replacement skills and less restrictive reactive measures become established and developed, that the frequency and intensity of these concerns will be reduced and improve his/her overall quality of life. Risks associated with current medications have been and will be routinely reviewed with [client #3's] guardians along with her IDT, applicable human rights committee, and</p>		<p>the others living in the home and will develop medication reduction plans for those found to not have current plans. To prevent the deficient practice from recurrence, the agency procedures for reviewing behavior support plans prior to implementation will be reviewed to ensure plans are adequately reviewed by either the agency Behavior Specialist or the Director of Residential Services. All ND/QDDPs will review the requirements to have a plan of reduction in place for all psychotropic medications. Ongoing monitoring will be accomplished by the ND/Q through a quarterly quality assurance process. Additionally, the Quality Assurance Director completes periodic reviews of individual plans, including behavior support plans.</p>		

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	<p>other relevant personnel. Consequently, psychoactive medications will be reduced or discontinued upon recommendation of the prescribing physician and the Interdisciplinary Team according to established outcome criteria, safety concerns, and/or less restrictive alternatives. All other changes in psychoactive medications will be made upon the recommendation of the prescribing physician, and approval of the Interdisciplinary Team, as well as approval of the Human Rights Committee when medication increases beyond previously approved ranges have been recommended and in instances where there is a recommended change in drug class, an additional drug class, and/or additional medication within a previously approved class."</p> <p>The plan was blank in the "Targeted Behavior Frequency for Reduction" section. There was no criteria in the plan to reduce client #3's psychotropic medication.</p> <p>On 5/29/15 at 2:28 PM, the Network Director (ND) stated he "missed" that there was no criteria in the plan to reduce client #3's psychotropic medication. The ND indicated the plan needed criteria in order for client #3's psychotropic medication to be reduced.</p>			

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

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	9-3-5(a)				