

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G610	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2012
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN 47408
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W0000	<p>This visit was for a full recertification and state licensure survey.</p> <p>This visit was in conjunction with the PCR (Post Certification Revisit) to complaint #IN00100962 completed on 1/12/12.</p> <p>This visit was in conjunction with the PCR to the PCR to complaint #IN00099300 completed on 1/12/12.</p> <p>Survey Dates: February 14, 15, 16, 17, 20 and 21, 2012.</p> <p>Facility Number: 001172 Provider Number: 15G610 AIM Number: 100240110</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 2/27/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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 observation, record review and interview for 5 of 5 clients (A, B, C, D and E), the governing body failed to ensure there was a policy/procedure in place to provide client-specific training to substitute staff working in the group home.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. During the observation, staff #7 worked at the home. At 5:23 PM, dinner started. At 5:25 PM, staff #7 served client B catsup and client E french fries. At 5:27 PM, staff #7 served client B catsup. At 5:34 PM, staff #7 put catsup on client E's hamburger bun. At 5:37 PM, client B handed staff #7 his glass. Staff #7 poured his drink. At 5:38 PM, staff #7 poured client C's drink.</p> <p>An interview with staff #7 was conducted on 2/14/12 at 3:45 PM. Staff #7 stated she was a "pull-in" staff. She indicated she did not usually work at this group home.</p> <p>A review of staff #7's training records was</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 policy/procedure in place to provide client-specific training to substitute staff working in the group home, the Director Human Resources will revise the staff training policy. The revision in the policy will require all substitution staff to review client specific plans prior to working with the clients in the home. The DHR will train the DORS, ADORS, QID, Program Directors, CLM's, and QDDP's on the policy revisions by March 22, 2012. The PD's, CLM's, or designee will ensure substitute staff are trained on the overview prior to working with the clients in the group home. Also prior to the weekly schedule approval, the PD will ensure all substitute staff are trained and the training sheets are on file with the HR office. A copy of the revised policy and copies of the signed training sheets will be available at the LifeDesigns office.</p>	03/30/2012			

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	<p>conducted on 2/16/12 at 1:06 PM. Staff #7 received "in-house" training on 1/27/12 from the Medical Coordinator. The training included evacuation plans, on-call guidelines, fire alarms, smoking area, first aid supplies, emergency food supply, and documentation related to individual receiving services. The training did not include information on client-specific documentation such as Individual Support Plans, Replacement Skills Plans, and Nursing Care Plans. This affected clients A, B, C, D and E.</p> <p>A review of the facility's policy on staff training was conducted on 2/20/12 at 10:12 AM. The policy, dated 11/2/07, indicated the following, "1. Employees may not work alone inside or outside of the home without Core A and Core B certification. a. Defined as: No one on one outings, no working overnights, taking individuals to health or other appointments alone. If unsure regarding a situation-contact your supervisor. 2. Employees may not work alone inside or outside of the home without CPR and First Aid certification. a. Defined as: No one on one outings, no working overnights, taking individuals to health or other appointments alone. 3. Employees may not work as an individual's "One on One" staff without completing the entire NEO (New</p>			

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	<p>Employee Orientation) curriculum. 4. Employees MAY NOT pass ANY medications without being certified in both Core A and Core B. 5. Employees may not work with individuals who have a seizure diagnosis. 6. Employees may not independently or assist another staff with transferring individuals using significant types of adaptive equipment. a. "Significant types of adaptive equipment" is identified as: Wheelchairs, Gait trainers, Walkers, Transfer vests, Shower Chairs, Geri Chairs. 7. Employees may not work with individuals requiring restrictive behavior interventions. a. Restrictive behavior interventions are defined as physical restraints and/or prn (as needed) medication supports. 8. Employees cannot assist with feeding or preparing food for individuals on special diets. a. Special diets are defined as: mechanical soft, puree, thickened liquids, allergy specific, portion controlled, or those individuals having swallowing or special protocols for meals prior to feeding, during feeding or following feeding or meals. 9. Employees cannot drive the vans until written verification of Christole Van training has been completed. a. May not transport in their own vehicle until completing entire NEO curriculum. 10. Employees cannot work in any supported living setting without completing entire</p>			

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	<p>NEO curriculum. 11. The QMRP and/or CLM must ensure that the employee has been trained on all of the following prior to working the floor: a. Christole Abuse and Neglect Policy b. Universal Precautions and Blood-borne Pathogens Policy c. Location of First Aid Kit and Other Universal Precautions Equipment and d. Location of Emergency Phone List and Contact Numbers." The policy did not indicate staff needed to receive training on client-specific information such as Individual Support Plans, Replacement Skills Plans and Nursing Care Plans.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 2/20/12 at 10:31 AM. AS #1 indicated the facility's policy for training substitute staff did not indicate staff needed to be trained on client-specific plans. AS #1 indicated there was no procedure in place for training substitute staff on client-specific information.</p> <p>9-3-1(a)</p>						

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, interview and record review for 3 of 3 clients in the sample (A, C, E), the facility failed to ensure outside services (school) met the needs of the clients by failing to provide oversight at the schools.</p> <p>Findings include:</p> <p>1) An observation at the school client E attended was conducted on 2/15/12 at 10:33 AM to 10:55 AM. Client E attempted to sleep during the observations. He was sitting with a word search paper at a desk and had his head down and his eyes closed. His teacher attempted to get him to complete his task several times however client E continued to try to sleep.</p> <p>An interview with client E's teacher was conducted on 2/15/12 at 10:33 AM. The teacher indicated she had requested clothes numerous times from the group home for client E to wear for gym class. The teacher indicated client E had to borrow shorts in order to participate in the class. The teacher indicated she had not seen administrative staff conduct observations and interviews at the school</p>	W0120	W 120 LifeDesigns is committed to ensuring that outside services meet the needs of each client by providing oversight to the Day programs. The Quality Improvement Director (QID) will re-train the Program Directors and the QDDP's on completing routine observations at the day programs by March 22, 2012. The DORS will meet with the QDDP's on a regular basis to ensure observations are being completed in a timely manner. A copy of the signed training sheets will be available at the LifeDesigns office. Copies of the completed observations of Day programs will be kept on file at the group home and copies will be sent to the DORS.	03/30/2012			

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	<p>since school started in August 2011. She indicated she had spoken to the Medical Coordinator when he came in to pick up client E for doctor's appointments. The teacher indicated client E's sleeping was an on-going issue. She indicated client E attempted to sleep throughout his school day. The teacher indicated early on in the school year the school treated client E's sleeping as a behavior issue. The teacher indicated client E was falling asleep while standing.</p> <p>2) An observation at the school clients A and C attended was conducted on 2/15/12 at from 11:25 AM to 11:48 AM. Clients A and C were seated on the couch in their classroom during the observation. The clients were not engaged in activities and were not prompted to engage in activities. At 11:48 AM, client C left the room to go to lunch with a teacher's aide.</p> <p>An interview with clients A and C's teacher was conducted on 2/15/12 at 11:25 AM. The teacher indicated the school did not receive adequate communication from the group home. The teacher stated the book contained information such as "slept well" and "had a good morning." The teacher indicated client C needed to wear pants that did not fall down when he jumped around; she indicated the group home sent in belts.</p>			

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	<p>The teacher indicated client A started exhibiting a new behavior of tearing pages out of books and magazines starting after he returned from winter break. The teacher indicated this new behavior interfered with his learning. The teacher indicated client A used to enjoy sitting and looking at books and magazines but now can not do so without tearing pages out of the books. The teacher indicated she had not seen anyone from the group home conducting observations or communicating with the school about their concerns and issues. The teacher indicated she did not have the current Individual Support Plans or Replacement Skills Plans from the group home for clients A and C.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/16/12 at 12:32 PM. The QMRP indicated she was the interim QMRP and had not been to the schools for clients A, C and E. The QMRP indicated the group home should visit the schools consistently.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 12:32 PM. The PD indicated he had not been to clients A, C and E's schools.</p> <p>9-3-1(a)</p>						

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 1 of 2 non-sampled clients (B), the facility failed to ensure the client had the right to due process in regard to removing the cord for his radio from his bedroom.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. At 4:10 PM, staff #7 exited client B's bedroom and went into the living room. Staff #7 asked staff #5 if he knew where the cord for client B's radio was. Staff #5 went over the TV stand and pulled the cord out from the left side of the TV and handed the cord to staff #7. Staff #7 took the cord to client B's room in order for client B to listen to his radio.</p> <p>A review of client B's record was conducted on 2/16/12 at 12:29 PM. Client B's Individual Support Plan (ISP), dated November 2010, and Replacement Skills Plan (RSP), dated 11/16/10, indicated there was no plan for staff to</p>	W0125	W125 LifeDesigns is committed to ensuring the rights of all the clients including the right to due process. The Program Director or QDDP will train the Dunn group home staff on client rights by March 22, 2012. The QDDP will schedule an IDT with the parent/guardian present or by conference call to discuss the removal of radio cord from client "B" due to potential sleep disturbance. The IDT will be scheduled with plan in place according to the outcome of the IDT meeting by March 22, 2012. The QDDP or PD will follow up on all IDT recommendations and ensure all recommendations are met. A copy of the IDT meeting and copy of the signed training sheet will be available at the LifeDesigns office.	03/30/2012	

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	<p>remove his radio cord from his bedroom.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 12:32 PM. The PD indicated client B's radio cord was removed from his room in order for client B to complete other tasks. The PD indicated client B enjoyed listening to music in his room.</p> <p>9-3-2(a)</p>			

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 3 of 5 clients living in the group home (A, B and C), the facility failed to ensure the clients accessed their petty cash funds.</p> <p>Findings include:</p> <p>A review of the clients' financial records was conducted on 2/15/12 at 9:26 AM. -Client A's Petty Cash Ledger, dated 2011, indicated client A had not accessed his petty cash funds since 8/18/11. -Client B's Petty Cash Ledger, dated 2011, indicated client B had not accessed his petty cash funds since 10/20/11. -Client C's Petty Cash Ledger, dated 2011, indicated client C had not accessed his petty cash funds since 10/20/11.</p> <p>An interview with the Program Director (PD) was conducted on 2/15/12 at 9:26 AM. The PD indicated clients A, B and C had not accessed their money since October 2011. On 2/16/12 at 12:32 PM, the PD indicated the clients should access their petty cash at least monthly.</p> <p>9-3-2(a)</p>	W0126	<p>W 126 LifeDesigns is committed to ensuring the rights of all clients including allowing the client's to access their petty cash funds. The Assistant Director of Residential Services (ADORS) will train the Program Directors on accessing client petty cash funds by March 22, 2012. The PD's will train the CLM's on their responsibility to ensure reasonable opportunities for clients to purchase items or desired services with their personal money. This training will be completed by March 22, 2012 and a copy of the signed training sheet will be available at the LifeDesigns office. Documentation of these outings and purchases will be maintained on the client petty cash ledger and their daily progress notes. Program Directors will revise the monthly audit to include clients accessing personal funds by March 22, 2012. PD's will submit monthly audits to the ADORS who will verify completion. A copy of the revised monthly audit will be available at the LifeDesigns office.</p>	03/30/2012			

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 2 of 5 clients living in the group home (C and D), the facility failed to keep an accurate accounting of the clients' funds.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 2/15/12 at 9:26 AM.</p> <p>1) On 2/13/12, a withdrawal was noted on client C's Petty Cash Ledger, dated 2011. The withdrawal was in the amount of \$48.30. The Transaction/Vendor note indicated the following, "Christole reimbursed into account." The ledger did not contain documentation indicating where or when the money was spent or who withdrew the money. A review of client C's savings account bank statement, dated 2/15/12, indicated a deposit was made in the amount of \$48.30 on 2/14/12. There was no documentation in client C's financial documentation indicating the description of purchases in the amount of \$48.30.</p> <p>An interview with the Program Director (PD) was conducted on 2/15/12 at 9:26 AM. The PD indicated the withdrawal</p>	W0140	W 140 LifeDesigns is committed to establishing and maintaining a system that assures a full and complete accounting of client's funds. The Assistant Director of Residential Services (ADORS) will revise the procedure for Management of Individual Funds to include an investigation being conducted anytime there is a discrepancy in client funds by March 22, 2012. The ADORS will train the PD's and CLM's on the revision by March 22, 2012. PD's will submit monthly audits to the ADORS who will verify completion. A copy of the revised Procedure for Management of Individual Funds and copy of the signed training sheet will be available at the LifeDesigns office.	03/30/2012			

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	<p>(\$48.30) noted on client C's Petty Cash Ledger was the amount of money missing from his account. The PD indicated when client C's money was counted, client C should have had \$56.05; client C had \$7.75. The PD indicated the facility did not know where the money was, where it was spent or who withdrew the money. The PD indicated the missing money was discovered during an audit.</p> <p>2) On 2/13/12, a withdrawal was noted on client D's Petty Cash Ledger, dated 2011. The withdrawal was in the amount of \$9.54. A note on the form, dated 1/19/11, indicated an audit was conducted. The note indicated the account was short \$9.54. The Transaction/Vendor note indicated the following, "Christole reimbursed \$ (money) into account." The ledger did not contain documentation indicating where or when the money was spent or who withdrew the money. A review of client D's savings account bank statement, dated 2/15/12, indicated a deposit was made in the amount of \$9.54 on 2/14/12. There was no documentation in client D's financial documentation indicating the description of purchases in the amount of \$9.54.</p> <p>An interview with the Program Director (PD) was conducted on 2/15/12 at 9:26</p>				

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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN 47408
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	<p>AM. The PD indicated client D was missing \$9.54 discovered during an audit. The PD indicated client D's account should have had \$12.45 but had only \$2.91 during the audit. The PD indicated the facility did not know where the money was, where it was spent or who withdrew the money. The PD indicated the facility was responsible for accounting for the clients' funds to the \$.01.</p> <p>9-3-2(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 3 of 3 investigative reports reviewed affecting clients A, B, C, D and E, 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 2/14/12 at 11:46 AM.</p> <p>-On 1/17/12 at 11:45 AM, client E hit client A when client A picked up a drink off the dining room table that was not his. The facility substantiated abuse.</p> <p>-On 1/23/12 from 3:45 AM to 4:15 AM, the former home manager (HM) observed, through a window, staff #5 lying on the group home couch during the overnight shift. The HM indicated staff #5 was asleep. The HM was at the home checking on staff #5 after receiving reports of concern on 1/20/12 from staff #4 and former staff #8; the Program Coordinator (PC) was also present when staff reported the concerns. Staff #4 and #8 indicated to the HM client E reported to them he had been binge eating during the overnight shift while staff #5 slept.</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 efforts to prevent/prohibit Client "E" from aggression and abuse towards peers:</p> <ul style="list-style-type: none"> ·Client "E" has been placed on one-on-one staffing during evening and waking hours. ·An earning program has been implemented for not threatening and/or harming others. ·Staff has been trained on above mentioned plans. ·The QDDP is currently working on a program plan for Client "E" to learn replacement skills when upset. RSP was revised to include antecedents common that irritate Client "E" by his peers to allow staff to be proactive. ·Dunn group home staff has been trained per W 153. ·Routine Active Continuing Training by PD's and QDDP's will ensure that all plans in place are being followed. Copies of the ACT will be submitted to the DORS and ADORS. <p>All Dunn group home staff was retrained on Intellectual Disabilities and Abuse. All staff aware of the incident as determined by the investigation team was placed on</p>	03/30/2012			

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	<p>Staff #3 also reported the same concerns to the HM. An interview with staff #5 included in the investigative packet indicated, "he did not think he fell asleep...". Staff #5 indicated, "at most he 'nodded' but got right up." Client E indicated in his interview he had observed staff #5 sleeping during the overnight shift more than one time. Client E indicated he could hear staff #5 snoring and his snoring had awakened him at night. The facility did not substantiate neglect. This affected clients A, B, C, D and E.</p> <p>The HM and PD did not report the allegation of neglect to administrative staff until 1/23/12 after the HM completed his observation at the home. Staff #1 and #8 were informed by client E on 1/19/12 he had eaten 10 cookies during the night while staff #5 was asleep; the staff reported their concerns to the HM and PD on 1/20/12. Staff #3 was told by client E of staff #5's sleeping during the overnight shift sometime around 1/18/12, staff #3 reported the allegation on 1/22/12. Staff #4 indicated client E reported to her around 1/18/12 staff #5 was sleeping during the overnight shift. Staff #4 reported her concerns to the PD and HM on 1/20/12.</p> <p>-On 2/17/12 at 5:30 PM, client E hit client</p>		Administrative Leave until intensive training was completed. All staff aware of the incident and did not report immediately received corrective action and were placed on six month probation. Two staff that failed to report and had prior concerns was released from employment. Copies of Client "E's" program plans, the investigation report, and copies of the signed training sheets will be available at the LifeDesigns office.				

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	<p>C. Client E was redirected to his room to calm. Once calm, client E returned to the area where client C was located and sat down on the couch. Client C ran over to the couch and jumped on it. Client E reached out and hit client C again. The facility substantiated abuse.</p> <p>A review of the facility's Investigative Incident Report Process, dated 2/6/12, was reviewed on 2/14/12 at 11:41 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 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 Administrative Staff</p>						

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	<p>(AS) #1 was conducted on 2/14/12 at 12:25 PM. AS #1 indicated due to the HM conducting his observation from outside the home, the facility could not be certain staff #5 was actually asleep. AS #1, on 2/14/12 at 12:28 PM, indicated the facility prohibited abuse and neglect. AS #1 indicated the staff should immediately report allegations of abuse and neglect to administrative staff. AS #1 indicated the facility should prevent abuse and neglect of the clients.</p> <p>9-3-2(a)</p>			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</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 3 investigative packets reviewed affecting clients A, B, C, D and E, the facility failed to ensure staff immediately reported an allegation of neglect to administrative staff, in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 2/14/12 at 11:46 AM. On 1/23/12 from 3:45 AM to 4:15 AM, the former home manager (HM) observed, through a window, staff #5 lying on the group home couch during the overnight shift. The HM indicated staff #5 was asleep. The HM was at the home checking on staff #5 after receiving reports of concern on 1/20/12 from staff #4 and former staff #8; the Program Director (PD) was also present when staff reported the concerns. Staff #4 and #8 indicated to the HM client E reported to them he had been binge eating during the overnight shift while staff #5 slept. Staff</p>	W0153	<p>W 153 Life Designs is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served as well as ensuring immediate reporting of any neglect or abuse. All Dunn group home staff was retrained on Intellectual Disabilities and Abuse. All staff aware of the incident as determined by the investigation team was placed on Administrative Leave until intensive training was completed. All staff aware of the incident and did not report immediately received corrective action and were placed on six month probation. Two staff that failed to report and had prior concerns was released from employment. Routine Active Continuing Training by PD's and QDDP's will ensure that all plans in place are being followed. Copies of the ACT will be submitted to the DORS and ADORS. Copies of the training signature sheets, investigation file and above staff information will be available at the LifeDesigns office.</p>	03/30/2012			

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	<p>#3 also reported the same concerns to the HM. An interview with staff #5 included in the investigative packet indicated, "he did not think he fell asleep...". Staff #5 indicated, "at most he 'nodded' but got right up." Client E indicated in his interview he had observed staff #5 sleeping during the overnight shift more than one time. Client E indicated he could hear staff #5 snoring and his snoring had awakened him at night. The facility did not substantiate neglect. This affected clients A, B, C, D and E.</p> <p>The HM and PD did not report the allegation of neglect to administrative staff until 1/23/12 after the HM completed his observation at the home. Staff #1 and #8 were informed by client E on 1/19/12 he had eaten 10 cookies during the night while staff #5 was asleep; the staff reported their concerns to the HM and PD on 1/20/12. Staff #3 was told by client E of staff #5's sleeping during the overnight shift sometime around 1/18/12, staff #3 reported the allegation on 1/22/12. Staff #4 indicated client E reported to her around 1/18/12 staff #5 was sleeping during the overnight shift. Staff #4 reported her concerns to the PD and HM on 1/20/12.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/14/12 at</p>						

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	12:25 PM. AS #1 indicated the staff should immediately report allegations of abuse and neglect to administrative staff. 9-3-2(a)				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 5 clients (C and D) who had money missing from their petty cash, the facility failed to conduct a thorough investigation.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 2/15/12 at 9:26 AM.</p> <p>1) On 2/13/12, a withdrawal was noted on client C's Petty Cash Ledger, dated 2011. The withdrawal was in the amount of \$48.30. The Transaction/Vendor note indicated the following, "Christole reimbursed into account." The ledger did not contain documentation indicating where or when the money was spent or who withdrew the money. A review of client C's savings account bank statement, dated 2/15/12, indicated a deposit was made in the amount of \$48.30 on 2/14/12. There was no documentation in client C's financial documentation indicating the description of purchases in the amount of \$48.30.</p> <p>An interview with the Program Director (PD) was conducted on 2/15/12 at 9:26 AM. The PD indicated the withdrawal (\$48.30) noted on client C's Petty Cash</p>	W0154	<p>W 154 LifeDesigns is committed to establishing and maintaining a system that assures a full and complete accounting of client's funds. The Assistant Director of Residential Services (ADORS) will revise the procedure for Management of Individual Funds to include an investigation being conducted anytime there is a discrepancy in client funds by March 22, 2012. The ADORS will train the PD's and CLM's on the revision by March 22, 2012. PD's will submit monthly audits to the ADORS who will verify completion. A copy of the revised Procedure for Management of Individual Funds and copy of the signed training sheet will be available at the LifeDesigns office.</p>	03/30/2012			

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	<p>Ledger was the amount of money missing from his account. The PD indicated when client C's money was counted, client C should have had \$56.05; client C had \$7.75. The PD indicated the facility did not know where the money was, where it was spent or who withdrew the money. The PD indicated the missing money was discovered during an audit.</p> <p>2) On 2/13/12, a withdrawal was noted on client D's Petty Cash Ledger, dated 2011. The withdrawal was in the amount of \$9.54. A note on the form, dated 1/19/11, indicated an audit was conducted. The noted indicated the account was short \$9.54. The Transaction/Vendor note indicated the following, "Christole reimbursed \$ (money) into account." The ledger did not contain documentation indicating where or when the money was spent or who withdrew the money. A review of client D's savings account bank statement, dated 2/15/12, indicated a deposit was made in the amount of \$9.54 on 2/14/12. There was no documentation in client D's financial documentation indicating the description of purchases in the amount of \$9.54.</p> <p>An interview with the Program Director (PD) was conducted on 2/15/12 at 9:26 AM. The PD indicated client D was</p>						

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	<p>missing \$9.54 discovered during an audit. The PD indicated client D's account should have had \$12.45 but had only \$2.91 during the audit. The PD indicated the facility did not know where the money was, where it was spent or who withdrew the money. The PD indicated the facility was responsible for accounting for the clients' funds to the \$.01. The PD indicated he was unsure if an investigation was conducted.</p> <p>A review of the facility's incident/investigative reports was conducted on 2/14/12 at 11:46 AM. There was no documentation an investigation was conducted regarding the missing money from client C and D's petty cash.</p> <p>An interview with Administrative Staff (AS) #1 on 2/15/12 at 10:05 AM. AS #1 indicated during an audit of the clients' finances in January 2012, the facility discovered client C and D's petty cash was missing money. AS #1 indicated the money was reimbursed. AS #1 indicated an investigation was not conducting since the staff who had access to the money at the time were no longer employed by the facility. AS #1 indicated the facility typically conducted investigations when money was missing.</p>			

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (E), the Qualified Mental Retardation Professional failed to ensure a recommendation from the physical therapist (PT) was implemented.</p> <p>Findings include:</p> <p>A review of client E's record was conducted on 2/16/12 at 11:16 AM. On 8/4/11, client E had a PT assessment. The PT indicated, "No formal PT services indicated but recommend using step stool to get in/out of van."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/16/12 at 12:32 PM. The QMRP indicated client E had a step stool. The QMRP indicated the step stool was in client E's bedroom. The QMRP indicated there was no step stool in the van for client E to use. The QMRP indicated there should be a step stool in the van for client E.</p> <p>9-3-3(a)</p>	W0159	<p>W 159 Life Designs is dedicated in providing integrated and coordinated active treatment that is monitored by the QDDP. The Director of Residential Services (DORS) will train the QDDP's on appropriate follow through on all recommendations to ensure comprehensive and integrated program plans per client's need. This training will be completed by March 22, 2012. Routine Active Continuing Training by PD's and QDDP's will ensure that all plans in place are being followed. Copies of the ACT will be submitted to the DORS and ADORS. A copy of the signed training sheet will be available at the LifeDesigns office.</p>	03/30/2012	

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 5 of 5 clients living in the group home (A, B, C, D and E), the facility failed to ensure staff received client specific training prior to working at the group home.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. During the observation, staff #7 worked at the home.</p> <p>An interview with staff #7 was conducted on 2/14/12 at 3:45 PM. Staff #7 stated she was a "pull-in" staff. She indicated she did not usually work at this group home.</p> <p>A review of staff #7's training records was conducted on 2/16/12 at 1:06 PM. Staff #7 received training on 1/27/12 from the Medical Coordinator. The training did not include information on client-specific documentation such as Individual Support Plans, Replacement Skills Plans, and Nursing Care Plans. This affected clients A, B, C, D and E.</p>	W0189	W 189 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 policy and procedure in place to provide client-specific training to substitute staff working in the group home, the Director Human Resources will revise the staff training policy. The revision in the policy will require all substitution staff to review client specific plans prior to working with the clients in the home. Also prior to the weekly schedule approval, the PD will ensure all substitute staff are trained and the training sheets are on file with the HR office. The DHR will train the DORS, ADORS, QID, Program Directors, CLM's, and QDDP's on the policy revisions by March 22, 2012. The PD's, CLM's, or designee will ensure substitute staff are trained on the overview prior to working with the clients in the group home. All Dunn group home staff has received complete in-house training. A copy of the revised policy and copies of the signed training sheets will be available at	03/30/2012			

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	<p>2) A review of the facility's incident/investigative reports was conducted on 2/14/12 at 11:46 AM. On 1/23/12 from 3:45 AM to 4:15 AM, the former home manager (HM) observed, through a window, staff #5 lying on the group home couch during the overnight shift. The HM indicated staff #5 was asleep. The HM was at the home checking on staff #5 after receiving reports of concern on 1/20/12 from staff #4 and former staff #8; the Program Director (PD) was also present when staff reported the concerns. Staff #4 and #8 indicated to the HM client E reported to them he had been binge eating during the overnight shift while staff #5 slept. Staff #3 also reported the same concerns to the HM. An interview with staff #5 included in the investigative packet indicated, "he did not think he fell asleep...". Staff #5 indicated, "at most he 'nodded' but got right up." Client E indicated in his interview he had observed staff #5 sleeping during the overnight shift more than one time. Client E indicated he could hear staff #5 snoring and his snoring had awakened him at night. The facility did not substantiate neglect. This affected clients A, B, C, D and E.</p> <p>The investigation, dated 1/30/12, indicated partial (client-specific) in-house</p>		the LifeDesigns office.				

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	<p>training records were found for staff #3, #4 and #8. Staff #2 and #5's training records were unable to be located for the investigation. There was no documentation staff #2 and #5 received in-house or client-specific training prior to the incident on 1/23/12.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/14/12 at 12:25 PM. AS #1 indicated the facility should ensure the staff received training prior to working in the group home.</p> <p>9-3-3(a)</p>			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 2 of 5 clients living in the group home (A and C), the facility failed to ensure there were plans addressing: 1) client A's maladaptive behavior of tearing pages from books and magazines and 2) client C's vomiting if he eats too much during a meal.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. At 3:42 PM, client A was sitting on the couch tearing pages out of a magazine. Staff #6 redirected client A from tearing the pages out however client A continued to tear pages out of the magazine. At 3:56 PM, client A was sitting on the couch tearing pages out of a magazine. Client A was chewing on pieces of paper he tore from the magazine. At 3:57 PM, client A went over to Valentine's Day decorations hanging on the wall and tore part of the decoration off the wall. On 2/15/12 at 7:14 AM, client A tore several pages out of a magazine. Staff prompted client A to</p>	W0227	<p>W 227 LifeDesigns is committed to meeting specific objectives necessary to meet the individual's needs identified by comprehensive assessments. LifeDesigns is also dedicated in providing integrated and coordinated active treatment that is monitored by the QDDP. The Director of Residential Services (DORS) will train the QDDP's on appropriate follow through on all recommendations to ensure comprehensive and integrated program plans per client's need. This training will be completed by March 22, 2012. The QDDP will complete observations on clients "A" and "C" behaviors and develop appropriate plans by March 22, 2012. The QDDP will train Dunn group home staff on the plans by March 22, 2012. Copies of the RSP's and signed training sheets will be available at the LifeDesigns office. Nurse will revise/update Nursing care plan to include the issue of vomiting with the potential for aspiration. The revision will include the GERD protocol and use of Omeprazole. Nurse will also communicate with the Gastro enologist if any gastro changes. The QDDP and CLM will</p>	03/30/2012			

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	<p>throw the pages in the trash. On 2/15/12 at 7:17 AM, client A tore a page out of a Winnie the Pooh book and was told to throw the page away.</p> <p>An observation was conducted at client A's school on 2/15/12 from 11:25 AM to 11:47 AM. During the observation, client A's teacher indicated since winter break ended and client A returned to school, client A had been tearing pages from books and magazines. She indicated the behavior occurred throughout the day. The teacher indicated this was a new, on-going issue for client A. The teacher indicated she was not aware of a plan to address the behavior. The teacher indicated prior to the winter break, client A used to enjoy sitting, reading and looking at books and magazines. The teacher indicated client A's tearing the pages out of books had interfered with a previously enjoyable activity.</p> <p>A review of client A's record was conducted on 2/16/12 at 10:38 AM. Client A's Replacement Skills Plan (RSP), dated 10/6/11, indicated he had the following targeted behaviors, darting, tantrumming, inappropriate eating, aggression, hyperactivity and self-injurious behavior. The RSP did not address client A's behavior of tearing pages out of books and magazines. There</p>		<p>complete routine dsyphagia audits and submit to the group home nurse upon completion. The nurse will follow up as needed. The NCP will be updated by March 22, 2012. The Nurse will train Dunn group home staff on revised NCP by March 22, 2012. A copy of the revised NCP and copy of the signed training sheet will be available at the LifeDesigns office.</p>	

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	<p>was no plan in client A's record addressing tearing pages out of books and magazines.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/16/12 at 12:32 PM. The QMRP indicated client A's program plans had not been revised to address the behavior of tearing pages out of books and magazines. The QMRP indicated there was no formal goal or plan to address the behavior and there should be a plan.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 12:32 PM. The PD indicated client A's tearing pages out of books and magazines was a known behavior with no plan to address it.</p> <p>2) An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. At 5:31 PM, client C took a second hamburger off the serving plate after being told by staff #6 he needed to eat his cucumber salad before having a second burger. At 5:38 PM, client C took a third hamburger from the serving plate. At 5:40 PM, staff #5 indicated to staff #7 if client C ate too much he may throw up. Staff #5 indicated client C had thrown-up on several occasions after eating too</p>			

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	<p>much.</p> <p>A review of client C's record was conducted on 2/16/12 at 11:56 AM. His Individual Support Plan (ISP), dated 6/30/11, and RSP, dated 12/27/11, did not address client C's vomiting after eating too much food during meals. Client C's Nursing Care Plan (NCP), dated 12/17/11, indicated he had GERD (gastroesophageal reflux disease). The plan indicated the following, "STAFF RESPONSIBILITIES: [Client C] is to sit at table for all meals preferably in seated position at a 90 degree angle. Offer adequate amounts of clear liquids suggested 12 oz (ounces)/meal. [Client C] is to eat slowly and in small bites with staff to intervene if he begins to eat too rapidly or with too large of bites. Limited consumption of highly acidic food such as tomato based food items i.e. pizza, chili etc.>>one serving suggested. [Client C] is to remain upright at least 30 minutes after meals>>no naps, or going straight to bed directly after eating. [Client C] is to receive Omeprazole 20mg (milligrams) PO (by mouth) QD (once a day)>>at least 30 minutes prior to eating first meal of the day. NURSING RESPONSIBILITIES: Nurse to continue to observe [client C] at mealtime setting to watch for proper seating position as well as potential for choking, "spitting-up" at meals. Nurse</p>			

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	<p>to encourage adequate fluid intake with special emphasis on clear liquids but not of the sugary-type i.e. Kool-Aid, fruit juices etc. Nurse to communicate with gastroenterologist any significant changes in digestive system from esophagus to any excessive bowel elimination issues." The plan did not indicate staff should encourage client C to eat smaller portions during meals to decrease chance of vomiting. The plan did not indicate staff should notify the nurse when client C vomits.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/16/12 at 12:32 PM. The QMRP indicated she had not been informed of the issue for client C.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 12:32 PM. The PD indicated client C's vomiting was a known issue. The PD indicated there was no plan in place to address it. The PD indicated client C vomited on staff while sitting on the couch on 2/14/12 after the surveyor's observation ended.</p> <p>An interview with the nurse was conducted on 2/16/12 at 3:22 PM. The nurse indicated client C's NCP needed to be revised. The nurse indicated there was</p>			

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	<p>no plan in place addressing client C consuming too much food and then vomiting. The nurse indicated staff needed to watch his speed and monitor for aspiration if client C vomited. The nurse stated, "We need a better plan."</p> <p>9-3-4(a)</p>			

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (A, C and E), the facility failed to ensure the schools had the clients' current Individual Support Plans (ISPs) and Replacement Skills Plans (RSPs).</p> <p>Findings include:</p> <p>An interview with client A and C's teacher was conducted on 2/15/12 at 11:25 AM. The teacher indicated the group home had not provided client A and C's current plans. The teacher indicated having the plans would ensure consistency across both environments.</p> <p>An interview with client E's teacher was conducted on 2/15/12 at 10:33 AM. The teacher indicated she had not received client E's current plans from the group home.</p> <p>A review of client A's record was conducted on 2/16/12 at 10:38 AM. Client A's ISP and RSP were dated 10/6/11.</p>	W0248	<p>W 248 LifeDesigns is committed to ensuring that outside services meet the needs of each client by providing oversight to the Day programs. The Quality Improvement Director (QID) will re-train the Program Directors and the QDDP's on completing routine observations at the day programs by March 22, 2012. A copy of the signed training sheets will be available at the LifeDesigns office. The DORS will meet with the QDDP's on a regular basis to ensure observations are being completed in a timely manner. Copies of the completed observations of Day programs will be kept on file at the group home and copies will be sent to the Director of Residential Services. The QDDP will ensure the Teachers receive copies of client's program plans prior to March 22, 2012. Copies of signed receipts from the Teachers will be available at the LifeDesigns office.</p>	03/30/2012	

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	<p>A review of client C's record was conducted on 2/16/12 at 11:56 AM. Client C's ISP was dated 6/30/11 and his RSP was dated 12/27/11.</p> <p>A review of client E's record was conducted on 2/16/12 at 11:16 AM. Client E's ISP was dated 7/28/11 and RSP was dated 2/8/12.</p> <p>9-3-4(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 record review and interview for 1 of 3 clients in the sample (A), the facility failed to ensure client A's training objective for making purchases in the community was implemented.</p> <p>Findings include:</p> <p>A review of the clients' financial records was conducted on 2/15/12 at 9:26 AM. Client A's Petty Cash Ledger, dated 2011, indicated client A had not accessed his petty cash funds since 8/18/11.</p> <p>A review of client A's record was conducted on 2/16/12 at 10:38 AM. Client A's Individual Support Plan, dated 10/6/11, indicated he had the following training objective, "[Client A] will hand cash or debit card to cashier." The procedure indicated the following, "[Client A] will go on an outing, at least one time per week, and while on that outing staff will ensure [client A] or the group home needs to buy an item. After [client A] has helped with the shopping</p>	W0249	<p>W 249 LifeDesigns 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 Director of Residential Services (DORS) will train the QDDP's on the requirements that all program plans are to be revised at least annually, or more frequent as needed by March 22, 2012. The QDDP will ensure all program plans are up to date by March 22, 2012. The DORS will review all plans to ensure plans are up to date. The QDDP will train Dunn group home staff on all updated current plans by March 22, 2012. Copies of the training signature sheets will be available at the LifeDesigns office. Addendum ~ As of March 2012, the QDDP has updated Client "A" chart to include the implementation of the money management goal dated October 6, 2011. A copy of the IPP tracking sheet for Client "A's" current money management goal</p>	03/30/2012			

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	<p>he will go with staff to the cashier. Staff will give [client A] the cash or debit card he needs to purchase the item. If [client A] is using the debit card staff will explain to [client A] this is money coming out of the bank. [Client A] will hand the cash or debit card to the cashier. [Client A] will wait for the change or receipt and he will give this back to the staff."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/16/12 at 10:51 AM. The QMRP indicated the staff had been implementing client A's training objective from his previous program plan (10/6/10) which including using a "buy box" at the group home. The QMRP indicated staff had not implemented client A's training objective from his 10/6/11 program plan.</p> <p>9-3-4(a)</p>		<p>will be available for review at the Life Designs office. The QDDP's will monitor staff's daily documentation of client training objectives when completing monthly Tallies. This will ensure implementation of all up to date goals and objectives including money management.</p>		

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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 2 non-sampled clients (B), the facility failed to ensure his Individual Support Plan (ISP) was revised annually.</p> <p>Findings include:</p> <p>A review of client B's record was conducted on 2/16/12 at 12:29 PM. Client B's ISP was dated November 2010. There was no documentation in his record to indicate his ISP was revised since November 2010.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/17/12 at 11:44 AM. The QMRP indicated client B's ISP should be revised annually.</p> <p>9-3-4(a)</p>	W0260	W 260 LifeDesigns is committed to ensuring Individual program plans are revised, as appropriate, at least annually. The Director of Residential Services (DORS) will train the QDDP's on the requirement that all program plans are to be revised at least annually, or more frequent as needed. This training will be completed by March 22, 2012. Copy of the signed training sheet will be available at the Lifedesigns office.	03/30/2012			

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W0261	<p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based on record review and interview for 5 of 5 clients living in the group home (A, B, C, D and E), the facility failed to ensure the specially constituted committee (Human Rights Committee - HRC) had a designated client representative on the committee, who was appropriate, and/or allowed clients to participate in the HRC meetings/discussions as an HRC member.</p> <p>Findings include:</p> <p>On 2/16/12 at 11:42 AM, a review of the facility's HRC membership documentation, submitted in an email from Administrative staff #1, indicated there was no client included in the current membership affecting clients A, B, C, D and E.</p> <p>An interview was conducted with AS #1 via electronic mail on 2/16/12 at 4:25 PM. AS #1 indicated in her message, "We do not have a client representative currently.</p>	W0261	<p>W 261 LifeDesigns is committed to ensuring specially constituted committee or committees such as the Human Rights Committee (HRC) have appropriate representation of people as members. This would include consumers, who are appropriate to be allowed to participate in the meetings or discussions as an HRC member. A Life Designs consumer has agreed to join the HRC as of Wednesday, March 7, 2012. The Quality Improvement Director (QID) has informed the QDDPs, PDs, and HRC members via email on March 7, 2012. The consumer has requested some stipulations; They do not want to review all of the program plans as it was overwhelming for them in the past. The consumer agreed to participate in the meetings and respond to requests by phone. In the past, the QDDPs called the consumer, but this time the QID would like to be the sole contact person for them. The consumer gets confused and frustrated when people leave them messages and they don't quite</p>	03/30/2012			

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	<p>The Christole portion of LifeDesigns had one client that served on the HRC. It got to be too much for her to keep up with and she wanted to take a break. She has not relayed an interest to me since. I speak to her weekly. It is difficult to find an emancipated individual that is willing to participate as there are always things going through the committee which requires 'collaboration' of all members. I am continuing to look for individuals through the Options side, and outside of the agency."</p> <p>9-3-4(a)</p>		<p>know who they are. The QID has rehearsed names and phone numbers with the consumer, but that did not seem to help. A copy of the e-mail of the consumer's agreeing to serve on the HRC will be available at the Life Designs office. In the event of the consumer representative's resignation from the HRC, the QID will actively seek another consumer representative.</p>	

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 of 3 clients in the sample (A and E), the facility's nursing services failed to ensure: 1) client A had recommended dental work and 2) client E's diet was changed per the dietician's recommendations.</p> <p>Findings include:</p> <p>1) A review of client A's record was conducted on 2/16/12 at 10:38 AM. Client A had a dental visit on 5/5/11. The Medical/Dental/Visit Consult form, dated 5/5/11, indicated client A had "fair oral hygiene very limited coop (cooperative) beh (behavior) very limited exam." The Orders section indicated, "Rec (recommend) tx (treatment) with conscious sedation or in hospital in OR (operating room) under GA (general anesthesia). Possible 'bedsheet' immobilization in office to create safe dental environment for pt (patient) will review options (with) (name of dentist at hospital)." Client A's record did not contain documentation the follow-up dental work was conducted.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 12:32</p>	W0331	<p>W 331 LifeDesigns is dedicated to providing clients with nursing services in accordance with their needs. LifeDesigns will continue to follow all medical recommendations in a timely manner while maintaining the rights of the individuals served. Client "A" dental work will be completed at appointment scheduled for March 29, 2012. A copy of this consult will be on file at the LifeDesigns office upon completion of the appointment. The Nurse assigned to the group home will ensure follow up on all medical consults. The Nurse will contact Martha Gregory Associates to request dietary notes be forwarded to the Nurse for review first before sending to the group home. This will ensure that new orders will be reviewed and physician's orders will be implemented as needed. This contact will be completed prior to March 22, 2012. Nurse will send an E-Mail to the DORS by March 22, 2012 to indicate discussion and plans for Dietary services in the future. Copy of this E-mail will be available at the LifeDesigns office.</p>	03/30/2012			

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	<p>PM. The PD indicated client A's guardian moved after the 5/5/11 appointment and the facility was unable to reach her until recently in order to obtain consent for the appointment.</p> <p>An interview with the nurse was conducted on 2/16/12 at 3:22 PM. The nurse indicated client A had not been to the dentist since 5/5/11. The nurse indicated the facility attempted to contact the guardian however she had moved and not provided the facility with a contact number. The nurse indicated the appointment was scheduled and canceled several times. The nurse indicated the facility should have ensured the follow-up appointment was held.</p> <p>2) A review of client E's record was conducted on 2/16/12 at 11:16 AM. On 1/9/12, the dietician recommended adding NCS (no concentrated sweets) to client E's diet. Client E's Physician's Orders, dated 2/1/12, indicated client E was on a regular diet. There was no documentation in client E's record to indicate the recommendations by the dietician were implemented.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 11:29 AM. The PD indicated he was not aware of NCS diet orders being added to client</p>				

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	<p>E's diet.</p> <p>An interview with the nurse was conducted on 2/16/12 at 3:22 PM. The nurse indicated he had not seen the dietician's notes since her visit to the home. The nurse indicated he typically received the notes prior to the notes being sent to the home. The nurse indicated client E had gained 40 pounds since admission. The nurse indicated the dietician's recommendations had not been implemented and should have been.</p> <p>9-3-6(a)</p>				

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on observation, interview and record review for 2 of 4 clients observed to receive their medications (C and E), the facility failed to ensure staff #2 implemented the clients' Physician's Orders as written.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/15/12 from 5:56 AM to 7:50 AM.</p> <p>1) At 6:09 AM, client E received his medications from staff #2. Staff #2 administered Tenex (attention deficit hyperactivity disorder) and then took client E's pulse and blood pressure.</p> <p>A review of client E's record was conducted on 2/16/12 at 11:16 AM. Client E's Physician's Orders, dated 2/1/12, indicated to take his pulse daily prior to Tenex and to take his blood pressure 2 times weekly prior to Tenex. Client E's Nursing Care Plan, dated 12/27/11, indicated staff were to monitor his blood pressure daily for 30 days in an effort to establish a baseline blood pressure and pulse. If blood pressure was less than 90/60, call nurse for instructions.</p>	W0368	W 368 LifeDesigns is dedicated to implementing a system for drug administration and ensuring that all drugs are administrated in compliance with the physician's orders. LifeDesigns will follow the Medication Error Policy as written. Staff #2 will receive a Key Medication Error and will be retrained by the Nurse by March 22, 2012. The Nurse will train the Dunn group home staff on when to give medication for Client "C" to ensure the physician's order is followed as written. This training will be completed by March 22, 2012. A copy of the signed training sheet will be available at the Life Designs office. The CLM and QDDP will also complete routine medication pass audits and submit to the group home Nurse upon completion. The Nurse will follow up as needed.	03/30/2012			

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	<p>If pulse was less than 60, hold Tenex and call the nurse.</p> <p>2) On 2/15/12 at 7:04 AM, client C received Omeprazole from staff #2. The instructions on the pack the medication was administered from indicated the med should be administered 30 minutes prior to breakfast. The surveyor did not observe when client C ate his breakfast.</p> <p>An interview with staff #9 was conducted on 2/15/12 at 7:13 AM. Staff #9 indicated client C ate his breakfast prior to receiving his medications.</p> <p>An interview with the Program Director (PD) was conducted on 2/16/12 at 12:32 PM. The PD indicated the staff should administer the clients' medications in accordance with the Physician's Orders.</p> <p>An interview with the nurse was conducted on 2/16/12 at 3:22 PM. The nurse indicated client E's pulse and blood pressure should be obtained prior to staff administering his medication (Tenex). The nurse indicated client C's Omeprazole should be given 30 minutes prior to breakfast. The nurse indicated staff should implement the Physician's Orders, as written.</p> <p>9-3-6(a)</p>						

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W0407	<p>483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.</p> <p>Based on observation, interview and record review for 1 of 2 non-sampled clients (D), the facility failed to ensure the client was placed in an environment with clients of a similar functioning level.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. During the observation at 3:55 PM, client D left the group home to go out to dinner and watch a movie with his girlfriend and her mother. Client D did not have a staff with him during the outing. At 4:32 PM when staff #5 started making dinner, he indicated, to no one in particular, client D usually assists with dinner preparation. At 5:03 PM, staff #5 indicated to the Program Director (PD) that client D could fix the entire dinner without staff's assistance. During the observation at the home on 2/15/12 from 5:56 AM to 7:50 AM, client D showered and dressed without staff assistance. At 7:43 AM, client D used a key to unlock his bedroom door.</p>	W0407	W 407 LifeDesigns is dedicated to ensuring that clients are placed in an environment with other clients of a similar functioning level. The Assistant Director of Residential Services (ADORS) will contact the BDDS office regarding possible placement alternatives for Client "D" by March 22, 2012. The ADORS will also maintain continued communications with BDDS until acceptable placement is found for Client "D".	03/30/2012			

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	<p>A review of client D's record was conducted on 2/16/12 at 12:23 PM. His Individual Support Plan (ISP), dated 2/17/11, indicated he had the following training objectives: wait his turn to speak with others who are engaged in a conversation, punch out his medications into a med cup, tell staff what the medication is and what the side effects are and sign the mock MAR (medication administration record), enunciate his words when asked to slow down while speaking, clean his own bedroom and bathroom nightly, look at bills and write checks to pay for them, research natural disasters and how it affects his life, shower every morning and evening, and complete entire laundry routine.</p> <p>His Monthly Report for December 2011 indicated he met all of his training goals at 100%. In November 2011, he met his goals at 94% or higher for the month. In October 2011, he met his laundry, medication, communication goals at 97% or higher. In September 2011, he met his natural disaster, money, medication and communication goals at 100%.</p> <p>Client D's Person Centered Functional Assessment, dated 1/16/12, indicated client D was independent or needed an initial cue only in the following areas:</p>			

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	<p>toileting, feeding/eating, dressing, grooming, meals/food preparation, housekeeping, maintenance (locking/unlocking doors, using keys, plugging/unplugging cords, adjusting TV/stereo sound, adjusting blinds, replacing light bulbs, toilet paper, trash bags, batteries, raking, mowing, shoveling snow, trimming shrubs, hammering, using screwdriver, sawing, using pliers, using sandpaper and a paintbrush), community skills, social interaction, communication, money management, survival/personal safety, medication skills, and sexuality.</p> <p>A review of client A's record was conducted on 2/16/12 at 10:38 AM. Client A's ISP, dated 10/6/11, indicated his training objectives included: wiping his bottom with a wet wipe after having a bowel movement, washing his hands after using the restroom, answer questions posed to him with appropriate responses, read through his personal space social story, hand cash or debit card to a cashier, point to an oncoming car, pull Lexapro from his med tote, and put his clothes away.</p> <p>A review of client B's record was conducted on 2/16/12 at 12:29 PM. Client B's ISP, dated November 2010, indicated his training objectives included: dry all body parts, sweep the kitchen floor</p>			

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	<p>after dinner, choose academic activities from the pictures provided to incorporate into his nightly schedule, keep his hands out of his pants, purchase a beverage from staff during snack time, stop and look both ways for moving vehicles, state the rational for his Zoloft, retrieve items off the shelf at the grocery store, and wear his glasses from 4:30 to 5:30 PM, through dinner.</p> <p>A review of client C's record was conducted on 2/16/12 at 11:56 AM. Client C's ISP, dated 6/30/11, indicated his training objectives included: walk 5 steps on flat feet, take out the trash after dinner, sign shoes, sit, meds, bath and toilet throughout the day, sit to listen to a book, match a penny to a penny, a nickel to a nickel, a dime to a dime, a quarter to a quarter and a dollar to a dollar during snack time, hold staff' s hand and look both ways when crossing the street, identify and pull his Miralax powder bottle out of the med cabinet, and put his dirty clothes in his laundry basket.</p> <p>A review of client E's record was conducted on 2/16/12 at 11:16 AM. Client E's ISP, dated 7/28/11, indicated his training objectives included: make his schedule daily within 30 mins of coming home from school, look staff in the eyes when discussing his school day, follow</p>				

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	<p>medication administration regime by punching out the medications, write his address and phone number, buy a diet, caffeine-free, pop in the community by handing two-dollar bills to the cashier, stay within eyesight of staff while in the community, and participate in exercise daily.</p> <p>An interview with client D was conducted on 2/15/12 at 7:11 AM. Client D indicated he did not fit in at the home and did not like living at this home. On 2/15/12 at 7:24 AM, client D indicated he did not fit in with the other 4 boys living at the group home. Client D indicated he was not being taught anything. Client D was able to name and state the purpose of all his medications. He indicated he knew how to write checks and budget his money. Client D indicated the names of coins and currency and state their values. Client D indicated he did not want to live at the group home.</p> <p>An interview with the Medical Coordinator (MC) was conducted on 2/15/12 at 9:04 AM. The MC indicated client D had more skills than the other kids. The MC indicated client D was independent with cooking and his money skills. The MC indicated client D should be in another group home with kids at his functioning level. The MC indicated</p>						

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	<p>client D had issues with budgeting his money. The MC indicated client D was able to identify his medications and state the purpose of his medications. The MC indicated client D was independent with his hygiene skills. The MC indicated client D's skills have improved dramatically since moving into the home.</p> <p>An interview with the Program Director (PD) was conducted on 2/14/12 at 4:59 PM. The PD indicated client D was higher functioning than the other boys. The PD indicated client D knew currency and the value of money. The PD indicated client D could cook independently. The PD indicated client D could independently care for his hygiene needs. On 2/15/12 at 9:09 AM, the PD indicated client D did not interact much with the other kids due to his functioning level being much higher.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/12 at 5:06 PM. The QMRP indicated client D was high-functioning, more so than the other boys. The QMRP indicated client D could do his laundry independently. The QMRP indicated client D was a big brother to the other boys.</p> <p>An interview with the nurse was</p>			

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	<p>conducted on 2/16/12 at 3:22 PM. The nurse stated client D was, "very, very, very high functioning compared to the rest of them." The nurse indicated client D needed to be in another setting with clients at his functioning level.</p> <p>9-3-7(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 clients present during dinner (A, B, C and E), the facility failed to ensure the clients served themselves during dinner.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/14/12 from 3:40 PM to 5:50 PM. At 5:23 PM, dinner started. Staff #5 carried the serving dish with hamburgers around the table to serve to the clients. At 5:25 PM, staff #7 served client B catsup and client E french fries. At 5:27 PM, staff #7 served client B catsup. At 5:28 PM, staff #5 served client A barbeque sauce. At 5:30 PM, staff #5 poured client A's milk. At 5:34 PM, client A said, "milk," and held up his glass. Staff #5 poured client A's milk. At 5:34 PM, staff #7 put catsup on client E's hamburger bun and staff #6 served more fries to client C. At 5:37 PM, client B handed staff #7 his glass. Staff #7 poured his drink. At 5:38 PM, staff #7 poured client C's drink. At 5:38 PM, staff #5 poured catsup on client B's bun.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was</p>	W0488	W 488 LifeDesigns is committed to ensuring that each client eats in a manner consistent with his or her developmental level. The QDDP will re-train the Dunn group home staff on implementing Family-Style dining by March 22, 2012. A copy of the signed training sheet will be available at the Life Designs office. Routine Active Continuing Training by PD's and QDDP's will ensure that all plans in place are being followed. Copies of the ACT will be submitted to the DORS and ADORS to ensure continued compliance.	03/30/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G610	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/21/2012
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN 47408		
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	<p>conducted on 2/16/12 at 12:32 PM. The QMRP indicated the clients should either serve themselves or receive assistance from staff to serve themselves.</p> <p>9-3-8(a)</p>				