

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  05/17/2012
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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 post certification revisit (PCR) to the full recertification and state licensure survey completed on 2/21/12.</p> <p>This visit was in conjunction with the PCR to the PCR completed on 2/21/12 to the investigation of complaint #IN00100962 completed on 1/12/12.</p> <p>This visit was in conjunction with the PCR to the PCR completed on 2/21/12 to the PCR completed on 1/12/12 to the investigation of complaint #IN00099300 completed 12/05/11.</p> <p>Survey Dates: May 15, 16 and 17, 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.</p> <p>Quality review completed on May 22, 2012 by Dotty Walton, 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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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, record review and interview for 3 of 3 clients in the sample (A, C and E), the facility failed to ensure outside services (school) met the needs of the clients.</p> <p>Findings include:</p> <p>1) An observation was conducted at the school clients A and C attended on 5/16/12 from 8:54 AM to 9:28 AM. Clients A and C were present during the observation.</p> <p>An interview with clients A and C's teacher was conducted at 9:01 AM. The teacher indicated there were on-going issues with communication and ill-fitting clothes for clients A and C. The teacher indicated client C's pants were too big and fell down when he jumped; which he did often. The teacher indicated she purchased two pairs of pants with elastic for client C. The pants were inadvertently sent to the group home and the pants have not been seen since then. The teacher indicated the school received more information regarding the clients' morning from the bus driver than the group home. The teacher indicated the clients had</p>	W0120	<p>LifeDesigns, Inc. is committed to ensuring that outside services meet the needs of the individuals. All QDDPs were retrained by DORS on 5/23/12 about the importance of routine observations and communication with outside services, including schools, and ensuring that outside services have individual plans and information as needed. A copy of this training sheet will be on file at the LifeDesigns, Inc office. As school is out for this year, no further action can be taken at this time.</p>	06/04/2012			

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	<p>communication books however the group home documents "great morning" or "good morning" a majority of the time. The teacher indicated she wanted additional information regarding the clients' evening and morning activities and behavior. The teacher indicated the group home was not communicating pertinent information. The teacher indicated the group home staff had not been to the school to conduct observations.</p> <p>2) An observation was conducted at the school client E attended on 5/16/12 from 9:48 AM to 10:57 AM. During the observation, client E was sitting at a desk with his coat over his head seemingly asleep; he did not move and was not prompted to engage in activities or school work.</p> <p>An interview with client E's teacher of service was conducted on 5/16/12 at 9:52 AM. Client E's teacher indicated the school allowed client E to sleep in the morning due to a recent sleep study indicating client E had sleep apnea. The teacher indicated client E, once he gets some sleep, engaged in activities and his behaviors decrease significantly. The teacher indicated client E's maladaptive behavior was out of control (physical aggression, yelling, cursing, defiance) for</p>				

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	<p>approximately 3 weeks in a row. Client E was suspended for 4 days due to his behavior. The teacher indicated the school had requested a sleep study in October 2011 however it was not done until 3/28/12 and the results were not received until 4/20/12. The teacher indicated once the results were received, the school allowed client E to sleep in the mornings. The teacher indicated the school had not received client E's program plans from the group home. The teacher indicated there had been no staff conducting observations at the school.</p> <p>An interview with client E's teacher of record (TOR) was conducted on 5/16/12 at 9:59 AM. The TOR indicated since the school had allowed client E to sleep upon arrival until he naturally woke up (about 1-1.5 hours), he had completed more work in the past 3 weeks than he had the entire school year. The TOR indicated no one from the group home had conducted observations. The school had not received client E's program plans from the group home.</p> <p>An interview with client E's Occupational Therapist (OT) at school was conducted on 5/16/12 at 10:25 AM. The OT stated, "With a little sleep, [client E] has been doing much better."</p>						

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	<p>A review of client E's Individualized Educational Plan (IEP), dated 1/26/12, was reviewed on 5/16/12 at 10:54 AM. The IEP indicated, "The group home is very slow, almost negligent, is (sic) getting his sleep study done and regulating medicine. He falls asleep all the time. A video was shown with him falling asleep when he was working; he is snoring. He tries to stay awake but just can't. The group home had said they don't have that problem and thought it was behavior; however, we have pushed for the sleep study."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/16/12 at 1:39 PM. The QMRP indicated she had not been to the schools to conduct observations. The QMRP indicated she had not sent client E's plans to the school. The QMRP indicated on 5/16/12, she set up observations at both schools for next week (last week of school). The QMRP indicated she should have set up observation times prior to 5/16/12. The QMRP indicated the clients should have clothes that fit. The QMRP indicated the group home should provide pertinent information in the communication books.</p> <p>This deficiency was cited on 2/21/12. The facility failed to implement a</p>						

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	<p>systemic plan of correction to prevent recurrence.</p> <p>9-3-1(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 5 of 5 clients living in the group home (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 5/15/12 at 1:13 PM.</p> <p>-On 3/19/12, the acting Program Director audited client A's petty cash kept in the home. There was a discrepancy of "approximately twenty dollars." The PD and ACLM (assistant home manager) were the only staff with access to the money per the investigation. The PD indicated the balance was correct on 2/15/12 when audited during the annual survey. The PD had no knowledge of money being taken out of the safe. The report indicated the ACLM indicated he had not accessed the money. The PD and ACLM did not know where the money was spent or who withdrew the money. The report indicated, "The key to the safe is kept in a drawer in the office. The safe also requires a combination in order to open. If the dial to complete the</p>	W0149	<p>LifeDesigns, Inc is committed to implementing policies and procedures to prevent abuse and neglect of clients. The group home Program Director and CLM were trained to turn the combination of the group home safe to ensure that it is locked to prevent the safe from being accessed inappropriately. A copy of this training sheet is on file at the LifeDesigns, Inc office. Client E's plans have been revised to include staff being within arms length for his 1:1 protocol as well as remaining between Patrick and his peers at all time. A seating chart for the dining table has also been implemented and staff have been trained on this seating chart. Copies of these training sheets will be kept on file at the LifeDesigns, Inc office. QDDP(s) will monitor effectiveness of plan changes and seating chart through routine observations.</p>	06/04/2012	

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	<p>combination is not rotated after opening the safe, the safe can be opened again with only using the key. The staff with access to the safe should always ensure the dial is rotated after accessing the safe." The petty cash ledger showed a balance of \$33.26 and client A had \$13.50 (difference of \$19.76). The facility reimbursed client A \$19.76 on 3/30/12.</p> <p>-On 4/3/12 (reported to administrative staff on 4/4/12), staff #3 contacted the former Director of Operations, to report concerns regarding staff #6 being on her cellphone and not providing adequate supervision. On 4/3/12 (no time given), client A left the group while at the park and was not supervised for 1-2 minutes. Staff #6 was using her cellphone when he went missing and was assigned to client A. Staff #3, #6 and #7 located client A in the group home van. On 4/3/12 (no time given), client E pushed client C while staff #6 was using her cellphone. On 4/3/12, client D sent a text to staff #7 indicating he was halfway to a gas station. Client D indicated he told staff #6 he was going outside however she was using her cellphone. Staff #3 and #7 asked staff #6 where client D was and she indicated he was in his room. Staff #3 indicated staff #6 was sitting on the couch using her cellphone. The report indicated staff #6 was released from employment due to substantiated neglect.</p>						

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	<p>-On 4/3/12 at 4:25 PM, client E pushed client C. The Determination section of the investigative report indicated, "It is unclear what [client C] had (sic) that prompted [client E] to say put it down which triggered his aggression. [Staff #6] indicated she did not see it and was helping someone with shoes. [Staff #3] did see the incident and indicated he was helping someone with shoes and that [staff #6] was doing something with her phone."</p> <p>-On 4/21/12 at 6:25 PM, clients B and E were seated next to each other at the dining room table. Client B took client E's top bun of his burger and client E hit client B in the face. Client E had a 1:1 (one to one staffing ratio), at arm's length, protocol in place at the time of the incident. The 1:1 protocol, dated 4/13/12, indicated the following, "This protocol is designed to ensure all clients are safe from harm and to ensure accountability for this safety." The report indicated, "Staff were appropriately deployed at the time of the incident. There appears to have been no precursors or behavioral concerns that would have alerted staff. The incident occurred very quickly and could not have been prevented, other than having [client E] sit away from [client B]. [Client B] does not have a targeted behavior for taking food from others."</p>			

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	<p>A review of the facility's policy and procedure for abuse/neglect, titled Investigative Incident Report Process, dated 2/6/12, was reviewed on 5/15/12 at 1:42 PM. The policy indicated, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." 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 the Quality Improvement Director (QID) was conducted on 5/15/12 at 1:18 PM. The QID indicated the facility prohibited abuse and neglect of the clients. The QID indicated the facility staff should prevent abuse and neglect. The QID indicated staff should immediately report their</p>			

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	<p>concerns to administrative staff.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/16/12 at 1:39 PM. The QMRP indicated the facility prohibited abuse and neglect of the clients. The QMRP indicated the facility should prevent abuse and neglect of the clients. The QMRP indicated the staff should immediately report their concerns to administrative staff.</p> <p>This deficiency was cited on 2/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 4 of 5 clients living in the group home (A, C, D, and E), the facility failed to ensure staff immediately reported concerns of neglect to the administrator, in accordance with State law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 5/15/12 at 1:13 PM.</p> <p>-On 4/4/12, staff #3 contacted the former Director of Operations, to report concerns regarding staff #6 being on her cellphone and not providing adequate supervision during a shift on 4/3/12. On 4/3/12 (no time given), client A left the group while at the park and was not supervised for 1-2 minutes. Staff #6 was using her cellphone when he went missing and was assigned to client A. Staff #3, #6 and #7 located client A in the group home van. On 4/3/12 (no time given), client E pushed client C while staff #6 was using her cellphone. On 4/3/12, client D sent a</p>	W0153	<p>LifeDesigns, Inc. committed to ensuring that concerns of neglect are reported to the appropriate administrator. The incidents recorded in the survey were reported to DORS, Judy Langdon, who is no longer with the agency. It is unclear what was reported to Judy Langdon at that time. A new DORS is in the position. All current administrators are aware of appropriate safety measures and time frames for ensuring investigation initiation. QAC will train all future administrators on appropriate safety measures and time frames for ensuring investigation initiation. These training sheets will be on file at the LifeDesigns, Inc. office as they become necessary.</p>	06/04/2012			

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	<p>text to staff #7 indicating he was halfway to a gas station. Client D indicated he told staff #6 he was going outside however she was using her cellphone. Staff #3 and #7 asked staff #6 where client D was and she indicated he was in his room. Staff #3 indicated staff #6 was sitting on the couch using her cellphone. The report indicated staff #6 was released from employment due to substantiated neglect.</p> <p>An interview with the Quality Improvement Director (QID) was conducted on 5/15/12 at 1:18 PM. The QID indicated staff should immediately report their concerns to administrative staff.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/16/12 at 1:39 PM. The QMRP indicated the staff should immediately report their concerns to administrative staff.</p> <p>This deficiency was cited on 2/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(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 1 of 3 clients in the sample (E), the facility failed to ensure client E had a program plan addressing sleeping.</p> <p>Findings include:</p> <p>An observation was conducted at the school client E attended on 5/16/12 from 9:48 AM to 10:57 AM. During the observation, client E was sitting at a desk with his coat over his head seemingly asleep; he did not move and was not prompted to engage in activities or school work.</p> <p>An interview with client E's teacher of service was conducted on 5/16/12 at 9:52 AM. Client E's teacher indicated the school allowed client E to sleep in the morning due to a recent sleep study indicating client E had sleep apnea. The teacher indicated client E, once he gets some sleep, engaged in activities and his behavior decrease significantly. The teacher indicated client E's maladaptive behavior was out of control (physical</p>	W0227	LifeDesigns, Inc is committed to ensuring individuals have programs in place for all needed areas. Group home staff were retrained on documenting on the Monthly Sleeping Chart in the correct manner. The CLM that incorrectly trained staff on its use is no longer in a supervisory position. A copy of the training sheet will be on file at the LifeDesigns, Inc office. The LifeDesigns, Inc nurse will consult the PCP on medical/sleeping options for a more restful sleep. An IDT will be held prior to the next school year to review plans as needed for that environment.	06/04/2012			

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	<p>aggression, yelling, cursing, defiance) for approximately 3 weeks in a row. Client E was suspended for 4 days due to his behavior. The teacher indicated the school had requested a sleep study in October 2011 however it was not done until 3/28/12 and the results were not received until 4/20/12. The teacher indicated once the results were received, the school allowed client E to sleep in the mornings. The teacher indicated the school had not received client E's program plans from the group home.</p> <p>An interview with client E's teacher of record (TOR) was conducted on 5/16/12 at 9:59 AM. The TOR indicated since the school had allowed client E to sleep upon arrival until he naturally woke up (about 1-1.5 hours), he had completed more work in the past 3 weeks than he had the entire school year. The TOR indicated no one from the group home had conducted observations. The school had not received client E's program plans from the group home.</p> <p>An interview with client E's Occupational Therapist (OT) at school was conducted on 5/16/12 at 10:25 AM. The OT stated, "With a little sleep, [client E] has been doing much better."</p> <p>A review of client E's Individualized</p>				

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	<p>Educational Plan (IEP), dated 1/26/12, was reviewed on 5/16/12 at 10:54 AM. The IEP indicated, "The group home is very slow, almost negligent, is (sic) getting his sleep study done and regulating medicine. He falls asleep all the time. A video was shown with him falling asleep when he was working; he is snoring. He tries to stay awake but just can't. The group home had said they don't have that problem and thought it was behavior; however, we have pushed for the sleep study."</p> <p>A review of client E's Monthly Sleep Charts was conducted on 5/16/12 at 3:32 PM.</p> <p>-In January 2012, there was no documentation from January 1 to 18, 23 to 28, 30 and 31. The days with documentation were incomplete for the entire shift.</p> <p>-In February 2012, there was no documentation on the 16, 21, 22, 23, 28 and 29.</p> <p>-In March 2012, there was not a day with a complete tracking of his sleep pattern.</p> <p>-In April 2012, there was not a day with a complete tracking of his sleep pattern.</p> <p>-In May 1-15, 2012, there was not a day with a complete tracking of his sleep pattern.</p> <p>An interview with the Qualified Mental</p>						

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	<p>Retardation Professional (QMRP) was conducted on 5/16/12 at 1:39 PM. The QMRP indicated she had not been to the schools to conduct observations. The QMRP indicated she had not sent client E's plans to the school. The QMRP indicated client E typically went to bed between 8:30 PM and 9:00 PM. The QMRP indicated client E's bus arrived to take him to school at 6:30 AM. The QMRP indicated she had not reviewed client E's sleep time documentation to see if there were issues or disturbances with his sleep. The QMRP indicated there was no plan to address client E's sleeping either at home or at school.</p> <p>This deficiency was cited on 2/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 1 of 3 clients in the sample (E), the facility failed to ensure the school had client E's current Individual Support Plan (ISP) and Replacement Skills Plans (RSP).</p> <p>Findings include:</p> <p>An interview with client E's teacher of service was conducted on 5/16/12 at 9:52 AM. The teacher of service indicated she had not received client E's current plans from the group home.</p> <p>An interview with client E's teacher of record was conducted on 5/16/12 at 9:59 AM. The teacher of record indicated she had not received client E's current plans from the group home.</p> <p>A review of client E's record was conducted on 5/15/12 at 4:39 PM. Client E's ISP was dated 7/28/11 and RSP was dated 2/8/12.</p> <p>An interview with the Quality Improvement Director (QID) was</p>	W0248	<p>LifeDesigns, Inc. is committed to ensuring that outside services meet the needs of the individuals. All QDDPs were retrained by DORS on 5/23/12 about the importance of routine observations and communication with outside services, including schools, and ensuring that outside services have individual plans and information as needed. A copy of this training sheet will be on file at the LifeDesigns, Inc office. Prior the end of the school written reciept was obtained to confirm that plans were taken to the school.</p>	06/04/2012			

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	<p>conducted on 5/16/12 at 1:45 PM. The QID indicated she had not given client E's teachers his current plans. The QID indicated she was unable to locate documentation verifying the school received client E's plans.</p> <p>This deficiency was cited on 2/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</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 observation, record review and interview for 1 of 3 clients in the sample (A), the facility's nursing services failed to ensure client A had recommended dental work.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 5/15/12 from 3:23 PM to 4:59 PM. During the observation, client A's visible teeth were yellow and brown in color, noted when he smiled.</p> <p>A review of client A's record was conducted on 5/16/12 at 4:49 PM. 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 had a dental</p>	W0331	<p>Client A has a dental appointment scheduled for 6/7/12. This is not an IV/Sedation appointment. An anesthesiologist will be at the appointment to evaluate if Client A is a candidate for sedation during needed appointments. Group home Medical Coordinator has maintained contact with Client A's dentist and documentation of this contact will be on file at the LifeDesigns, Inc office. Medical Coordinator and group home nurse will follow up on any recommendations made at that appointment. Group home staff were trained on a desense program for Client A on 6/1/12. A copy of this training sheet will be on file at the LifeDesigns, Inc. office.</p>	06/04/2012			

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	<p>appointment on 3/1/12. The assessment section indicated, "Very LT (limited) uncoop (uncooperative) beh (behavior), would not sit in chair LTD exam while PT (patient) standing, poor OH (oral health), rec (recommend) for future dental: 1) 3 month desensitization visits, 2) Tx (treatment) in office w/ (with) IV sedation 3) Tx in operating room under general anesthesia." The orders section indicated, "Please review tx options and appoint accordingly." There was no documentation the facility reviewed the treatment options. Client A had not received the dental care recommended on 5/5/11 or 3/1/12.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/16/12 at 1:39 PM. The QMRP indicated she and the nurse discussed the dental treatment options on 5/16/12 and the nurse told her client A was going to schedule, in June 2012, client A to have a sedated exam in the dentist's office. The QMRP indicated she was to follow up with the guardian and Human Rights Committee for consent for the sedated exam.</p> <p>An interview with the nurse was conducted on 5/17/12 at 10:24 AM. The nurse indicated client A had not received the dental exam recommended on 3/1/12.</p>			

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	<p>The nurse indicated the 3 month desensitization visits had not been set up. The nurse indicated a decision on doing the recommended office sedation or in operating room had not been made since 3/1/12; the nurse indicated he was not sure why a decision had not been made.</p> <p>This deficiency was cited on 2/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 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>A review of client D's record was conducted on 5/15/12 at 2:27 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. His Monthly Report for December 2011</p>	W0407	LifeDesigns, Inc. is committed to maintaining environments with clients of similar functioning levels. LifeDesigns, Inc. will continue to work with the District 4 office of the BDDS office to seek alternative placement for client D. Documentation of this contact will be on file at the LifeDesigns, Inc. office.	06/04/2012

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	<p>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: 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 the Community Residential Facility Surveyor Worksheet was conducted on 5/15/12 at 2:13 PM. The worksheet indicated client A's functioning level was mild, client B's was moderate, client C's was severe, and client E's was moderate. Client D was a current resident</p>			

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	<p>at the home and his functioning level was listed as mild.</p> <p>A review of client A's record was conducted on 5/15/12 at 2:10 PM. 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 C's record was conducted on 5/15/12 at 2:15 PM. 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</p>			

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	<p>conducted on 5/15/12 at 2:22 PM. 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 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 the Quality Improvement Director (QID) was conducted on 5/16/12 at 3:17 PM. The QID indicated client D was still living at the group home. The QID indicated there were issues with getting client D's 450 B with all the information the Bureau of Developmental Disabilities Service (BDDS) office needed to move client D. She indicated the form had changed therefore BDDS needed additional information. The QID contacted the Director of Program Operations (DPO) during the interview. The QID relayed the DPO's information: BDDS had sent out packets to other providers, waiting for interest and visits to other providers, and the current facility had no openings suitable for client D.</p>			

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