

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 01/03/2012
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN47203		
(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	
W0000	<p>This visit was for the investigation of complaint #IN00100669.</p> <p>Complaint #IN00100669: Unsubstantiated, due to lack of evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: December 20 and 21, 2011 and January 3, 2012.</p> <p>Facility Number: 000995 Provider Number: 15G481 AIM Number: 100235470</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 1/4/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 9 of 34 incident/investigative reports reviewed affecting clients A, B, C and E, the facility failed to implement their policies and procedures to prevent abuse</p>	W0149	<p>W149 Life Designs is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served. The Quality Improvement Director (QID) will revise the Abuse and</p>	02/02/2012	

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>and neglect of the clients.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/20/11 at 1:27 PM.</p> <p>-On 11/2/11 at 5:00 PM, former staff #9 argued with client E. Staff #9 was alleged to have called client E an "idiot" during the argument. The facility substantiated verbal abuse.</p> <p>-On 11/13/11 at 4:30 PM, former staff #7 was alleged by staff #8 to have yelled at client C, squeezed client C's fingers and bent his hand back. Staff #1 indicated in the investigation staff #7 screamed at client C, stepped on his hand, slapped him and bent his fingers back to his wrist. The facility substantiated abuse with intent to cause abuse/harm/injury.</p> <p>-On 11/20/11 at 11:30 AM, client A kicked client C in the shin. The allegation was substantiated with intent to cause abuse/harm/injury.</p> <p>-On 11/28/11 at 4:52 PM, client A slapped client C on the face. The facility substantiated abuse.</p> <p>-On 12/3/11 at 11:30 AM, client A slapped client C. The facility substantiated abuse. During the investigation, staff #6 indicated a similar incident occurred on 12/4/11 (no time).</p> <p>-On 12/4/11 at 2:00 PM, client B pulled</p>		<p>Neglect Tests for Quarterly Training to include specific training on client to client incidents in order to evaluate staff's understanding of incidents being classified as abuse and neglect and importance of prevention. The QID will review current policies and procedures for need for any revisions to current training module. The QID will complete training on revised abuse and neglect Quarterly tests and any revisions to policies and procedures (if needed). This training will be provided to the Program Directors (PD), QDDP's, CLM's, and ACLM's by February 2, 2012. The PD or CLM will train Ridgeview group home staff on the revisions by February 2, 2012. A copy of the revised abuse and neglect Quarterly tests and revised policies and procedures (if needed) and copies of both training signature sheets will be available at the Nashville office. Agency will continue to investigate all reports of abuse and neglect and ensure Quarterly trainings completed.</p>		

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	<p>client C and A's hair and also slapped and kicked client A. The facility substantiated abuse with intent to cause abuse/harm/injury.</p> <p>-On 12/5/11 at 4:30 PM, client B ingested another client's (report did not indicate who) Tenex. Staff #6 set up several clients' medications in the medication room. When client B entered the med room, client B grabbed a med cup and ingested the medication for another client. The facility substantiated neglect and staff #6 was released from employment.</p> <p>-On 12/5/11 at 8:40 PM, client E was standing in the kitchen when client C walked by and slapped him on the shoulder. The facility substantiated abuse.</p> <p>-On 12/17/11 at 12:15 PM, client A smacked client C on the face. The facility substantiated abuse.</p> <p>A review of the facility's abuse and neglect policy, dated 8/29/11, was conducted on 12/20/11 at 1:45 PM. 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."</p> <p>An interview with the Director of Quality Assurance (DQA) was conducted on</p>			

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W0153	<p>12/21/11 at 1:09 PM. The DQA indicated the facility prohibited abuse and neglect of the clients. The DQA indicated the staff should ensure there was no client to client abuse.</p> <p>An interview with the Director of Program Operations (DPO) was conducted on 12/21/11 at 1:09 PM. The DPO indicated the facility prohibited abuse and neglect of the clients. The DPO indicated client to client aggression was abuse.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 12/21/11 at 1:09 PM. The DRS indicated the facility prohibited abuse and neglect of the clients. The DRS indicated client to client aggression was abuse.</p> <p>9-3-2(a)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 11 investigations reviewed affecting client C, the facility failed to ensure staff</p>	W0153	W 153 Life Designs is committed to supporting a governing body that exercises general policy, budget	02/02/2012	

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	<p>immediately reported staff to client abuse to the administrator in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/20/11 at 1:27 PM. On 11/13/11 at 4:30 PM, former staff #7 was alleged by staff #8 to have yelled at client C, squeezed client C's fingers, bent his hand back and step on his hand. Staff #1 indicated in the investigation staff #7 screamed at client C, stepped on his hand, slapped him and bent his fingers back to his wrist. The facility substantiated abuse with intent to cause abuse/harm/injury. During the facility's interview with staff #1, she indicated she waited to report abuse to avoid the confrontation she felt would occur if she reported staff #7 while staff #7 was there and did not want to get in an argument with her in front of the clients. Staff #8 reported the abuse by staff #7 after staff #7 left the group home. The determination section of the investigative report indicated the following, "The investigation team has substantiated abuse. Two staff confirm that [staff #7] screamed at [client C], stepped on his hand, and bent his fingers back to his wrist." The recommendations section of the investigative report</p>		<p>and operating direction over the facility to operate in substantial compliance with State and Federal regulatory requirements. The Quality Improvement Director (QID) will revise the Investigation report policy process to clarify immediately to be defined as: When a reasonable safe opportunity to leave the floor is available, staff will report allegations to Administration. Reasonable-removing a staff person's attention from direct supervision of the individuals will not disrupt the individuals' safety or compromise staff deployment. Safe-The immediate safety of all individuals has been secured. Individuals are a safe distance away to prevent harm. Any medical needs have been addressed. Leave the floor-step away to the office or other area of the home to make a phone call privately. Administrators' are defined as the Assistant Director of Residential Services and the Director of Human Resources or designee. A copy of the policy with revisions will be available at the Nashville office The QID will train the ADORS and DHR on the policy revision by February 2, 2012. A copy of the training signature sheet will be on file at the Nashville office. The QID will train the QDDP's, CLM's, and Program Directors (PD) on the policy revision by February 2, 2012. The PD or CLM will train the Ridgeview staff on the policy</p>		

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W0157	<p>indicated the following, "No corrective action for [staff #1] is being recommended at this time for not reporting immediately. [Staff #1] made a determination based on concern for safety of all individuals to wait to report and avoid a potential confrontation with [staff #7]."</p> <p>An interview with the Director of Quality Assurance (DQA) was conducted on 1/3/12 at 11:33 AM. The DQA indicated the staff should immediately report abuse to the administrator.</p> <p>9-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 11 investigations reviewed affecting client C, the facility failed to take appropriate corrective action for staff failing to immediately report staff to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/20/11 at 1:27 PM. On 11/13/11 at 4:30 PM, former staff #7 was</p>	W0157	<p>revision by February 2, 2012. A copy of the training signature sheets will be on file at the Nashville office.</p> <p>W 157 Life Designs 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. The Quality Improvement Director (QID) will revise the Investigation report policy process to clarify immediately to be defined as: When a reasonable safe opportunity to leave the floor is available, staff will report allegations to Administration.</p>	02/02/2012	

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	<p>alleged by staff #8 to have yelled at client C, squeezed client C's fingers, bent his hand back and step on his hand. Staff #1 indicated in the investigation staff #7 screamed at client C, stepped on his hand, slapped him and bent his fingers back to his wrist. The facility substantiated abuse with intent to cause abuse/harm/injury. During the facility's interview with staff #1, she indicated she waited to report abuse to avoid the confrontation she felt would occur if she reported staff #7 while staff #7 was there and did not want to get in an argument with her in front of the clients. Staff #8 reported the abuse by staff #7 after staff #7 left the group home. The determination section of the investigative report indicated the following, "The investigation team has substantiated abuse. Two staff confirm that [staff #7] screamed at [client C], stepped on his hand, and bent his fingers back to his wrist." The recommendations section of the investigative report indicated the following, "No corrective action for [staff #1] is being recommended at this time for not reporting immediately. [Staff #1] made a determination based on concern for safety of all individuals to wait to report and avoid a potential confrontation with [staff #7]."</p> <p>An interview with the Director of Quality</p>		<p>Reasonable-removing a staff person's attention from direct supervision of the individuals will not disrupt the individuals' safety or compromise staff deployment. Safe-The immediate safety of all individuals has been secured. Individuals are a safe distance away to prevent harm. Any medical needs have been addressed. Leave the floor-step away to the office or other area of the home to make a phone call privately. Administrators' are defined as the Assistant Director of Residential Services and the Director of Human Resources or designee. A copy of the policy with revisions will be available at the Nashville office The QID will train the ADORS and DHR on the policy revision by February 2, 2012. A copy of the training signature sheet will be on file at the Nashville office. The QID will train the QDDP's, CLM's, and Program Directors (PD) on the policy revision by February 2, 2012. The PD or CLM will train the Ridgeview staff on the policy revision by February 2, 2012. A copy of the training signature sheets will be on file at the Nashville office. A copy of Staff #8's training sheet will be on file at the Nashville office.</p>		

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	Assurance (DQA) was conducted on 1/3/12 at 11:33 AM. The DQA indicated the facility typically implemented corrective action or retraining when staff failed to immediately report abuse. The DQA indicated no corrective action was taken with staff #8. 9-3-2(a)				