

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  07/23/2013	
NAME OF PROVIDER OR SUPPLIER  LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203			
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 7/16/13, 7/17/13, 7/22/13 and 7/23/13</p> <p>Facility Number: 000995 Provider Number: 15G481 AIMS Number: 100235470</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 29, 2013 by Dotty Walton, QIDP.</p>	W000000					

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 2 of 2 sampled clients (#1 and #2), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility van used by clients #1 and #2 was in good condition.</p> <p>Findings include:</p> <p>An observation of the facility van, used by clients #1 and #2, was done on 7/17/13 at 5:15 PM. The facility van rear door had a broken latch and could not be opened from the outside. Staff indicated the rear air conditioner did not work. Staff indicated the front air conditioner worked. Staff indicated the facility was aware of the rear air not working and indicated they would not be repairing it.</p> <p>PD (Program Director) #1 was interviewed on 7/22/13 at 9:00 AM. PD #1 indicated he was aware of the air conditioning and rear door not working on the facility van. PD #1 indicated the facility's van air conditioning and door had not worked for one year.</p> <p>9-3-1(a)</p>	W000104	LIFEDesigns, Inc will obtain a replacement vehicle for transportation at the home. The search for an appropriate vehicle will begin immediately and documentation of the process will be on file at the LIFEDesigns, Inc office and will continue to be updated until a final arrangement is made. Director of Residential Services will be responsible for following up regarding the progress. To ensure continued compliance quarterly vehicle checklists will completed and turned into the Office Manager.	08/22/2013			

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2 had access to his personal hygiene items.</p> <p>Findings include:</p> <p>Observations were conducted on 7/22/13 from 5:45 AM through 7:30 AM. Staff indicated client #2's hygiene items were kept in a locked filing cabinet in the staffs' office. Client #2's bedroom and bathroom area did not contain personal hygiene items.</p> <p>Client #2's record was reviewed on 7/17/13 at 12:30 PM. Client #2's ISP (Individual Support Plan) dated 5/24/13 and BSP (Behavior Support Plan) dated 5/24/13 did not indicate client #2's personal hygiene items should be locked.</p> <p>DSP (Direct Support Professional) #1 was interviewed on 7/22/13 at 7:30 AM. DSP #1 indicated client #2's hygiene items were kept locked in the filing cabinet located in the staff office.</p>	W000137	Network Director will obtain a shower box for client #2 to have in his room with his personal hygiene items in. The box will be stored in his closet during non-bathing times. Network Director will review with all Ridgeview staff individualized needs and that restrictions cannot be applied to individuals if it is not in their plans. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Continued compliance will be monitored through Network Director observations and audits submitted to the Director of Residential Services.	08/22/2013			

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	<p>Program Director (PD) #1 was interviewed on 7/22/13 at 7:30 AM. PD #1 indicated client #2's personal hygiene items were kept in the locked filing cabinet located in the staff office of the group home. PD #1 indicated client #2 did not have an assessed need for restricting client #2 from his hygiene items.</p> <p>9-3-2(a)</p>			

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W000249	<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, record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to implement clients #1 and #2's training objectives during formal/informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted on 7/22/13 from 5:45 AM through 7:30 AM. At 7:15 AM, client #1 was prompted by DSP #1 (Direct Support Professional) to come to the group home's medication administration room. DSP #1 administered client #1's Buspirone 10 milligrams tablet, Fluoxetine 20 milligrams tablet (Depression/Mood Disorder) and Olanzapine 10 milligrams tablet (Bipolar). Client #1 was not encouraged or prompted to participate in the administration of his medications. At 7:22 AM, client #2 was prompted by DSP #1 to come to the group home's medication administration room. DSP #1 administered client #2's</p>	W000249	<p>Network Director will administer corrective action to DSP #1 for failing to following policy and procedure for implementing active treatment at all times, including medication passes. Network Director, TM, or other supervisory staff will complete two medication pass observations of DSP #1 per week for 30 days. After 30 days continued compliance will be monitored through monthly medication pass observations of random staff at the home.</p>	08/22/2013			

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	<p>Citalopram 10 milligrams tablet (Depression) and a Tab-A-Vite tablet (Supplement). Client #2 was not encouraged or prompted to participate in the administration of his medications</p> <p>Client #1's record was reviewed on 7/22/13 at 6:30 AM. Client #1's ISP (Individual Support Plan) dated 8/2012 indicated client #1 should "...state the name and rational of a medication..."</p> <p>Client #1's Functional Skills Assessment dated 9/24/12 indicated client #1 required assistance/training for medication administration.</p> <p>Client #2's record was reviewed on 7/17/13 at 12:30 PM. Client #2's ISP dated 5/24/13 indicated client #2 should "state the name of one medication and rational for the medication at the morning medication pass...."</p> <p>DSP #1 was interviewed on 7/22/13 at 7:30 AM. When asked if clients should be encouraged to participate in their medication administration, DSP #1 stated, "Yes, they have goals. I don't usually work in the mornings so I am not as familiar with their goals. I think [client #1] has a goal for morning medications. It looks like I missed it."</p> <p>Program Director (PD) #1 was</p>				

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	interviewed on 7/22/13 at 7:30 AM. PD #1 indicated medication administration goals/objectives should be implemented at each available opportunity.  9-3-4(a)				

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to provide an active treatment schedule for staff to follow.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/22/13 at 6:30 AM. Client #1's record did not include an active treatment schedule that outlined his current ISP (Individual Support Plan) objectives.</p> <p>Program Director (PD) #1 was interviewed on 7/22/13 at 7:30 AM. PD #1 indicated client #1 did not have an active treatment schedule available for review. PD #1 indicated client #1 should have an active treatment schedule available for staff to follow.</p> <p>9-3-4(a)</p>	W000250	<p>Client #1's active treatment schedule is in place at the home. Network Director will train all staff on timely reporting of missing supplies. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Continued compliance will be through Network Director, QDDP, and other supervisory staff observation submitted to the Director of Residential Services. Replacement supplies have been created and are in place at the home. Monitoring will be by the QDDP through monitoring of program completion and active treatment observations completed at least one time weekly by QDDP, Network Director, and/or other supervisory staff and submitted to the Director of Residential Services.</p>	08/22/2013	

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure clients washed/sanitized their hands prior to receiving medications.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/17/13 from 4:00 PM through 5:30 PM. At 4:00 PM, client #1 was in his bedroom. DSP #1 (Direct Support Professional) stated client #1 had, "Private time" in his bedroom upon returning from his work. DSP #1 indicated client #1's private time included privacy for masturbation. At 4:09 PM, DSP #1 prompted client #1 to come to the group home's medication administration room. At 4:10 PM, DSP #1 administered client #1's Bupropion 10 milligrams tablet (Anxiety). DSP #1 did not encourage or prompt client #1 to wash or sanitize his hands prior to taking his medications.</p> <p>Observations were conducted on 7/22/13 from 5:45 AM through 7:30 AM. At 7:15 AM, client #1 was prompted by DSP #1 to come to the group home's medication</p>	W000455	<p>Network Director will administer corrective action to DSP #1 for failing to following policy and procedure for implementing appropriate hand washing as well as all other medication objectives during medication passes. All staff at the home will receive a review lesson of infection control from the Network Director. A copy of the sign in sheet for this review will be on file at the LIFE Designs, Inc office. Network Director, TM, or other supervisory staff will complete two medication pass observations of DSP #1 per week, specifically noting the hand washing of both the staff and the clients for 30 days. After 30 days continued compliance will be monitored through monthly medication pass observations of random staff at the home.</p>	08/22/2013			

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	<p>administration room. DSP #1 administered client #1's Bupirone 10 milligrams tablet, Fluoxetine 20 milligrams tablet (Depression/Mood Disorder) and Olanzapine 10 milligrams tablet (Bipolar). Client #1 was not encouraged or prompted to wash or sanitize his hands prior to taking his medications. At 7:22 AM, client #2 was prompted by DSP #1 to come to the group home's medication administration room. DSP #1 administered client #2's Citalopram 10 milligrams tablet (Depression) and a Tab-A-Vite tablet (Supplement). Client #2 was not encouraged or prompted to wash or sanitize his hands prior to taking his medications.</p> <p>DSP #1 was interviewed on 7/22/13 at 7:30 AM. When asked if clients should wash/sanitize their hands prior to taking medications, DSP #1 stated, "I think they should before meals but I'm not sure about medications."</p> <p>Program Director (PD) #1 was interviewed on 7/22/13 at 7:30 AM. When asked if clients should wash/sanitize their hands prior to taking medications, PD #1 stated, "Yes, they should. They should wash before medications."</p>				

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	9-3-7(a)				