

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G604	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/18/2012
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 339 W JEFFERSON ST SPENCER, IN 47460		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for the investigation of complaint #IN00117763</p> <p>Complaint #IN00117763: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W104 and W331.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 10/16, 10/17 and 10/18, 2012</p> <p>Facility Number: 001118 AIMS Number: 100245630 Provider Number: 15G604</p> <p>Surveyor: Brenda Nunan RN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/19/12 by Tim Shebel, 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</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview, the the governing body failed to exercise operating direction over the facility to ensure the facility implemented its written policy and procedures to ensure the physical environment of the group home promoted the health and safety for 3 of 3 sampled clients (clients A, B, and C) and 2 additional clients (clients D and E).</p> <p>Findings include:</p> <p>During observations in the group home where clients A, B, C, D, and E lived on 10/16/2012 beginning at 4:10 p.m. and ending at 5:45 p.m., a section of drywall had been removed beginning at the edge of the floor surface and extending upward 6 inches in the furnace/fire sprinkler room. Aluminum foil was wrapped around the pipes diverting the water dripping from the pipes towards the floor drain. Moisture was present on the floor with areas of black speckles along floor's edge where the drywall had been removed.</p> <p>A "Job Invoice," dated 08/08/2012, indicated "...Clean and work on 1" (inch) drain and back flow that is leaking.</p>	W0104	LifeDesigns, Inc will continue to work on repair or replacement of backflow preventer. LifeDesigns, Inc maintenance staff will continue monitor for the presence of water outside the system and to ensure that mold or other substances are not present. Continued monitoring of this issue will be through Network Director Audits turned into the Director of Residential Services.	11/17/2012			

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	<p>Backflow may need to be replaced...."</p> <p>A "Maintenance/Repair Request Form," dated 08/14/2012, indicated, "...Check on water damage in boiler room and room behind the boiler room...." The record did not indicate a description of service performed.</p> <p>A "Proposal," dated 10/15/2012, indicated, "...We propose to remove and replace defective 1 in (inch) backflow preventer and replace with new...Total Cost: \$997.50...."</p> <p>During an interview on 10/17/2012 at 9:26 a.m., the Network Director stated, "Maintenance has been working on the leaking pipe for a few months." He stated the aluminum foil was placed around the pipes to "create a back splash to divert the leaking water to the floor drain." The Network Director indicated a service technician gave an estimated cost to replace the sprinkler system on 10/15/2012. The Network Director stated, "It's out of my hands once the work order goes to maintenance" when asked why the system had not been promptly repaired/replaced. The Network Director indicated the fire alarm system remained functional in spite of the leaking sprinkler. The Network Director indicated the facility maintenance staff</p>			

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	<p>removed a section of drywall due to moisture and stated "the area was treated with bleach as if it (the back substance) was mold."</p> <p>This federal tag relates to complaint #IN00117763.</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. Based on record review and interview, the facility failed to implement their policy and procedures to ensure all allegations of abuse/neglect/mistreatment/injury of unknown origin were immediately reported to the administrator and/or reported to state officials and thoroughly investigated for 2 of 2 incidents reviewed for abuse/neglect/mistreatment/injury of unknown origin for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services (DDRS/BDDS) incident reports and/or investigations from 07/01/2012 through 10/16/2012 and one additional internal investigation, dated 09/10/2012 were reviewed on 10/16/2011 at 2:24 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 07/26/2012 at 5:40 p.m., indicated, "...(client B) Found on floor in his bedroom. His pants were around his ankles and he said that he fell</p>	W0149	<p>W153Network Director will train all Jefferson Group Home staff on the current LifeDesigns policy and procedure for reporting all allegations of mistreatment, neglect or abuse, as well as injuries of unknown origin. A copy of this training sheet will be on file at the LD office and review training will be done quarterly.W154Director of Residential Services will train QDDP on completion of Injury of Unknown Origin reports and the report of the injury to the administrator. A copy of this training sheet will be on file at the LD office.W155LifeDesigns will continue to take appropriate steps to ensure health and safety when a allegation of abuse/neglect is made. For general concerns regarding policy and procedure LifeDesgins will continue to take appropriate steps to ensure health and safety. Chief Operating Office will train Director of Residential Services, Director of Human Resources, and Quality Assurance Director on thoroughly documenting temporary safety measures during investigations and documenting the reasons behind the measures. A copy of this training sheet will be on file at the LD office.W156Director of Residential Services will train</p>	11/17/2012			

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	<p>and hit his head on the door. [Client B] said that he had been asleep and forgot to pull his pants all the way up and started walking while his pants were around his ankles. He had a cut on his left eyebrow. The wound was cleaned; the nurse and QDDP (Qualified Developmental Disabilities Professional) were called. [Client B] was taken to [hospital] where he was assessed and 5 stitches were put in. He (client B) said that he was fine and was in no pain. He (client B) was sent home with instructions of cleaning the wound and to have the stitches removed in 7 days...." The record did not indicate the facility investigated the incident to determine the cause of the injury of unknown origin.</p> <p>An undated Investigation Summary, indicated management staff conducted observations in the group home on July 26 and 29, 2012 and August 24 and 29, 2012. The investigation report indicated, "...received information relating to concerns with the way [client B] is treated at [group home]...[Resident Manager] did indicate that the staff are losing their patience because they are always there...Staff are harsh and negative to [client B] in a military type style...On August 20th (2012) staff told [client B] to sit down at the table like a human being and that we are not animals when taking</p>		QDDP and Quality Assurance Director on the requirement of completing and submitting to the administrator all investigations within 5 working days. A copy of this training sheet will be on file at the LD office. Monitoring will be by the administrators reviewing investigations.				

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	<p>his grilled cheese away...The three staff who treat [client B] harshly are [Resident manager], [DSP (Direct Support Professional) #3 and DSP #4]...one observation indicated that staff were harsh to [client B] telling him he did not need a pop...It appears that staff have a tendency to respond in a harsh and demanding tone at times. Several staff indicated concerns with the tone staff use to prompt and redirect individuals...[Client B] seems to be the one in which this tone is directed to more than the others...The staff indicated that it was difficult to manage the five individuals with only two direct care staff on shift during the evenings and weekends. The record indicated the investigation began on or before 07/26/2012 and was completed on 09/10/2012. The record indicated the investigation results were provided to the administrator on 09/12/2012.</p> <p>An "Individual Rights and Protection" policy, dated 2011-2012, was reviewed on 10/16/2012 at 2:50 p.m. The policy indicated, "...Any violation (or suspected violation) of customer rights will be reported...and investigated...The supervisor receiving the report must inform the individual, the individual's legal representative, APS/CPS (Adult Protective Services/Child Protective Services), the Bureau of Developmental</p>						

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	<p>Disabilities (Services), and person designated by the individual and the provider of Case Management services of a situation involving abuse/neglect, exploitation, mistreatment of an individual or the violation of the individual's rights...Any injury of an unknown origin or death will be reported as a possible violation of rights...Any staff member or consultant suspected of violating customer rights shall be suspended pending completion of the investigation, unless the investigation can be completed prior to the staff's scheduled work...."</p> <p>The facility staffing reports, dated August and September 2012, indicated the Resident Manager worked in the group home on August 1, 3, 4, 5, 7, 8, 10, 11, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30 and 31, 2012 and September 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12, 2012. The staffing reports indicated DSP # 3 worked in the group home on August 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, and 31, 2012 and September 1, 3, 4, 5, 6, 7, 9, 10, 11, and 12, 2012. The staffing reports indicated DSP #4 worked in the group home on August 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 16, 17, 18, 20, 22, 23, 24, 25, 27, 28, 29, 30, and 31, 2012 and September 1, 3, 4, 5, 6, 7, 8, 9, 10, 11,</p>						

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	<p>and 12, 2012.</p> <p>During an interview on 10/17/2012 at 9:24 a.m., the Network Director indicated client B's injury of unknown origin on 7/26/2012 was not investigated. He stated, "[Client B] for the most part is an accurate reporter." The Network Director indicated a BDDS/DDRS incident report had not been filed for allegations of abuse of client B. He indicated no staff were suspended during the investigation. The Network Director indicated the investigation of an allegation of abuse of client B began on 08/20/2012 and was completed on 09/10/2012. He indicated the investigation was not completed and results were not submitted to the Administrator within 5 working days.</p> <p>1. The facility failed to implement their policy and procedures to ensure all allegations of neglect/abuse/injury of unknown origin were immediately reported to the administrator and/or reported to state officials for 2 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B). Please see W153.</p> <p>2. The facility failed to implement their policy and procedures to ensure all allegations of neglect/abuse/injury of</p>						

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	<p>unknown origin were thoroughly investigated for 1 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B). Please see W154.</p> <p>3. The facility failed to implement their policy and procedures to ensure staff were suspended while allegations of abuse/neglect/mistreatment were investigated for 1 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B). Please see W155.</p> <p>4. The facility failed to implement their policy and procedures to ensure all allegations of neglect/abuse/injury of unknown origin were thoroughly investigated and results reported to the director/administrator timely (within 5 working days) for 2 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B). Please see W156.</p> <p>9-3-2(a)</p>			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to ensure all allegations of neglect/abuse/injury of unknown origin were immediately reported to the administrator and/or reported to state officials for 2 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services (DDRS/BDDS) incident reports and/or investigations from 07/01/2012 through 10/16/2012 and one additional internal investigation, dated 09/10/2012 were reviewed on 10/16/2011 at 2:24 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 07/26/2012 at 5:40 p.m., indicated, "...(client B) Found on floor in his bedroom. His pants were around his ankles and he said that he fell</p>	W0153	Network Director will train all Jefferson Group Home staff on the current LifeDesigns policy and procedure for reporting all allegations of mistreatment, neglect or abuse, as well as injuries of unknown origin. A copy of this training sheet will be on file at the LD office and review training will be done quarterly.	11/17/2012			

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	<p>and hit his head on the door. [Client B] said that he had been asleep and forgot to pull his pants all the way up and started walking while his pants were around his ankles. He had a cut on his left eyebrow. The wound was cleaned; the nurse and QDDP (Qualified Developmental Disabilities Professional) were called. [Client B] was taken to [hospital] where he was assessed and 5 stitches were put in. He (client B) said that he was fine and was in no pain. He (client B) was sent home with instructions of cleaning the wound and to have the stitches removed in 7 days...." The record did not indicate the facility immediately reported the injury of unknown origin to the Administrator.</p> <p>An undated Investigation Summary, indicated management staff conducted observations in the group home on July 26 and 29, 2012 and August 24 and 29, 2012. The investigation report indicated, "...received information relating to concerns with the way [client B] is treated at [group home]...[Resident Manager] did indicate that the staff are losing their patience because they are always there...Staff are harsh and negative to [client B] in a military type style...On August 20th (2012) staff told [client B] to sit down at the table like a human being and that we are not animals when taking</p>						

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	<p>his grilled cheese away...The three staff who treat [client B] harshly are [Resident manager], [DSP (Direct Support Professional) #3 and DSP #4]...one observation indicated that staff were harsh to [client B] telling him he did not need a pop...It appears that staff have a tendency to respond in a harsh and demanding tone at times. Several staff indicated concerns with the tone staff use to prompt and redirect individuals...[Client B] seems to be the one in which this tone is directed to more than the others...The staff indicated that it was difficult to manage the five individuals with only two direct care staff on shift during the evenings and weekends. The record indicated the investigation began on or before 07/26/2012 and was completed on 09/10/2012. The record indicated the investigation results were provided to the administrator on 09/12/2012.</p> <p>During an interview on 10/16/2012 at 3:01 p.m., the Network Director indicated client B's injury of unknown origin on 7/26/2012 and allegation of abuse of client B were not immediately reported to the administrator.</p> <p>9-3-2(a)</p>						

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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 the facility failed to ensure all allegations of neglect/abuse/injury of unknown origin were thoroughly investigated for 1 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services (DDRS/BDDS) incident reports and/or investigations from 07/01/2012 through 10/16/2012 and one additional internal investigation, dated 09/10/2012 were reviewed on 10/16/2011 at 2:24 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 07/26/2012 at 5:40 p.m., indicated, "...(client B) Found on floor in his bedroom. His pants were around his ankles and he said that he fell and hit his head on the door. [Client B] said that he had been asleep and forgot to pull his pants all the way up and started walking while his pants were around his</p>	W0154	Director of Residential Services will train QDDP on completion of Injury of Unknown Origin reports and the report of the injury to the administrator. A copy of this training sheet will be on file at the LD office. An investigation will be completed looking into the fall with injury. This investigation will be completed by the Quality Assurance Director.	11/17/2012			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>ankles. He had a cut on his left eyebrow. The wound was cleaned; the nurse and QDDP (Qualified Developmental Disabilities Professional) were called. [Client B] was taken to [hospital] where he was assessed and 5 stitches were put in. He (client B) said that he was fine and was in no pain. He (client B) was sent home with instructions of cleaning the wound and to have the stitches removed in 7 days...." The record did not indicate the facility investigated the incident to determine the cause of the injury of unknown origin.</p> <p>During an interview on 10/16/2012 at 3:01 p.m., the Network Director indicated client B's injury of unknown origin on 7/26/2012 was not investigated.</p> <p>9-3-2(a)</p>				

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W0155	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on record review and interview, the facility failed to ensure staff were suspended while allegations of abuse/neglect/mistreatment were investigated for 1 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services (DDRS/BDDS) incident reports and/or investigations from 07/01/2012 through 10/16/2012 and one additional internal investigation, dated 09/10/2012 were reviewed on 10/16/2011 at 2:24 p.m.</p> <p>An undated Investigation Summary, indicated management staff conducted observations in the group home on July 26 and 29, 2012 and August 24 and 29, 2012. The investigation report indicated, "...received information relating to concerns with the way [client B] is treated at [group home]...[Resident Manager] did indicate that the staff are losing their patience because they are always there...Staff are harsh and negative to</p>	W0155	LifeDesigns will continue to take appropriate steps to ensure health and safety when a allegation of abuse/neglect is made. For general concerns regarding policy and procedure LifeDesgins will continue to take appropriate steps to ensure health and safety. Chief Operating Office will train Director of Residential Services, Director of Human Resources, and Quality Assurance Director on thoroughly documenting temporary safety measures during investigations and documenting the reasons behind the measures. A copy of this training sheet will be on file at the LD office.	11/17/2012			

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	<p>[client B] in a military type style...On August 20th (2012) staff told [client B] to sit down at the table like a human being and that we are not animals when taking his grilled cheese away...The three staff who treat [client B] harshly are [Resident manager], [DSP (Direct Support Professional) #3 and DSP #4]...one observation indicated that staff were harsh to [client B] telling him he did not need a pop...It appears that staff have a tendency to respond in a harsh and demanding tone at times. Several staff indicated concerns with the tone staff use to prompt and redirect individuals...[Client B] seems to be the one in which this tone is directed to more than the others...The staff indicated that it was difficult to manage the five individuals with only two direct care staff on shift during the evenings and weekends. The record indicated the investigation began on or before 07/26/2012 and was completed on 09/10/2012. The record indicated the investigation results were provided to the administrator on 09/12/2012.</p> <p>The facility staffing reports, dated August and September 2012, indicated the Resident Manager worked in the group home on August 1, 3, 4, 5, 7, 8, 10, 11, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30 and 31, 2012 and September 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and</p>				

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	<p>12, 2012. The staffing reports indicated DSP # 3 worked in the group home on August 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, and 31, 2012 and September 1, 3, 4, 5, 6, 7, 9, 10, 11, and 12, 2012. The staffing reports indicated DSP #4 worked in the group home on August 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 16, 17, 18, 20, 22, 23, 24, 25, 27, 28, 29, 30, and 31, 2012 and September 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12, 2012. The record indicated staff were not suspended pending results of the investigation of allegations of abuse of client B.</p> <p>During an interview on 10/16/2012 at 3:01 p.m., the Network Director indicated staff were not suspended during the investigation of the allegations of abuse of client B.</p> <p>9-3-2(a)</p>			

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W0156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview, the facility failed to ensure all allegations of neglect/abuse/injury of unknown origin were thoroughly investigated and results reported to the director/administrator timely (within 5 working days) for 2 of 2 incidents reviewed for abuse/neglect/injuries of unknown origin for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services (DDRS/BDDS) incident reports and/or investigations from 07/01/2012 through 10/16/2012 and one additional internal investigation, dated 09/10/2012 were reviewed on 10/16/2011 at 2:24 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 07/26/2012 at 5:40 p.m., indicated, "...(client B) Found on floor in his bedroom. His pants were around his ankles and he said that he fell</p>	W0156	Director of Residential Services will train QDDP and Quality Assurance Director on the requirement of completing and submitting to the administrator all investigations within 5 working days. A copy of this training sheet will be on file at the LD office. Monitoring will be by administrators reviewing the investigations.	11/17/2012	

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	<p>and hit his head on the door. [Client B] said that he had been asleep and forgot to pull his pants all the way up and started walking while his pants were around his ankles. He had a cut on his left eyebrow. The wound was cleaned; the nurse and QDDP (Qualified Developmental Disabilities Professional) were called. [Client B] was taken to [hospital] where he was assessed and 5 stitches were put in. He (client B) said that he was fine and was in no pain. He (client B) was sent home with instructions of cleaning the wound and to have the stitches removed in 7 days..." The record did not indicate the facility investigated/reported results of the investigation to the Administrator within 5 working days..</p> <p>An undated Investigation Summary, indicated management staff conducted observations in the group home on July 26 and 29, 2012 and August 24 and 29, 2012. The investigation report indicated, "...received information relating to concerns with the way [client B] is treated at [group home]...[Resident Manager] did indicate that the staff are losing their patience because they are always there...Staff are harsh and negative to [client B] in a military type style...On August 20th (2012) staff told [client B] to sit down at the table like a human being and that we are not animals when taking</p>						

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	<p>his grilled cheese away...The three staff who treat [client B] harshly are [Resident manager], [DSP (Direct Support Professional) #3 and DSP #4]...one observation indicated that staff were harsh to [client B] telling him he did not need a pop...It appears that staff have a tendency to respond in a harsh and demanding tone at times. Several staff indicated concerns with the tone staff use to prompt and redirect individuals...[Client B] seems to be the one in which this tone is directed to more than the others...The staff indicated that it was difficult to manage the five individuals with only two direct care staff on shift during the evenings and weekends. The record indicated the investigation began on or before 07/26/2012 and was completed on 09/10/2012. The record indicated the investigation results were provided to the administrator on 09/12/2012.</p> <p>During an interview on 10/16/2012 at 3:01 p.m., the Network Director indicated client B's injury of unknown origin on 7/26/2012 was not investigated and results of an investigation were not provided to the administrator within 5 working days. The Network Director indicated the investigation of an allegation of abuse of client B began on 08/20/2012 and was completed on 09/10/2012. He indicated the</p>						

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	<p>investigation was not completed and results were not submitted to the Administrator within 5 working days.</p> <p>9-3-2(a)</p>			

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview, the facility nursing services failed to meet the health care needs for 2 of 3 sampled clients (client A and B). The facility's nursing services failed to ensure a schedule for positioning to prevent a pressure ulcer and failed to assess the area of skin breakdown for healing/worsening of condition for client A. The facility's nursing services failed to consult with the Primary Care Physician (PCP)/dietitian to determine if dietary changes were indicated for management of health conditions. The facility's nursing services failed to train staff in regard to using a low air loss mattress for preventing/facilitating healing of a pressure ulcer for client A. The nursing services failed to address weight loss and failed to obtain results of diagnostic tests for client B.</p> <p>Findings include:</p> <p>During observations in the group home on 10/16/2012 beginning at 4:10 p.m. and ending at 5:45 p.m., client A's bed had a low air loss mattress (for prevention of/healing pressure ulcers) set for a 140 pound individual.</p>	W0331	<p>Dave Hopkins, LD Nurse, will contact the information number on the low flow mattress bed and schedule with that company training on the bed. Documentation of this contact will be on file at the LD office. Training will be completed as quickly as possible in regards to that companies availability. A copy of this training sheet will be on file at the LD office. Dave Hopkins, LD Nurse, will train all Jefferson Group home staff on the appropriate use of the bed after he has recieved the above mentioned training. A copy of this training sheet will be on file at the LD office. Ongoing monitoring of appropriate settings of the bed will be through routine nursing audits. Client B's colonoscopy results have been obtained by the Nurse currently assigned to the Jefferson Group home. No further action was taken as polyps found during the colonoscopy were removed. All other recommendations at the time are no longer being implemented as they have expired. The form indicates that a follow up colonoscopy should be completed in 5 years. LD nursing staff will place this on the Resident Monitoring Schedule. A copy of Client B's Resident Monitoring Schedule will be on file at the LD</p>	11/17/2012			

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	<p>1. Client A's record was reviewed on 10/17/2012 at 10:34 a.m. The record indicated client A weighed 130 pounds in October 2012. The record did not indicate a dietary consult or dining plan. The record did not indicate daily skin checks..</p> <p>A "Pressure Sore Data Collection" form, dated 10/31/2011, indicated a stage III pressure ulcer (Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. may include undermining and tunneling) on the right buttocks, measuring 2.5 mm (millimeters) x (by) 2 mm x 0.2 mm (depth).</p> <p>A "Pressure Sore Data Collection" form, dated 11/14/2011, indicated a stage III pressure ulcer measuring 1.0 mm x 0.4 mm x 0.2 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 11/28/2011, indicated a stage III pressure ulcer 1.0 mm x 0.5 mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 12/12/2011, indicated a stage III pressure ulcer measuring 0.9 mm x 0.5</p>		<p>office.Danie Norris, Director of Support Services, will administer disciplinary action to Barbara Underwood, in accordance with LifeDesgins policies. This will be completed by November 17th and a copy of the disciplinary action will be on file at the LD office.</p>				

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	<p>mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 01/09/2012, indicated a stage III pressure ulcer measuring 1.4 mm x 1.1 mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 02/06/2012, indicated a stage III pressure ulcer measuring 1.5 mm x 0.7 mm x 0.2 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 03/06/2012, indicated a stage III pressure ulcer measuring 0.6 mm x 0.2 mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 04/21/2012, indicated a stage III pressure ulcer on the right buttocks had healed.</p> <p>A quarterly nursing assessment, dated 05/30/2012, indicated a stage III ulcer on the right buttocks measuring 0.5 mm x 0.3 mm x 0.1 mm (depth). The record did not indicate pressure sore data collection or nursing assessments of the area after the quarterly assessment.</p>			

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	<p>A Medical/Dental Consult form, dated 07/17/2012 indicated a stage III ulcer (no measurements provided) on the right buttock.</p> <p>A Medical/Dental Consult form, dated 08/09/2012, indicated the pressure ulcer on the right buttocks was healing.</p> <p>A Medical/Dental Consult form, dated, 08/27/2012, indicated the pressure ulcer on the right buttocks was healed.</p> <p>Training records were reviewed on 10/17/2012 at 12:30 p.m. The record indicated staff were trained to reposition client A every 2 hours on 02/09/2012. The record did not indicate a schedule for positioning had been implemented. The record did not indicate staff had been trained in setting/using the low air loss mattress.</p> <p>2. Client B's record was reviewed on 10/17/2012 at 12:39 p.m. A dietary consultation form, dated 05/10/2012, indicated client B weighed 175 pounds. The record did not indicate client B's height or ideal body weight.</p> <p>A medical tracking form, dated 10/10/2012, indicated client B weighed 157.6 pounds.</p>						

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	<p>A Medical/Dental Consult form, dated 03/26/2012, indicated client B had a colonoscopy. The record did not indicate results of the diagnostic procedure.</p> <p>A Medical/Dental consult form, dated 9/2/12, indicated " ...right enhancing renal (kidney) mass , probable cancer. Proceed with right laproscopic cryoablation renal lesion.... "</p> <p>During an interview on 10/17/2012 at 11:17 a.m. LPN #1 indicated she monitored client A's skin at least once monthly. She indicated staff monitored the skin daily. LPN #1 indicated she did not have documentation of the skin checks or nursing assessments. LPN #1 indicated she trained staff to change client A's positions but did not have a positioning schedule for client A. She stated, "[Client A] refuses to change position." LPN #1 indicated the dietitian recommended increasing protein to facilitate wound healing. She indicated she did not have documentation of the consultation and did not have a dining plan.</p> <p>During an interview on 10/17/2012 at 11:47 a.m., LPN (Licensed Practical Nurse) #2 indicated staff had not been trained in use of the low air loss mattress. LPN #2 stated, "I need to educate myself on the mattress too." LPN #2 indicated</p>						

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	<p>client B's weight loss had not been addressed with the dietitian and indicated results of the colonoscopy had not been obtained. He stated, "The weight loss may be related to the kidney tumor." LPN #2 indicated surgery to remove the tumor was scheduled for 10/30/2012.</p> <p>This federal tag relates to complaint #IN00117763.</p> <p>9-3-6(a)</p>			

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W0342	<p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, record review and interview, the facility nursing services failed to ensure staff were trained to use adaptive equipment for 1 of 3 sampled clients (client A).</p> <p>Findings include:</p> <p>During observations in the group home on 10/16/2012 beginning at 4:10 p.m. and ending at 5:45 p.m., client A's bed had a low air loss mattress (for prevention of/healing pressure ulcers) set for a 140 pound individual.</p> <p>Client A's record was reviewed on 10/17/2012 at 10:34 a.m. The record indicated client A weighed 130 pounds in October 2012.</p> <p>A "Pressure Sore Data Collection" form, dated 10/31/2011, indicated a stage III pressure ulcer (full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed.</p>	W0342	<p>Dave Hopkins, LD Nurse, will contact the information number on the low flow mattress bed and schedule with that company training on the bed. Documentation of this contact will be on file at the LD office. Training will be completed as quickly as possible in regards to that companies availability. A copy of this training sheet will be on file at the LD office. Dave Hopkins, LD Nurse, will train all Jefferson Group home staff on the appropriate use of the bed after he has recieved the above mentioned training. A copy of this training sheet will be on file at the LD office. Ongoing monitoring of appropriate settings of the bed will be through routine nursing audits.</p>	11/17/2012			

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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 339 W JEFFERSON ST SPENCER, IN 47460			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Slough may be present but does not obscure the depth of tissue loss. may include undermining and tunneling) on the right buttocks, measuring 2.5 mm (millimeters) x (by) 2 mm x 0.2 mm (depth).</p> <p>A "Pressure Sore Data Collection" form, dated 11/14/2011, indicated a stage III pressure ulcer measuring 1.0 mm x 0.4 mm x 0.2 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 11/28/2011, indicated a stage III pressure ulcer 1.0 mm x 0.5 mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 12/12/2011, indicated a stage III pressure ulcer measuring 0.9 mm x 0.5 mm x 0.1 mm depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 01/09/2012, indicated a stage III pressure ulcer measuring 1.4 mm x 1.1 mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 02/06/2012, indicated a stage III pressure ulcer measuring 1.5 mm x 0.7 mm x 0.2 mm (depth) on the right</p>						

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	<p>buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 03/06/2012, indicated a stage III pressure ulcer measuring 0.6 mm x 0.2 mm x 0.1 mm (depth) on the right buttocks.</p> <p>A "Pressure Sore Data Collection" form, dated 04/21/2012, indicated a stage III pressure ulcer on the right buttocks had healed.</p> <p>A quarterly nursing assessment, dated 05/30/2012, indicated a stage III ulcer on the right buttocks measuring 0.5 mm x 0.3 mm x 0.1 mm (depth). The record did not indicate pressure sore data collection or nursing assessments of the area after the quarterly assessment.</p> <p>A Medical/Dental Consult form, dated 07/17/2012 indicated a stage III ulcer (no measurements provided) on the right buttock.</p> <p>A Medical/Dental Consult form, dated 08/09/2012, indicated the pressure ulcer on the right buttocks was healing.</p> <p>A Medical/Dental Consult form, dated, 08/27/2012, indicated the pressure ulcer on the right buttocks was healed.</p>			

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	<p>Training records were reviewed on 10/17/2012 at 12:30 p.m. The record did not indicate staff had been trained in setting/using the low air loss mattress.</p> <p>During an interview on 10/17/2012 at 11:47 a.m., LPN (Licensed Practical Nurse)#2 indicated staff had not been trained in use of the low air loss mattress. LPN #2 stated, "I need to educate myself on the mattress too."</p> <p>9-3-6(a)</p>			