

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014	
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203			
(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 11/3/14 to a full recertification and state licensure survey completed on 9/12/14 which resulted in an Immediate Jeopardy.</p> <p>Dates of Survey: December 8, 9 and 10, 2014.</p> <p>Facility number: 000995 Provider number: 15G481 AIM number: 100235470</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/17/14 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>	W000159	The ND/Q is now completing	01/09/2015			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014	
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203			
(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			
	<p>Based upon observation, record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) to ensure the QIDP (Qualified Intellectual Disabilities Professional) completed periodic reviews of their ISP (Individual Support Plan) objectives and failed to ensure staff were trained to implement client plans.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 12/8/14 from 3:24 PM until 5:50 PM. Client #2 arrived home from day services with staff #4 at 3:40 PM.</p> <p>Staff #4 was interviewed on 12/8/14 at 3:40 PM. She indicated she had driven client #2 home from day services without other staff. When asked if she had been trained on client #2's Behavior Support Plan (BSP), she indicated the QIDP (Qualified Intellectual Disabilities Professional) had reviewed the BSP and stated, "I read over it." Staff #4 indicated this was her second day working in the group home.</p> <p>1. Client #2's record was reviewed on 12/9/14 at 7:43 AM. A BSP dated 9/14/14 included target behaviors of physical display of frustration (screaming, crying, jumping up and down and yelling 'no'), physical aggression (kicking, slapping, pinching, hitting with objects), PICA (ingesting non-edible items such as paper, grass, dog food, raw meat, pen caps, hair bands, pencil erasers,</p>		<p>Residential Services Monthly Summaries for each individual living in the home on a monthly basis, which includes a review of progress on ISP objectives, as well as behavior data. The Monthly Summary is forwarded to the Director of Residential Services (DORS), the Director of Support Services (DOSS) and the CEO for review, and then shared with the Individual Support Team. All staff have been trained in the setting, and the Customer Specific Orientation record was recently revised to include the requirement that the Behavior Specialist is to train staff on the Behavior Support Plan prior to that staff being scheduled to work independently. The ND/Q must forward all customer specific orientation records to the DORS for review prior to placing a new staff on the schedule. To ensure the deficient practice does not continue, and to provide ongoing monitoring, the Services Administrative Assistant tracks all Monthly Summaries on a report that is shared with the DORS, DOSS and CEO.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/10/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203
--	--

(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
	<p>etc), taking food/drinks (taking food or drinks from others or any food/drink sitting out), public masturbation (touching genital area when in public or around others). An attached page indicating staff had been trained on client #2's BSP failed to include staff #4's signature. Client #2's ISP dated 9/26/14 indicated objectives to count change, stay within eyesight of staff during community outings, say name of medication he is taking, use soap and water to thoroughly wash himself, prepare a healthy snack, use a communication board to express wants and needs, stay engaged using "first___, then___" strategy. There was no evidence of a QIDP (Qualified Intellectual Disabilities Professional) review of client #2's progress in his ISP or BSP.</p> <p>2. Client #1's record was reviewed on 12/9/14 at 7:19 AM. Client #1's 9/14 BSP included target behaviors of elopement, physical aggression and self injurious behavior. An attached page indicating staff had been trained on client #1's BSP failed to include staff #4's signature. Client #1's ISP dated 10/15/14 included objectives to use a communication board, fold and hang clothes, participate in community activity of choice, hand cashier money to make a purchase, carry a wallet with identification, use the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/10/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203
--	--

(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
	<p>restroom before bedtime, and to identify medication (not specified). There was no evidence of a QIDP (Qualified Intellectual Disabilities Professional) review of client #1's progress in his ISP or BSP.</p> <p>The QIDP was interviewed on 12/8/14 at 5:15 PM and indicated the reviews of clients #1 and #2's progress in their ISPs and BSPs had not been completed. She stated, "It's on my list to do."</p> <p>The Director of Residential Services was interviewed on 12/9/14 at 10:46 AM and indicated the reviews of clients #1 and #2's plans had not been completed by the QIDP, and the QIDP had been instructed to ensure staff did not work alone with clients before being trained on client plans.</p> <p>3. The QIDP failed to ensure staff demonstrated competency to implement 2 of 2 sampled clients' (clients #1 and #2's) plans to address maladaptive behavior. Please see W191.</p> <p>This deficiency was cited on September 12, 2014 and on November 3, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014	
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203			
(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
W000164	<p>9-3-3(a)</p> <p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (clients #1 and #2), the facility failed to assure the professional program services clinician (behavioral specialist) provided training on the clients' behavior support plans (BSPs) prior to staff working with clients.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 12/8/14 from 3:24 PM until 5:50 PM. Client #2 arrived home from day services with staff #4 at 3:40 PM.</p> <p>Staff #4 was interviewed on 12/8/14 at 3:40 PM. She indicated she had driven client #2 home from day services without other staff. When asked if</p>			W000164	<p>To correct the deficient practice and ensure it does not continue, the LifeDesigns Customer Specific Orientation Record (CSOR) was recently updated to specify that the behavior specialist must provide training specific to an individual's behavior support plan prior to that staff working independently in the setting. The ND/Q is required to submit the CSOR to the DORS for review prior to adding a new staff to the schedule. All supervisory staff were recently trained on this revised CSOR. Ongoing monitoring will be accomplished through the LifeDesigns Quality Assurance process, which includes a review of staff training records in each setting.</p>		12/26/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/10/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203
--	--

(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
	<p>she had been trained on client #2's Behavior Support Plan (BSP), she indicated the QIDP (Qualified Intellectual Disabilities Professional) had reviewed the BSP and stated, "I read over it." Staff #4 indicated this was her second day working in the group home.</p> <p>1. Client #2's record was reviewed on 12/9/14 at 7:43 AM. A BSP dated 9/14/14 included target behaviors of physical display of frustration (screaming, crying, jumping up and down and yelling 'no'), physical aggression (kicking, slapping, pinching, hitting with objects), PICA (ingesting non-edible items such as paper, grass, dog food, raw meat, pen caps, hair bands, pencil erasers, etc), taking food/drinks (taking food or drinks from others or any food/drink sitting out), public masturbation (touching genital area when in public or around others). An attached page indicating staff had been trained on client #2's BSP failed to include staff #4's signature.</p> <p>2. Client #1's record was reviewed on 12/9/14 at 7:19 AM. Client #1's 9/14 BSP included target behaviors of elopement, physical aggression and self injurious behavior. An attached page indicating staff had been trained on client #2's BSP failed to include staff #4's signature.</p> <p>The Director of Residential Services was</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203		
(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	
W000191	<p>interviewed on 12/9/14 at 10:46 AM and indicated staff were to be provided competency based trained by the behavior specialist prior to working alone with clients.</p> <p>The behavior specialist was interviewed on 12/9/14 at 11:15 AM and indicated she planned to train staff #4 on 12/15/14.</p> <p>This deficiency was cited on September 12, 2014 and on November 3, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>Based upon record review and interview, the facility failed to ensure staff were trained and demonstrated competency to implement 2 of 2 sampled clients' (clients #1 and #2) behavior plans (BSPs) to address maladaptive behavior.</p>	W000191	To correct the deficient practice and ensure it does not continue, the LifeDesigns Customer Specific Orientation Record (CSOR) was recently updated to specify that the behavior specialist must provide training specific to an individual's	12/26/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203		
(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	
	<p>Findings include:</p> <p>Observations were completed at the group home on 12/8/14 from 3:24 PM until 5:50 PM. Client #2 arrived home from day services with staff #4 at 3:40 PM.</p> <p>Staff #4 was interviewed on 12/8/14 at 3:40 PM. She indicated she had driven client #2 home from day services without other staff. When asked if she had been trained on client #2's Behavior Support Plan (BSP), she indicated the QIDP (Qualified Intellectual Disabilities Professional) had reviewed the BSP and stated, "I read over it." Staff #4 indicated this was her second day working in the group home.</p> <p>1. Client #2's record was reviewed on 12/9/14 at 7:43 AM. A BSP dated 9/14/14 included target behaviors of physical display of frustration (screaming, crying, jumping up and down and yelling 'no'), physical aggression (kicking, slapping, pinching, hitting with objects), PICA (ingesting non-edible items such as paper, grass, dog food, raw meat, pen caps, hair bands, pencil erasers, etc), taking food/drinks (taking food or drinks from others or any food/drink sitting out), public masturbation (touching genital area when in public or around others). An attached page indicating staff had been trained on client #2's BSP failed to include staff #4's signature.</p>		<p>behavior support plan prior to that staff working independently in the setting. The ND/Q is required to submit the CSOR to the DORS for review prior to adding a new staff to the schedule. All supervisory staff were recently trained on this revised CSOR. Ongoing monitoring will be accomplished through the LifeDesigns Quality Assurance process, which includes a review of staff training records in each setting.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014	
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203			
(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			
W000252	<p>2. Client #1's record was reviewed on 12/9/14 at 7:19 AM. Client #1's 9/14 BSP included target behaviors of elopement, physical aggression and self injurious behavior. An attached page indicating staff had been trained on client #1's BSP failed to include staff #4's signature.</p> <p>The Director of Residential Services was interviewed on 12/9/14 at 10:46 AM and indicated staff were to be provided competency based trained by the behavior specialist prior to working alone with clients.</p> <p>The behavior specialist was interviewed on 12/9/14 at 11:15 AM and indicated she had planned to train staff #4 on 12/15/14.</p> <p>This deficiency was cited on September 12, 2014 and on November 3, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203		
(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	
	<p>criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based upon record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure behavior program data was documented.</p> <p>Findings included:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/9/14 at 8:17 AM. A report dated 12/5/14 indicated client #1 had removed a hose from the toilet before staff could intervene.</p> <p>Client #1's record was reviewed on 12/9/14 at 7:19 AM. Client #1's 9/14 BSP included target behaviors of elopement, physical aggression and self injurious behavior. Client #1's behavior data records did not include the incident on 12/5/14 in which he removed the hose from the toilet.</p> <p>The Director of Residential Services was interviewed on 12/9/14 at 10:46 AM and indicated staff were to document client behaviors and include specific information.</p> <p>9-3-4(a)</p>	W000252	<p>Regarding the incident on 12/9/14, the behavior specialist was informed via incident report of the incident involving client #1. To correct the deficient practice and prevent it from recurring, all staff will be re-trained to document all behaviors on the behavior data tracking that is available in the home. Ongoing monitoring will be accomplished by the ND/Q, who is in the setting no less than twice weekly and reviews all documentation to ensure it is complete and accurate. Additionally, the behavior specialist will continue to receive all Unusual Incident Reports, and will compare those to monthly behavior tracking to ensure all instances of interfering behaviors are reflected in the data.</p>	01/09/2015	

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

PRINTED: 01/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203		
(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	