

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G268	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/20/2011
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2709 IDA LN BLOOMINGTON, IN47401
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W0000	<p>This visit was for the investigation of complaint #IN00101188.</p> <p>Complaint #IN00101188: Substantiated. Federal/state deficiency related to the allegation is cited at W331.</p> <p>Survey Dates: December 15, 16, 19 and 20, 2011</p> <p>Facility Number: 000788 Provider Number: 15G268 AIM Number: 100243600</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12-22-11 by C. Neary, Program Coordinator.</p>	W0000		
W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (A), the facility's nursing services failed to ensure: 1) follow-up on lab work, 2) his Seizure Management Plan was updated/ revised, and 3) his Nursing Care Plan was updated to include monitoring water intake.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/15/11 at 3:00 PM. On 11/23/11, client A was admitted to the hospital due to status epilepticus, "severe" electrolyte imbalance and acute dehydration. The Discharge Summary,</p>	W0331	<p>To ensure adequate follow-up on all medical recommendations, the DSP Health Specialist will send the nurse a copy of the Physician Appointment Form after each appointment, which includes a summary of the appointment and all recommendations and orders. Information will also be maintained on the Log of appointments, which will be reviewed together by the nurse, DSP Health Specialist and Team Manager when they meet monthly. The DSP Health Specialist will be retrained on completion of the Physician Appointment form to ensure all information pertaining to the appointment is recorded on the form, and then shared with the</p>	01/19/2012

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>dated 11/29/11, indicated at the time of admission, client A's medications were acetazolamide, ethosuximide and phenobarbitol. At the time of discharge on 11/26/11, his medications were Diastat as needed, Depakote and Keppra.</p> <p>A review of client A's Monthly Health Care Coordination/Nursing Note, dated 11/29/11, was conducted on 12/15/11 at 3:30 PM. The note indicated on 11/23/11, the following medications were discontinued: Acetazolamide, Aricept, Zarontin, Phenobarbitol and Abilify. The note indicated Keppra, Depakote and Diastat as needed were added. The note indicated client A was with his dad and had an apparent convulsive generalized tonic-clonic seizure in the parking lot at a store. Client A was transported to the emergency room (ER). Client A reportedly, per the note, had 2 more seizures in the ER. He was admitted to the intensive care unit. The staff were told his sodium level was low but not the exact amount from the labs. The note indicated, "All of his current seizure medications he had been taking for several years were discontinued all at once." Client A was discharged from the hospital on 11/26/11. The note indicated it was felt the Aricept caused the break-through seizure. The note indicated "labs" were ordered by client A's</p>		<p>nurse. All plans related to health issues, including Seizure Management Plans, will be updated annually, or more frequently if changes occur. If a change in an individual's status or treatment occurs, the plan will be revised immediately and reviewed by the physician. Related to updating the Nursing Care Plan, if an individual has a change in condition, the Nursing Care Plan will be updated to reflect this change and indicate staff/ nursing responsibilities. If an issue arises that may indicate a change in condition, the nurse will create an addendum to the Nursing Care Plan that outlines the issue, as well as nursing and staff response. A protocol will be developed to monitor the issue, as well as any necessary tracking sheets. If the issue is determined to actually be a change in condition, it will be added to the Nursing Care Plan and addressed accordingly. All Nursing Care Plans and health-related protocols for all individuals in the home are being reviewed to ensure all issues are included. The Director of Support Services will do a Quality Assurance review every other month for a minimum of 6 months to ensure all medical issues, including Nursing Care Plans and health care protocols, are current and address identified individual issues.</p>		

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	<p>physician for November 2011 however there was no mention of what labs were to be drawn. The nurse documented, "If this has been done I am unaware of it, have seen no results, and there is nothing about it on the IMA patient portal. Will f/u (follow up) with [group home name] Health Specialist to see if this was done." The recommendations in the nurse's note included the following: "Find out what labs [doctor] wanted drawn in November and see if they got done. If they did, please obtain a copy for the chart (and fax a copy to the nurse), Monitor water intake. Encourage Gatorade, juice, milk, or other substances to drink." On 12/20/11 at 11:30 AM, the nurse provided documentation of client A's Recertification/Medication Review Form, dated 9/6/11. The form indicated no lab work was ordered. A review of The Log, dated 8/6/11 (nurse indicated supposed to be 9/6/11), was conducted on 12/20/11 at 11:30 AM. The log indicated the following, "Labs to b (be) drawn in November."</p> <p>A review of client A's Seizure Management Plan was conducted on 12/15/11 at 3:30 PM. The plan, dated March 2007, was signed on the back as being reviewed on 4/24/08.</p> <p>A review of client A's Nursing Care Plan,</p>			

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	<p>dated January 2011, was conducted on 12/15/11 at 3:30 PM. The plan had not been updated since January 2011.</p> <p>An interview with the Director of Services (DOS) was conducted on 12/20/11 at 10:29 AM. The DOS indicated there was no plan developed for the use of Diastat as needed for seizures. The DOS indicated the facility had the physician's orders for the Diastat but not a plan. The DOS indicated staff were informally monitoring client A's fluid intake due to his low sodium. The DOS indicated there were no orders for restricting client A's fluids. On 12/20/11 at 12:03 PM, the DOS indicated the nurse should have updated the seizure management and nursing care plans after client A was discharged from the hospital.</p> <p>An interview with the nurse was conducted on 12/20/11 at 10:38 AM. The nurse indicated she did not know if the labs were drawn in November. The nurse indicated she had not updated client A's seizure management plan; the nurse stated this should have been done "right away." The nurse indicated she had not updated client A's nursing care plan. The nurse indicated there was no plan to monitor client A's water intake. She indicated she heard from staff client A's sodium was low.</p>				

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

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FORM APPROVED

OMB NO. 0938-0391

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	This federal tag relates to complaint #IN00101188. 9-3-6(a)				