

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 10/08/2013
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1826 S COVEY LANE BLOOMINGTON, IN 47401
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W000000	<p>This visit was for the investigation of complaint #IN00136009.</p> <p>Complaint #IN00136009: Substantiated. Federal/state deficiency related to the allegation is cited at W104.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: October 4, 7 and 8, 2013.</p> <p>Facility Number: 00788 Provider Number: 15G268 AIM Number: 100243600</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/17/13 by Ruth Shackelford, 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, record review and interview for 6 of 6 clients living in the group home (A, B, C, D, E and F), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) clients B and C did not lose their Medicaid funding and 2) the stove was cleaned on a regular basis to ensure the fire alarm system did not activate due to smoke from the stove.</p> <p>Findings include:</p> <p>1) A review conducted on 10/7/13 at 10:56 AM of a document titled, "Analysis of [client C] Liabilities," dated 10/7/13, indicated, in part, "This analysis of [client C's] liability amounts is to document a timeline of the events and conversations associated with the liability amounts for 2/1/13 - 8/31/13. According to the eligibility inquiry on HP's (Hewlett Packard) web interchange, [client C] was ineligible for Medicaid from 2/1/13 through 8/31/13. LifeDesigns Director of Residential Support, [name of staff], worked with Medicaid to correct this issue. Meanwhile [client C] still received services and LifeDesigns billed Medicaid. These claims were denied due to</p>	W000104	<p>It has been confirmed that all individuals living in the home now have Medicaid funding. To ensure the deficient practice does not recur, the process for Medicaid redetermination was added to the Procedures for Maintaining Customer Finances. The procedure includes a checklist to document each step of the redetermination process. All Network Directors were re-trained on the procedure, as well as the Medication Redetermination Checklist. The corrective action will be monitored through monthly e-mail communication from the staff accountant, confirming Medicaid eligibility for each individual. If an individual is found to be ineligible, the staff account will immediately notify the Network Director and Director of Residential Services, who will take immediate action to resolve the situation. To address the frequent activation of the smoke alarm, the stove and oven have been thoroughly cleaned and all residue removed. To ensure the deficient practice does not continue, a daily cleaning checklist will be posted in the kitchen to remind staff to clean up spills daily. There is also a weekend cleaning checklist for a</p>	11/07/2013			

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	ineligibility. [Client C] has consistently had a liability of \$1373.00 in the past so this liability was charged at the time of service. On August 12th, the issue of eligibility was resolved and LifeDesigns rebilled claims for 2/1/13-7/31/13. Once eligibility was reinstated LifeDesigns noticed [client C's] had changes in his liability amount for February to August. On August 13th LifeDesigns Staff Accountant, [name of staff], emailed LifeDesigns Team Manager [name of staff], Network Director [name of staff], and Director of Residential Support [name of staff] to notify of the change in liability amount. The overall difference showed LifeDesigns owed [client C] \$3593.00. On August 15th, [client C's guardian] contacted [name of Staff Accountant] and [Network Director] about this liability change. [Client C's guardian] believed this change was an error between Medicaid & Social Security due to the fact that [client C] had no change in Social Security benefits during this time. [Client C's guardian] also believed the \$3593.00 should be returned to Medicaid." A Notice of Overpayment, dated 9/26/13, indicated, in part, "Dear [client C], We have determined that you received Medicaid benefits to which you were not entitled and that a repayment of these benefits is required. This overpayment occurred because of the		more in-depth cleaning of the house. All staff will be re-trained on assisting the residents to maintain a clean home, with specific emphasis on keeping the stove/ oven clean and the potential safety hazards involved if they are not cleaned properly. The corrective action will be monitored through the Team Manager weekly checklist. Additionally, the Network Director will review all instances of the smoke alarm being activated to determine the cause for the activation, and develop a plan to address the cause. All follow up action taken will be documented on the Unusual Incident Report Form and forwarded to the Director of Residential Services for review. The Director of Support Services reviews all agency BDDS incident reports, and will ensure all ongoing monitoring by requesting follow up and monitoring status for any incidences of the smoke alarm being activated.				

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	<p>following reason(s): Incorrect unearned income budgeted. The total repayment due from you is \$3546.00."</p> <p>A review conducted for client B's Eligibility for Medicaid, dated 10/7/13, was conducted on 10/7/13 at 11:29 AM. Client B was not eligible for Medicaid from 4/1/13 to 4/30/13.</p> <p>On 10/7/13 at 11:08 AM, the Quality Assurance Director (QAD) indicated the Network Director (ND) was responsible for submitting documentation for Medicaid redeterminations.</p> <p>On 10/7/13 at 11:40 AM, the ND indicated client C was ineligible for Medicaid in February, March and April 2013. The ND indicated he did not supervise the group home at the time so he was not sure why client C was ineligible.</p> <p>On 10/8/13 at 10:57 AM client C's guardian indicated there was an issue with the Family and Social Services Administration (FSSA). Client C's guardian indicated client C's Medicaid had been stopped due to data entry errors. The guardian was not certain if the error was FSSA's issue or the information provided by the group home however the guardian indicated she thought the error</p>						

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	<p>was due to the FSSA. The guardian indicated client C received two checks per month and someone at FSSA entered the smaller amount into the system but not the larger amount during the redetermination. The guardian indicated a similar issue occurred a few years ago and it took time to get it sorted out.</p> <p>On 10/7/13 at 10:56 AM, the Staff Accountant (SA) indicated client C was ineligible for Medicaid in February, March and April 2013. The SA indicated she did not know the reason he was ineligible since she was not part of the redetermination process. The SA stated client C's guardian was responsible for client C's finances and had been "for awhile." The SA indicated LifeDesigns needed to reimburse client C since client C had been paying LifeDesigns for liability and the Medicaid sent LifeDesigns a check for the liability. The SA indicated LifeDesigns had \$3593.00 owed to Medicaid. The SA indicated client B was also ineligible for Medicaid in April 2013. The SA indicated she did not know the reason client B was ineligible. The SA stated, "it got really messy when he (client C) was ineligible."</p> <p>2) An observation was conducted at the group home on 10/7/13 from 6:50 AM to 8:00 AM. During the observation, the</p>						

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	<p>bottom of the oven was coated with burnt food residue. The burners had oily food residue and the pans for the burners had food residue on them.</p> <p>A review of the facility's incident/investigation reports was conducted on 10/4/13 at 9:45 AM.</p> <p>a) On 9/17/13 at 2:50 PM, staff were preparing dinner and preheated the oven. The fire alarms went off apparently due to smoke from previous food in the bottom of the oven. No food item was cooking in the oven at the time. The fire department arrived and cleared the home and found no fire risk. This affected clients A, B, C, D, E and F.</p> <p>b) On 8/11/13 at 11:47 AM, the smoke alarm in the kitchen was triggered by the stove burner. Once the alarm sounded, staff verbally notified customers to exit the house through the front door. All customers that were home completed the fire drill as it is routinely done. The fire department then cleared the house and everyone resumed their day. This affected clients B, C, D and F.</p> <p>c) On 7/27/13 (no time indicated - form indicated on the 2:00 PM to 10:00 PM shift), the alarm was triggered by smoke from the grill. Once the alarm sounded</p>						

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	<p>the customers exited the house per plan. Once the house was cleared by the fire department the customers returned to the house. This affected clients A, B, C, E and F.</p> <p>An interview with staff #2 was conducted on 10/7/13 at 9:18 AM. Staff #2 indicated the fire department had been to the home 5-6 times since January 2013 when the clients moved into the new group home.</p> <p>An interview with the Home Manager (HM) was conducted on 10/7/13 at 9:18 AM. The HM indicated since January 2013, the fire alarm had gone off 6-10 times. The HM indicated the weekend cleaning list included cleaning the stove. The HM indicated in addition to the weekly cleaning, the oven should be cleaned as needed. The HM indicated if one staff spilled food on or in the stove, the staff who made the mess should clean it. The HM indicated if the one staff did not clean the stove, the other staff did not feel it was their responsibility to clean up after the staff who made the mess contributing to the fire alarms sounding.</p> <p>This federal tag relates to complaint #IN00136009.</p> <p>9-3-1(a)</p>				

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W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 1 of 14 incident/investigative reports reviewed affecting clients C, D and F, the facility failed to notify the clients' guardian in a timely manner of an incident of client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigation reports was conducted on 10/4/13 at 9:45 AM.</p> <p>On 8/17/13 at 10:45 AM (reported to BDDS on 8/19/13), client D kicked client F on the left shin and slapped client C on the back and grabbed his shirt. Client D then kicked a volunteer at the benefit the clients were attending. Client D flipped over a table and slapped client C on the back again. The facility's investigation, not dated, indicated client to client without injury was substantiated with intent to cause abuse/harm/injury. The report indicated, in part, "The home was scheduled for 3 staff that day, but one had asked to be able to leave his shift early.</p>	W000148	<p>In order to correct this deficiency, and to ensure this practice does not recur in the future, the QDDP will be re-trained on responsibilities related to reporting any incident of client to client abuse to the guardian within 24 hours of the event. In order to identify others that may have been affected by the deficient practice, the Quality Assurance Director will review incident reports and guardian contact notes for all individuals in the home to ensure guardians were informed of the incident within 24 hours.</p> <p>The corrective action will be monitored through the Network Director checklist as part of the Life Designs Quality Assurance Process.</p>	11/07/2013			

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	<p>The manager approved this early leave as the other 2 staff felt comfortable in being able to take all the gentlemen to the event."</p> <p>A review of client C's guardian notification was conducted on 10/4/13 at 9:45 AM. An email, dated 8/19/13 at 2:27 PM, sent from the Qualified Intellectual Disabilities Professional (QIDP) to client C's guardian indicated, in part, "I filed a BDDS reportable incident today for an issue that occurred on Saturday while the gentlemen were at a benefit breakfast at the [name of place]. One of the individuals in the home became upset while at the breakfast. During this time, [client C] was hit on his back and had his shirt grabbed. Staff immediately intervened. Staff checked [client C] over and no injury occurred to client C and staff did not find any marks or bruises. I will investigate this incident to make sure behavior plans were followed and ensure everything was done that could have been done to prevent the incident from occurring."</p> <p>A review of client D's guardian notification was conducted on 10/4/13 at 9:45 AM. On 8/22/13, the Home Manager indicated in an email to the QIDP, "[QIDP], I made parent contact with [client D's guardian] about the</p>						

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	<p>incident with [client D] at the [name of place]."</p> <p>A review of client F's guardian notification was conducted on 10/4/13 at 9:45 AM. On 8/19/13, the QIDP sent an email to client F's guardian. The email indicated, "This weekend the gentlemen were attending a benefit breakfast at the [name of place]. While there, one of the individuals was agitated and kicked [client F] in his left shin. Staff intervened and checked [client F] out. He had no bruises or marks and said he was okay. I will be investigating this incident to make sure behavior plans were followed to help prevent this from happening again in the future."</p> <p>On 10/8/13 at 10:57 AM, client C's guardian indicated she wanted to know as soon as possible when incidents involving client C occurred.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 10/4/13 at 10:10 AM. The QAD indicated guardians should be notified within 24 hours of an incident.</p> <p>On 10/7/13 at 9:14 AM, the Network Director (ND) indicated guardian notification should be completed within 24 hours of an incident.</p>						

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W000149	<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. Based on record review and interview for 3 of 14 incident/investigative reports reviewed affecting clients B, C, D and F, the facility neglected to implement its policies and procedures to prevent client to client abuse and report incidents to the Bureau of Developmental Disabilities Services (BDDS) timely.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigation reports was conducted on 10/4/13 at 9:45 AM.</p> <p>1. On 8/17/13 at 10:45 AM (reported to BDDS on 8/19/13), client D kicked client F on the left shin and slapped client C on the back and grabbed his shirt. Client D then kicked a volunteer at the benefit the clients were attending. Client D flipped over a table and slapped client C on the back again. The facility's investigation, not dated, indicated client to client without injury was substantiated with intent to cause abuse/harm/injury. The report indicated, in part, "The home was scheduled for 3 staff that day, but one had asked to be able to leave his shift early. The manager approved this early leave as</p>	W000149	To correct this deficient practice and ensure it does not recur in the future, the QDDP will re-train all DSPs on their responsibilities relative to preventing client to client abuse. This will include a review of the Replacement Skills Plans for those individuals who have aggression identified as a targeted behavior. All staff, including the QDDP, Team Manager and all DSPs will be re-trained on their obligation to report incidences of abuse, including client to client abuse, within 24 hours of the incident. In order to identify others that may have been affected by the deficient practice, the Quality Assurance Director will review incident reports for all individuals in the home to ensure they were timely. The corrective action will be monitored through the Network Director checklist as part of the Life Designs Quality Assurance Process.	11/07/2013			

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	<p>the other 2 staff felt comfortable in being able to take all the gentlemen to the event."</p> <p>2. On 8/21/13 at 10:50 AM while at the facility-operated day program, client B was bitten by a peer on his lower cheek. The report indicated, in part, "Nurse advised staff to take [client B] to the walk-in clinic to be evaluated due to report of possible skin breakage." Client B was taken to the doctor and prescribed an antibiotic. The investigation, not dated, indicated client to client with injury was substantiated with intent to cause abuse/harm/injury.</p> <p>3. On 9/6/13 at 1:15 PM while at the facility-operated day program, client B was bitten by a peer on his shoulder. The investigation, dated 9/13/13, indicated the incident was substantiated (the findings support the alleged event as described). The report indicated, "It appears that [name of peer] could have been upset for a number of reasons, resulting in biting a peer."</p> <p>A review of the facility's policies was conducted on 10/4/13 at 3:10 PM. The policy titled "Reporting Abuse/ Neglect/ Exploitation," dated September 2013, indicated, in part, "BDDS reports must be filed within 24 hours if the incident of</p>			

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	<p>suspected abuse, neglect or exploitation involves an adult or child who is residing in a community residential setting." The policy titled "Investigating suspected cases of violations of rights," dated September 2013, indicated, in part, "LifeDesigns will complete appropriate state reports within required timeline. The staff receiving the initial report is responsible for filing state reports." The policy indicated, in part, "If a customer is suspected of abuse against another customer, adequate staffing will be put in place to ensure the safety of all parties, pending the completion of the investigation." The 2/6/12 policy titled, "Abuse and Neglect" indicated, in part, "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 Quality Assurance Director (QAD) was conducted on 10/4/13 at 10:10 AM. The QAD indicated client to client abuse was prohibited, considered abuse and staff should prevent client to client abuse. The QAD indicated BDDS reports should be submitted within 24 hours of the incident.</p> <p>On 10/7/13 at 9:14 AM, the Network Director (ND) indicated client to client</p>						

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	<p>aggression was considered abuse. The ND indicated client to client abuse should be prevented. The ND indicated BDDS reports should be submitted within 24 hours. The ND indicated the group home had asked the day program staff to keep client B and the peer who bit him twice separated while at the day program.</p> <p>9-3-2(a)</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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 14 incident/investigative reports reviewed affecting clients C, D and F, the facility failed to report incidents to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigation reports was conducted on 10/4/13 at 9:45 AM.</p> <p>On 8/17/13 at 10:45 AM (reported to BDDS on 8/19/13), client D kicked client F on the left shin and slapped client C on the back and grabbed his shirt. Client D then kicked a volunteer at the benefit the clients were attending. Client D flipped over a table and slapped client C on the back again. The facility's investigation, not dated, indicated client to client without injury was substantiated with intent to cause abuse/harm/injury. The report indicated, in part, "The home was scheduled for 3 staff that day, but one had</p>	W000153	To correct this deficient practice and ensure it does not recur in the future, all staff, including the QDDP, Team Manager and all DSPs will be re-trained on their obligation to report incidences of abuse, including client to client abuse, within 24 hours of the incident. In order to identify others that may have been affected by the deficient practice, the Quality Assurance Director will review incident reports for all individuals in the home to ensure they were timely. The corrective action will be monitored through the Network Director checklist as part of the Life Designs Quality Assurance Process.	11/07/2013	

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	<p>asked to be able to leave his shift early. The manager approved this early leave as the other 2 staff felt comfortable in being able to take all the gentlemen to the event."</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 10/4/13 at 10:10 AM. The QAD indicated BDDS reports should be submitted within 24 hours of the incident.</p> <p>On 10/7/13 at 9:14 AM, the Network Director (ND) indicated BDDS reports should be submitted within 24 hours.</p> <p>9-3-2(a)</p>				

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-1(a) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: a service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of the individuals.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 14 incident/investigative reports reviewed affecting clients B, C, D and F, the facility failed to ensure an incident in which the smoke detectors sounding requiring the response of the fire department was reported to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours.</p> <p>Findings include:</p>	W009999	To correct this deficient practice and ensure it does not recur in the future, all staff, including the QDDP, Team Manager and all DSPs will be re-trained on circumstances that are reportable to BDDS in accordance with 460IAC 9-3-1(a), with an emphasis on structural or environmental problems that may jeopardize the health or welfare of the individuals living there. They will be reminded of their obligation to report such instances within 24 hours of the incident. The corrective action will be monitored through the Network Director checklist as part of the LifeDesignsQuality Assurance Process.	11/07/2013			

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	<p>On 8/11/13 at 11:47 AM, the smoke alarm in the kitchen was triggered by the stove burner. Once the alarm sounded, staff verbally notified customers to exit the house through the front door. All customers that were home completed the fire drill as it is routinely done. The fire department then cleared the house and everyone resumed their day. This affected clients B, C, D and F. This incident was not reported to BDDS.</p> <p>On 10/7/13 at 9:18 AM, the ND indicated incidents of the fire alarms going off do to smoke in the home should be reported to BDDS.</p> <p>9-3-1(b)</p>			