

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 02/29/2012
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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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W0000	<p>This visit was for the post certification revisit (PCR) to the PCR to the investigation of complaint #IN00092814 completed on 9/2/11.</p> <p>This visit was in conjunction with the full annual recertification and state licensure survey.</p> <p>Survey dates: February 21, 22, 23, 24, 28, and 29, 2012.</p> <p>Facility number: 004000 Provider number: 15G715 AIM number: 200481990</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 3/8/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (B), the facility's governing body failed to exercise operating direction over the facility by not ensuring: 1) client B did not pay for a basic haircut and 2) there was a policy/procedure in place addressing haircuts.</p> <p>Findings include:</p> <p>A review of client B's finances was conducted on 2/22/12 at 7:37 AM. On 11/23/11, client B paid \$5.50 for a haircut (withdrew \$20.00, \$4.50 change returned and the facility deposited \$10.00 into petty cash for the haircut). There was no documentation the \$5.50 client B paid for his haircut was reimbursed.</p> <p>An interview with the Program Director (PD) was conducted on 2/22/12 at 7:44 AM. The PD indicated the facility paid \$10.00 for a basic haircut. The PD indicated he was not sure how often the facility would pay \$10.00 for the basic haircut. The PD indicated client B paid for part of his basic haircut.</p> <p>An interview with Administrative staff</p>	W0104	<p>W 104 LifeDesigns is committed to supporting a governing body that exercises general policy, budget and operating direction over the facility to operate in substantial compliance with State and Federal regulatory requirements. In order to ensure there is a procedure in place to address Basic Haircuts, the Assistant Director of Residential Services (ADORS) will revise the Management of Client Funds Procedure to include basic haircuts by March 30, 2012. Revision will state that LifeDesigns is responsible for basic haircuts but additional services such as, but not limited to highlights, perms, hair dye, and etc... will be paid out of the individual's personal funds and not by LifeDesigns. The ADORS will train the Program Directors, QDDP's and CLM's on the revision by March 30, 2012. The PD or CLM will train Parklane group home staff on the revision by March 30, 2012. A copy of the revised procedure and copies of the training signature sheets will be available at the LifeDesigns office.</p>	03/30/2012			

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	<p>(AS) #3 was conducted on 2/24/12 at 1:00 PM. AS #3 indicated the facility would pay \$10.00 toward a basic haircut. AS #3 indicated she was not aware how often the facility would pay \$10.00 toward a basic haircut. AS #3 indicated she was not aware of a policy addressing haircuts.</p> <p>An interview with AS #1 was conducted on 2/24/12 at 11:24 AM via email. AS #1 indicated the following, "We do not have a policy on haircuts, but will do training with Qs (Qualified Mental Retardation Professionals), CLMs (home managers), and PDs that Lifedesigns will pay for haircuts."</p> <p>This deficiency was cited on 9/2/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(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 clients A, B, C, D, E and F, the facility failed to implement its policies and procedures to prevent abuse and neglect of the clients.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 2/21/12 at 12:00 PM.</p> <p>-On 8/30/11 at 12:00 PM, client B hit client E while at school due to being upset about computer time ending. The facility substantiated abuse.</p> <p>-On 10/4/11 at 12:30 PM, staff #5 reported concerns about the school (using floor restraint). Staff #5 indicated client B's teacher held client B down to the ground where he could not move. She held down his arm with both of her hands and had her knee on his thigh. The school reported concerns about staff #5. The teacher indicated staff #5 "dragged" client B by his arm toward the door after failed attempts at assisting him to stand. Aide #1 indicated staff #5, in her written statement, dragged client B. Aide #1 did not mention in her interview staff #5 dragging client B. Aide #2 indicated staff</p>	W0149	<p>W149 LifeDesigns is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served. In addition to the routine trainings of Abuse and Neglect with all LifeDesigns staff Assistant Director of Residential Services (ADORS) will train all QDDP's by March 30, 2012 on completing day program observations and actively communicating with day program to ensure consistent implementation of individual plans regarding behaviors of aggression. A copy of the training signature sheet will be on file at the LifeDesigns office. In regard to Client "B" the case conference committee including staff from school, staff from LifeDesigns, and the parent/guardian determined on March 7, 2012 that Client "B" will receive instruction from a Certified Instructor in a separate section of the school in order to maintain his educational services while ensuring the safety of others. This revised education plan was implemented on March 12, 2012. The revised IEP will be available at LifeDesigns office.</p>	03/30/2012			

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	<p>#5 "dragged" client B out the door. Aide #3 indicated staff #5 "dragged" client B by his arm. Aide #4 indicated staff #5 tried to move client B along by "scooting on his butt while by his feet pushing." The QMRP indicated when she arrived to the school client B was on the floor and the teacher was crouched down next to him. The facility found the floor restraint at school was unsubstantiated.</p> <p>-On 10/12/11 at 8:15 AM, client B arrived to school and started asking for computer time. He became upset and hit client A. The facility substantiated abuse.</p> <p>-On 11/15/11 at 9:00 AM, client B hit client D on top of the head with a box of tissues while at school. The facility substantiated abuse.</p> <p>-On 11/17/11 at 1:00 PM, client C was in the "quiet room" at school lying down on a bench. Another student, not from the group home, went into the quiet room to sit on a bean bag chair. When school staff checked on them, the other student was straddling in a crawling position over top client C. The aide indicated no physical contact was made and both students were fully clothed. The facility unsubstantiated abuse.</p> <p>-On 12/19/11 at 11:30 AM, client A pinched client B's forearm. The facility substantiated abuse.</p> <p>-On 1/8/12 at 4:30 PM, client B hit client F on the head. The facility substantiated</p>						

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	<p>abuse.</p> <p>-On 1/13/12 at 8:00 AM, client B hit client A while at school. The facility substantiated abuse.</p> <p>-On 1/16/12 at 11:45 AM, client B hit client A. The facility substantiated abuse.</p> <p>-On 2/6/12 at 2:30 PM, client B hit client A while at school. The facility substantiated abuse.</p> <p>-On 2/8/12 at 3:00 PM, client C grabbed client B's right hand and bent his fingers back while at school. The facility did not indicate in the investigation whether or not abuse was substantiated. The report indicated the incident occurred as reported.</p> <p>A review of the facility's Investigative Incident Report Process, dated 2/6/12, was reviewed on 2/21/12 at 11:57 AM. The policy indicated, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." The policy indicated, "Any person who suspects abuse/neglect or other reportable incident involving staff-to-person receiving services, any person to person receiving services, or person receiving services to person receiving services will: 1. Immediately contact Christole Administrator giving a verbal report of the incident." The policy</p>						

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	<p>defined neglect as the failure to provide goods or services necessary to avoid physical or psychological harm. Abuse was defined as the ill treatment, violation, revilement, exploitation and/or otherwise disregard of an individual with willful intent to cause harm.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated incidents of client to client abuse were known. The QMRP indicated the staff received training to stay between the clients when one was upset. The QMRP indicated the facility should prevent client to client abuse. The QMRP indicated abuse was unacceptable and should not happen.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/21/12 at 1:35 PM. AS #1 indicated the facility prohibited abuse and neglect of the clients. AS #1 indicated the staff should prevent client to client abuse.</p> <p>This deficiency was cited on 9/2/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>						

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W0249	<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 observation, interview and record review for 5 of 6 clients living in the group home (B, C, D, E and F), the facility failed to ensure: 1) clients B, C, E and F's medication administration training objectives were implemented, 2) client D's training objective for meals was implemented, and 3) client B's training objective for meals was implemented.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/22/12 from 6:14 AM to 7:40 AM. At 6:36 AM, staff #9 started the morning med pass.</p> <p>Client B: At 7:28 AM, staff #9 prepared client B's medications (client B was not in the med room and was not observed to be prompted to go to the med area). The medications included Simethicone, Child Chew plus iron, Invega, Fluvoxamine, and Digoxin. Staff #9 took the medications to the living room where client B was located and informed him of</p>	W0249	<p>W 249</p> <p>Life Designs is committed to ensuring appropriate implementation of programs. To ensure staff follow client's individual program plans and clients receive continuous active treatment that support achievement of objectives indentified, the QDDP will retrain Parklane group home staff on the updated plans and the importance of following IPP's as written by March 30, 2012. A copy of the training signature sheet will be available at the Life Designs office. The Quality Improvement Director (QID) will train the Program Directors and QDDP's on active continual training. This training will include identifying what steps need to be taken by the PD's and QDDP's to improve active treatment while monitoring Direct Support Professionals. This training will be completed by March 30, 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 on file at</p>	03/30/2012			

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	<p>the name and purpose of each of his medications. Client B was not asked to name his medications or pop the pills from the packaging.</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. His Individual Support Plan (ISP), dated 5/17/11, indicated his medication administration training objective was to state the name of each medication he was taking while popping it out of the pack.</p> <p>Client C: At 7:11 AM, staff #9 prepared client C's medications (Invega and Derphenazine). Staff #9 informed client C the names of her medications and purpose. Staff #9 did not prompt client C to pop out medications from the med package.</p> <p>A review of client C's record was conducted on 2/23/12 at 10:05 AM. Client C's ISP, dated 6/7/11, indicated she had a medication administration training objective to pop out a pill into a medication cup during the 8:00 PM medication pass. Client C was not prompted to pop out a pill during the morning med pass.</p> <p>Client E: At 6:36 AM, staff #9 prepared client E's medications (Boost - nutritional supplement, Polyethylene Glycol -</p>		Life Designs office.				

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	<p>constipation, Trileptal - seizures, Valporic Acid - seizures, Clonazepam - anxiety, Clonidine - hyperactivity/impulsivity, Cyproheptadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Doxycycline Hyclate - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Loratadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11 and Paroxetine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11). Staff #9 crushed the pills (Clonazepam, Clonidine, Cyproheptadine, Doxycycline Hyclate, Loratadine and Paroxetine) and mixed into the Boost with the liquid/powder medications (Polyethylene Glycol, Trileptal and Valporic Acid). Staff #9 then gave client E a cup with a lid on it with all the medications. Client E left the medication area with his cup and went to his room without drinking any of the medications. Client E placed the cup on a table in his room. At 6:51 AM, 6:55 AM, 7:09 AM and 7:14 AM, the cup was still sitting on his table without client E drinking the medication mixture. None of the staff were in client E's room and none of the staff were observed to prompt client E to drink his medications. At 7:17 AM, client E was in</p>			

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	<p>the kitchen area. His cup with the medications was still in his room. At 7:27 AM, the Program Director (PD) got client E's coat for him so client E could go outside to walk around while waiting for the bus. The PD and no other staff prompted client E to drink his medications prior to going outside. At 7:32 AM, this writer informed staff #9 client E did not drink his medications. Staff #9 informed the Qualified Mental Retardation Professional (QMRP) who told staff #9 to contact the nurse. Client E's bus arrived and client E left for school. Staff #9, the PD and the QMRP did not prompt client E to take his medications prior to getting on the bus. At 7:34 AM, staff #9 spoke to the nurse on the phone. Staff #9 indicated the nurse told her to mark client E's medications as refused.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. Client E's ISP, dated 6/1/11, indicated he had a training goal to take his medications the first time prompted. The ISP indicated his current level was, "[Client E] currently takes his medications, but not at the scheduled times. When offered his medications [client E] often refuses several times before taking the medications. [Client E] will often refuse to take all of his medications."</p>						

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	<p>Client F: At 7:16 AM, staff #9 prepared client F's medication (Risperidone for behavior). Staff #9 crushed the pill and administered the pill to client F in pudding.</p> <p>A review of client F's record was conducted on 2/23/12 at 10:09 AM. Client F's ISP, dated 3/14/11, indicated her med training objective was to eat her applesauce with her crushed meds in it. The supplies needed indicated medications, applesauce and plastic spoon.</p> <p>An interview with staff #9 was conducted on 2/22/12 at 7:36 AM. Staff #9 indicated client B's med training goal was to pop out his medications and state the name of the medication. Staff #9 indicated C's medication training objective was to pop out her medications. Staff #9 indicated clients A, D, E and F did not have medication training objectives.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated the staff should implement the clients' med training objectives at each med pass.</p> <p>2) An observation was conducted at the</p>						

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	<p>group home on 2/21/12 from 2:39 PM to 5:34 PM. At 5:09 PM, dinner started. During the meal, staff #4 prompted client D two times (at 5:21 PM and 5:23 PM) to chew her food and eat slowly. The staff (#3, #4 and #6) did not prompt client D to chew her food for 30 seconds prior to swallowing it. The staff did not rehearse client D's Safe Eating Social Story prior to dinner or at any time during the observation.</p> <p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. Her ISP, dated 3/22/11, indicated she had a training objective to chew her food for 30 seconds prior to swallowing. The procedures section indicated, "Each day, according to [client D's] individual schedule, staff will rehearse with [client D] her Safe Eating Social Story. This should be scheduled prior to eating dinner. Staff will then monitor [client D] during the meal and prompt her at the appropriate level to chew her food prior to swallowing. As this is a safety issue, and [client D] has had a choking incident within the last year, this goal will continue until [client D] routinely meets the goal with 100% accuracy."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The</p>						

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(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
	<p>QMRP indicated client D's plans should be implemented prior to each meal (social story) and during each meal (chewing).</p> <p>3) An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM and 2/22/12 from 6:14 AM to 7:40 AM. At 5:09 PM, dinner started. On 2/21/12 at 5:09 PM, client B ate his Jello with fruit with his fingers. On 2/22/12 at 6:29 AM, client B ate his oatmeal and Jello with fruit with his fingers; there were no staff present. At 6:30 AM, staff #9 prompted client B to use his utensils and then left the dining room. At 6:31 AM, client B continued to eat his oatmeal and Jello with his fingers with no staff present. At 6:32 AM, client B received prompts from the Program Director (PD) to use his utensils. Client B continued to use his fingers. The staff did not review with client B a social story with client B prior to dinner or breakfast. The staff did not review the "Utensils-Down" sign with client B prior to dinner and breakfast.</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. Client B's ISP, dated 5/17/11, indicated the following training objective was to be implemented, "utilize his eating utensils and put them down between bites of food... Prior to all meals staff will review</p>			

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 02/29/2012
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	<p>with client B the " Utensils - Down " sign posted on the table near his place setting as well as his using utensils social story. At all meals client B will be prompted by staff, at the appropriate cue level, to use his utensils and to set his eating utensils down between bites of food to allow for time to chew and swallow the food in his mouth."</p> <p>An interview with staff #9 on 2/22/12 at 6:34 AM indicated client B using his fingers to eat was an on-going issue.</p> <p>An interview with the PD was conducted on 2/23/12 at 1:08 PM. The PD indicated there was a plan in place for client B using his utensils. The PD indicated the staff should implement the plan at each meal.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 1:08 PM. AS #1 indicated client B had a plan to use his utensils and set them down between each bite. AS #1 indicated the staff should implement the plan at each meal.</p> <p>This deficiency was cited on 9/2/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				

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