

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 12/05/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 an investigation of Complaint #IN00099300.</p> <p>Complaint #IN00099300-Substantiated, Federal/State deficiencies related to the allegations are cited at W149, W157, W189, W227 and W249.</p> <p>Dates of Survey: December 1, 2 and 5, 2011.</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 12/09/2011 by Dotty Walton, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 26 incident/investigative reports reviewed affecting clients A, B, E and F, the facility failed to implement their</p>	W0149	<p>W149 Christole is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served. The</p>	01/04/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>policies and procedures to prevent abuse and neglect as evidenced by incidents of elopement and client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/1/11 at 1:33 PM. -On 10/30/11 at 5:30 PM, client E eloped from the group home. Staff #7 was assigned to work with client E. Staff #7 turned to speak with staff #8 and when he turned around, client E was not inside the home. Staff #7 went into the backyard and located client E's shoes. Staff #7 ran to the front of the home and observed client E in the front yard holding hands with a man who had stopped. The man had called the police due to not knowing where client E lived. Client E was found by a passerby in the street in front of the group home. Staff #7's interview included in the investigative report, dated 11/4/11, indicated the passerby told him client E was in the middle of the street walking and pacing or spinning. Staff #8's interview included in the investigation indicated the passerby told her client E was in the road and did not move as his vehicle approached. The passerby pulled over to ensure client E's safety. Client E was found incontinent and unresponsive (non-verbal) according to the passerby.</p>		<p>Quality Improvement Director (QID) will revise the Abuse and Neglect Tests for Quarterly Training to include specific training on client to client incidents in order to evaluate staff's understanding of incidents being classified as abuse and neglect and importance of prevention. The QID will review current policies and procedures for need for any revisions to current training module. The QID will complete training on revised abuse and neglect Quarterly tests and any revisions to policies and procedures (if needed). This training will be provided to the Program Directors (PD), QDDP's, CLM's, and ACLM's by January 4, 2012. The PD or CLM will train Dunn group home staff on the revisions by January 4, 2012. A copy of the revised abuse and neglect Quarterly tests and revised policies and procedures (if needed) and copies of both training signature sheets will be available at the Nashville office. Agency will continue to investigate all reports of abuse and neglect and ensure Quarterly trainings completed.</p>		

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 12/05/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>The passerby then called the police. The investigative report indicated neglect was substantiated without intent to cause abuse/harm/injury. The report indicated staff #7 and #8 were terminated involuntarily due to the results of the investigation. The investigative report indicated staff #7 failed to ensure the door leading to the backyard was closed and the door alarm was turned on when the staff went inside to speak with staff #8. The investigative report indicated staff #7 and #8 failed to follow the facility's Search Procedure. The Search Procedure, undated, indicated the following: "The staff person assigned to the individual whose whereabouts are unknown will, 1) Yell out in a loud voice to coworkers that the individual is missing, 2) Run to the nearest road or other area of danger, such as a lake, 3) Go to a location known to be preferred by the individual and search the premise. A designated staff will 1) Call 911, 2) Page the QDDP (Qualified Developmental Disabilities Professional) or CLM (group home manager) on-call, 3) Conduct a search in a systematic manner. Start with the outside areas, including the van, garage and yard. Return inside and search the main level rooms and closets. Search the upper and/or lower levels. Upon locating the individual, the staff person assigned to the individual will 1) Assess their condition and secure medical</p>			

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>attention, if necessary, 2) Stop 911 assistance, if possible, 3) Contact the QDDP or CLM on-call and provide details of the situation."</p> <p>-On 10/24/11 at 9:30 PM, client B hit client A with a broom and then client A hit client B with the broom. The report indicated client B was injured but did not indicate what the injuries were. The facility substantiated abuse.</p> <p>-On 10/5/11 at 5:35 PM, client B punched client E in the stomach while client E was on the couch rocking. Client E was not injured. The facility substantiated abuse.</p> <p>-On 9/25/11 at 3:15 PM, client F slapped client B on the left arm causing a red mark. The allegation of abuse was substantiated.</p> <p>A review of client E's Replacement Skills Plan (RSP), dated 6/30/11, was conducted on 12/1/11 at 1:33 PM. The RSP indicated client E had a targeted behavior of darting/elopement. Darting/elopement was defined as running out of the house, following a peer or being out of staff's line of sight. The physical support for this targeted behavior was listed as door alarms. The plan indicated, "If [client E] has darted and staff is unsure of his whereabouts, staff will follow [facility name] search protocol."</p> <p>A review of the facility's policy and</p>				

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 12/05/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>procedure for Abuse and Neglect, dated 8/29/11, was conducted on 12/1/11 at 1:20 PM. The policy defined neglect as the failure of staff to provide goods or services necessary to avoid physical or psychological harm. The policy indicated, "The following policy specifically addresses the persons' right 'to be free from mental, verbal, and physical abuse; the right to humane care and protection from harm and the right to be treated with consideration, respect, and full recognition of his/her dignity and individuality.'"</p> <p>An interview with the Director of Quality Assurance (DQA) was conducted on 12/1/11 at 1:58 PM. The DQA indicated the facility substantiated neglect in regard to client E's elopement from the group home. The DQA stated, "We are required to prevent/prohibit possible abuse and neglect."</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 12/2/11 at 1:26 PM. The DRS indicated the staff failed to implement the facility's search procedure for elopement.</p> <p>An interview with the Director of Program Operations (DPO) was conducted on 12/2/11 at 1:26 PM. The</p>			

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	
W0157	<p>DPO indicated the staff did not implement client E's behavior plan in regard to the use of door alarms and the search procedure. The DPO indicated client to client aggression was considered and treated as abuse.</p> <p>This federal tag relates to Complaint #IN00099300.</p> <p>9-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 1 of 26 incident/investigative reports reviewed affecting 1 of 3 clients in the sample (E), the facility failed to ensure appropriate corrective action was taken following an investigation into neglect.</p>	W0157	<p>W 157 Christole 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. Window alarms will be applied to</p>	01/04/2012	

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>Findings include:</p> <p>An observation was conducted at the group home on 12/1/11 from 2:59 PM to 4:15 PM. At 3:17 PM, client E's bedroom windows (2) did not have alarms.</p> <p>A review of the facility's incident/investigative reports was conducted on 12/1/11 at 1:33 PM. On 10/30/11 at 5:30 PM, client E eloped from the group home. Staff #7 was assigned to work with client E. Staff #7 turned to speak with staff #8 and when he turned around, client E was not inside the home. Staff #7 went into the backyard and located client E's shoes. Staff #7 ran to the front of the home and observed client E in the front yard holding hands with a man who had stopped. The man had called the police due to not knowing where client E lived. Client E was found by a passerby in the street in front of the group home. Staff #7's interview included in the investigative report, dated 11/4/11, indicated the passerby told him client E was in the middle of the street walking and pacing or spinning. Staff #8's interview included in the investigation indicated the passerby told her client E was in the road and did not move as his vehicle approached. The passerby pulled over to ensure client E's safety. Client E</p>		<p>client E's windows as per request for window alarms while not restricting the privacy of the other individuals in the home. Maintenance will complete the installation of the window alarms by December 30, 2011. Copy of the completed Maintenance request will be on file at the Nashville office. QDDP will revise Client E's RSP to include use of window alarms in client E's bedroom prior to December 30, 2011. QDDP or PD will train Dunn group home staff on updated RSP by January 4, 2012. Copy of client E's revised RSP and copy of training sheet will be available at the Nashville office.</p>		

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>was found incontinent and unresponsive (non-verbal) according to the passerby. The passerby then called the police. The investigative report indicated neglect was substantiated without intent to cause abuse/harm/injury. The report indicated staff #7 and #8 were terminated involuntarily due to the results of the investigation. The investigative report indicated staff #7 failed to ensure the door leading to the backyard was closed and the door alarm was turned on when the staff went inside to speak with staff #8. The investigative report indicated staff #7 and #8 failed to follow the facility's Search Procedure. The investigative report indicated the group home training records for staff #7 could not be located. The report indicated staff #8's group home training records were incomplete and client-specific training records could not be located. The investigative report did not address the lack of training documentation for the remaining staff working at the home; the report did not indicate the staff's records would be reviewed to ensure training was conducted.</p> <p>The Bureau of Developmental Disabilities Services (BDDS) report, dated 10/30/11, indicated the Qualified Mental Retardation Professional (QMRP) spoke to client E's guardian on 10/30/11. The</p>				

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>guardian requested window alarms.</p> <p>An interview with the Director of Program Operations (DPO) was conducted on 12/2/11 at 1:26 PM. The DPO indicated the investigative report did not address the lack of training documentation in the recommendations. On 12/5/11 at 11:05 AM, the DPO indicated she spoke to client E's guardian on 11/15/11. The DPO indicated the guardian told her the current safety measures (door alarms and fenced in backyard) were sufficient; the DPO indicated the guardian did not want window alarms.</p> <p>An interview with the guardian was conducted on 12/5/11 at 12:20 PM. The guardian indicated she wanted client E's bedroom windows to be alarmed. She indicated she did not tell anyone from the group home she did not want the window alarms.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 12/2/11 at 1:26 PM. The DRS indicated the recommendation of the investigative report should have addressed the lack of training documentation for the remaining staff at the group home.</p> <p>This federal tag relates to Complaint</p>				

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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	
W0189	<p>#IN00099300.</p> <p>9-3-2(a)</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. 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 staff received initial and on-going training to work in the group home.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/1/11 at 1:33 PM. On 10/30/11 at 5:30 PM, client E eloped from the group home. Staff #7 was assigned to work with client E. Staff #7 turned to speak with staff #8 and when he turned around, client E was not inside the home. Staff #7 went into the backyard and located client E's shoes. Staff #7 ran to the front of the home and observed client</p>	W0189	<p>W 189</p> <p>Christole is dedicated to providing each employee with initial and continuing training that enables the employees to perform their duties effectively and efficiently. The Quality Improvement Director (QID) completed training on December 14, 2011 with the Program Directors (PD) to ensure that new employees have completed In-House training. According to that training, staff will not work independently with the individuals until the completed in-house training sheets have been submitted to Human Resouces and have been verified. The QID will train the PD's, QDDP's, CLM's, and ACLM's on the importance of In-House Training and process for New Employees prior to January 4, 2012. Copies of the training signature sheets will be</p>	01/04/2012	

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>E in the front yard holding hands with a man who had stopped. The man had called the police due to not knowing where client E lived. Client E was found by a passerby in the street in front of the group home. Staff #7's interview included in the investigative report, dated 11/4/11, indicated the passerby told him client E was in the middle of the street walking and pacing or spinning. Staff #8's interview included in the investigation indicated the passerby told her client E was in the road and did not move as his vehicle approached. The passerby pulled over to ensure client E's safety. Client E was found incontinent and unresponsive (non-verbal) according to the passerby. The passerby then called the police. The investigative report, dated 11/4/11, indicated staff #7 failed to ensure the door leading to the backyard was closed and the door alarm was turned on when the staff went inside to speak with staff #8. The investigative report indicated staff #7 and #8 failed to follow the facility's Search Procedure. The investigative report indicated the group home training records for staff #7 could not be located. The report indicated staff #8's group home training records were incomplete and client-specific training records could not be located.</p> <p>On 12/5/11 at 10:34 AM, the facility's</p>		available at the Nashville Office.		

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>training documentation for the current staff was reviewed. There was no client specific training documentation for staff #1, #2, #3, #4, #5 and #6 prior to the survey (training conducted on 12/2/11 during the survey) for clients A, B, C, D and E.</p> <p>A review of client E's Replacement Skills Plan (RSP), dated 6/30/11, was conducted on 12/1/11 at 1:33 PM. The RSP indicated client E had a targeted behavior of darting/elopement. Darting/elopement was defined as running out of the house, following a peer or being out of staff's line of sight. The physical support for this targeted behavior was listed as door alarms. The plan indicated, "If [client E] has darted and staff is unsure of his whereabouts, staff will follow [facility name] search protocol."</p> <p>The Search Procedure, undated, was reviewed on 12/1/11 at 1:33 PM. The Search Procedure indicated the following: "The staff person assigned to the individual whose whereabouts are unknown will, 1) Yell out in a loud voice to coworkers that the individual is missing, 2) Run to the nearest road or other area of danger, such as a lake, 3) Go to a location known to be preferred by the individual and search the premise. A designated staff will 1) Call 911, 2) Page</p>				

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>the QDDP (Qualified Developmental Disabilities Professional) or CLM (group home manager) on-call, 3) Conduct a search in a systematic manner. Start with the outside areas, including the van, garage and yard. Return inside and search the main level rooms and closets. Search the upper and/or lower levels. Upon locating the individual, the staff person assigned to the individual will 1) Assess their condition and secure medical attention, if necessary, 2) Stop 911 assistance, if possible, 3) Contact the QDDP or CLM on-call and provide details of the situation."</p> <p>An interview with the Director of Program Operations (DPO) was conducted on 12/2/11 at 1:26 PM. The DPO indicated staff should receive training prior to working independently at the group home.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 12/5/11 at 11:05 AM. The DRS indicated the facility had issues with staff training. The DRS indicated she was unable to locate client specific training documentation (A, B, C, D and E) for the current staff (#1, #2, #3, #4, #5, and #6). The DRS indicated the staff should receive client specific training prior to working at the group home.</p>				

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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	
W0227	<p>This federal tag relates to Complaint #IN00099300.</p> <p>9-3-3(a)</p> <p>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. Based on record review and interview for 1 of 3 clients in the sample (E), the facility failed to ensure his program plan included the outside gate of the home needed to be closed.</p> <p>Findings include:</p> <p>A review of client E's Replacement Skills Plan (RSP), dated 6/30/11, was conducted on 12/1/11 at 1:33 PM. The RSP indicated client E had a targeted behavior of darting/elopement. Darting/elopement was defined as running out of the house, following a peer or being out of staff's</p>	W0227	<p>W 227</p> <p>Christole is committed to meeting specific objectives necessary to meet the individual's needs identified by comprehensive assessments. The QDDP will update Client E's current RSP to include the environmental support of the outside fence gate to be closed. The QDDP will train staff on Client E's updated RSP prior to January 4, 2012. A copy of Client E's updated RSP and copy of the training sheet for Dunn staff will be on file at the Nashville office.</p>	01/04/2012	

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>line of sight. The physical support for this targeted behavior was listed as door alarms. The plan indicated, "If [client E] has darted and staff is unsure of his whereabouts, staff will follow [facility name] search protocol." The plan did not indicate the outside fence gate needed to be closed.</p> <p>A review of Staff Meeting Minutes, dated 11/11/11, was conducted on 12/1/11 at 3:05 PM. The minutes indicated under the Home Safety and Security section the following, "The doors must remain locked, the door alarms must remain armed, and the gates must be closed, and the office door must remain locked and closed whenever there are individuals in the home OR when the home is empty...."</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 12/2/11 at 1:33 PM. The DRS indicated the outside fence gates should be closed. The DRS indicated this information was verbally communicated to the staff after client E's elopement on 10/30/11. The DRS indicated the gates being closed should be part of client E's plan. The DRS indicated client E's plan did not indicate the outside fence gates should be closed.</p> <p>This federal tag relates to Complaint</p>				

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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	
W0249	<p>#IN00099300.</p> <p>9-3-4(a)</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 (E), the facility failed to ensure the client's behavior plan was implemented as written.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/1/11 at 1:33 PM. An investigative report, dated 11/4/11, indicated on 10/30/11 at 5:30 PM, client E eloped from the group home. Staff #7</p>	W0249	<p>W 249</p> <p>Christole is committed to appropriate implementation of programs to ensure that each individual served receives a continuous active treatment plan. Christole is also dedicated to providing each employee with initial and continuing training that enables the employees to perform their duties effectively and efficiently. The Quality Improvement Director (QID) completed training on December 14, 2011 with the Program Directors (PD) to ensure that new employees have completed In-House training. According to</p>	01/04/2012	

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>was assigned to work with client E. Staff #7 turned to speak with staff #8 and when he turned around, client E was not inside the home. Staff #7 went into the backyard and located client E's shoes. Staff #7 ran to the front of the home and observed client E in the front yard holding hands with a man who had stopped. The man had called the police due to not knowing where client E lived. Client E was found by a passerby in the street in front of the group home. Staff #7's interview included in the investigative report, dated 11/4/11, indicated the passerby told him client E was in the middle of the street walking and pacing or spinning. Staff #7 indicated the door alarms were to be on at all times. Staff #7 indicated he received training on client E's behavior plan. Staff #8's interview included in the investigation indicated the passerby told her client E was in the road and did not move as his vehicle approached. The passerby pulled over to ensure client E's safety. Client E was found incontinent and unresponsive (non-verbal) according to the passerby. The passerby then called the police. Staff #8 indicated in the investigative report she had received training on client E's behavior plan.</p> <p>The investigative report indicated staff #7 failed to ensure the door leading to the backyard was closed and the door alarm</p>		<p>that training, staff will not work independently with the individuals until the completed In-House training sheets have been submitted to Human Resources and have been verified. The QID will train the PD's, QDDP's, CLM's, and ACLM's on the importance of In-House Training and process for New Employees prior to January 4, 2012. Copies of the training signature sheets will be available at the Nashville Office. The QDDP or PD will train Dunn group home staff on proper use of door alarms and review the Search Procedure with staff to ensure understanding and follow through. Training of Dunn group home staff will be completed prior to January 4, 2012. Copy of training signature sheets will be available at the Nashville office.</p>		

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>was turned on when the staff went inside to speak with staff #8. The investigative report indicated staff #7 and #8 failed to follow the facility's Search Procedure.</p> <p>A review of client E's Replacement Skills Plan (RSP), dated 6/30/11, was conducted on 12/1/11 at 1:33 PM. The RSP indicated client E had a targeted behavior of darting/elopement. Darting/elopement was defined as running out of the house, following a peer or being out of staff's line of sight. The physical support for this targeted behavior was listed as door alarms. The plan indicated, "If [client E] has darted and staff is unsure of his whereabouts, staff will follow [facility name] search protocol."</p> <p>The Search Procedure, undated, was reviewed on 12/1/11 at 1:33 PM. The Search Procedure indicated the following: "The staff person assigned to the individual whose whereabouts are unknown will, 1) Yell out in a loud voice to coworkers that the individual is missing, 2) Run to the nearest road or other area of danger, such as a lake, 3) Go to a location known to be preferred by the individual and search the premise. A designated staff will 1) Call 911, 2) Page the QDDP (Qualified Developmental Disabilities Professional) or CLM (group home manager) on-call, 3) Conduct a</p>				

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 12/05/2011
NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408		
(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>search in a systematic manner. Start with the outside areas, including the van, garage and yard. Return inside and search the main level rooms and closets. Search the upper and/or lower levels. Upon locating the individual, the staff person assigned to the individual will 1) Assess their condition and secure medical attention, if necessary, 2) Stop 911 assistance, if possible, 3) Contact the QDDP or CLM on-call and provide details of the situation."</p> <p>An interview with the Director of Program Operations (DPO) was conducted on 12/2/11 at 1:26 PM. The DPO indicated the staff did not implement client E's plan in regard to the use of door alarms and following the search procedure.</p> <p>This federal tag relates to Complaint #IN00099300.</p> <p>9-3-4(a)</p>				

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

PRINTED: 01/04/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	<input checked="" type="checkbox"/> X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G610	<input checked="" type="checkbox"/> X2) MULTIPLE CONSTRUCTION A. BUILDING 00 _____ B. WING _____	<input checked="" type="checkbox"/> X3) DATE SURVEY COMPLETED 12/05/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFEDESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN47408
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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