STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G715	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	523 PARK LN NASHVILLE, IN 47448

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W000000	This visit was for the investigation of complaint #IN00154686. This visit was in conjunction to the post certification revisit (PCR) to the PCR, completed on 6/27/14, to the full annual recertification and state licensure survey completed on 4/17/14. Complaint #IN00154686 - Substantiated, Federal/state deficiencies related to the allegations are cited at W120, W149, W154, W157, W159, W227, W240, W248, and W249. Survey dates: August 21, 22, 25 and 26, 2014. Facility number: 004000 Provider number: 15G715 AIM number: 200481990 Surveyor: Steven Schwing, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed September 2, 2014 by Dotty Walton, QIDP.	W000000		
W000120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 3 of 3 clients who lived at the group home and attended high school (A, B and C), the facility failed to ensure the outside services met the needs of the clients. Findings include: 1) On 8/21/14 at 1:45 PM, client A, B and C's teacher indicated client C had not been wanting to exit the bus upon arrival to the school and when client C arrived to the group home. This had occurred multiple times since school started on 8/2/14. The teacher stated clients A, B and C were coming to school "filthy." The teacher indicated client B arrived to school wearing a boot on one foot however the school was not told why she was wearing the boot. The teacher indicated the school had not received the required enrollment documentation needed for each student at the beginning of the school year. The teacher indicated the school had not been given a contact in order to pick up the clients within 15 minutes in case of illness or injury. The teacher indicated client C had a plan to send her home on days her obsessive compulsive behavior was impeding her school day. The teacher indicated the	W000120	To correct the deficient practice, the QIDP met with the teacher on 8/20/14, and they have scheduled to meet again on 9/19/14. The school has been provided with copies of current Individual Support Plans,Behavior Support Plans and Nursing Care Plans for all individuals.Additionally, a written copy of the school policy related to picking individuals up in the event of illness or injury will be obtained, and plans relative to this will be revised to comply with school policies. Client C's Behavior Support Plan has been revised to address her refusals to exit the school bus at both school and home. The QIDP will train school and home staff on the revised plan to ensure continuity in strategies used to assist her in exiting the bus. To ensure the deficient practice does not recur, the QIDP will meet no less than monthly with the teacher to discuss and problem solve any identified concerns or issues. The QIDP will also conduct a classroom observation at least once per month, and maintain a log of observations. The QIDP will provide the teacher feedback related to the observation. A communication log will be implemented to travel between home and school staff to ensure staff provide written information about and changes related to the customers. It also provides an	09/25/2014

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	QIDP indicated the group home could not have anyone available to pick up a client within 15 minutes, as required by the school. The teacher indicated the QIDP indicated the quickest the group home could have someone to the school to pick up a student was 45 minutes. The teacher indicated client C had outpatient surgery over the summer and was wearing a brace on her right arm. The teacher indicated the school did not receive documentation or information regarding the surgery until the second week of school. The teacher indicated the group home staff had not conducted an observation at the school or attended a meeting with the school even though a meeting was scheduled. The teacher indicated the Qualified Intellectual Disabilities Professional (QIDP) told her the group home was not going to pick up the clients if they were vomiting, had a fever or diarrhea. On 8/21/14 at 2:20 PM, client A, B and C's teacher indicated she had not received the clients' current Nursing Care Plans and client A's current Replacement Skill Plan. The teacher indicated she had not received client A, B and C's Individual Support Plans. A review of an email, dated 8/12/14, sent by the QIDP to the teacher indicated client B and C's Replacement Skills Plans were sent to the teacher. There were two		avenue for school staff to provide daily feedback to staff. The QIDP will submit a contact log monthly to the DRS to ensure ongoing monitoring of contact with school staff.	

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	copies of client C's plan and none for client A. A review of an email, sent on 8/12/14, indicated the teacher was attempting to schedule a meeting between the school and the group home. The email indicated, "Still need the behavioral plans before I will sign and return the receipt form. Received release from doc (doctor) for [client C], but it DOES say she is not to attend PE (physical education) or recess, so she did not have a complete release at the beginning of school. If we would have known this prior to the start of school we could have had a plan in place...". An email dated 8/15/14 indicated the QIDP accepted a meeting to be held on 8/20/14. On 8/19/14, an email from the QIDP to the teacher indicated, "You asked for the meeting. You asked for it because you want us to provide staff who can be at school in 15 minutes, and I told you I couldn't. We do need to meet, you keep saying when we see each other that [client C] needs different programming. What did you have in mind? I will be at the meeting, Wednesday, at 1 pm." On 8/18/14, the QIDP indicated in an email to the teacher, "I am sorry, there has been a misunderstanding, I informed you last week my supervisor could not do afternoons the week, we will have to			

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	reschedule our appointment." On 8/19/14, the QIDP indicated in an email to the teacher, "I am fairly sure I sent times for this week. Nothing in the afternoon will work. I will not be able to attend an afternoon meeting this week. I will be available until 11 am...". On 8/20/14, the QIDP indicated in an email to the teacher, "I am just finishing an overnight at [name of group home]. I will not be able to attend today's meeting. I do want to reschedule a meeting, perhaps with just you to discuss my concerns, and your concerns. If you will let me know times you have available, I am sure we can get together." On 8/21/14 at 2:30 PM, a review of the school's documentation, untitled, for August 2014 was conducted and indicated the following issues: -8/5/14: Client C's note indicated she had body odor, her body and face were not clean. -8/6/14: Client C's note indicated, "Wore same pants today she wore yesterday." On the bottom of the page a note indicated, "Group home is not putting pads on students in the morning." Client C's note indicated her face and body were not clean. -8/11/14: Client C's note indicated, "Absent, group home waiting on release			

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	papers from doctor for [client C] to return to school." Another note indicated, "Both Depends on [clients B and A] looked old due to yellow discoloring." Client B's note indicated, "Shirt too big, bra straps are showing." -8/14/14: Client B's note indicated, "Socks not long enough. Socks are always bunched down in the top of her brace...". Client C's note indicated, "Called nurse down had BM (bowel movement) something keeps coming out like something she shouldn't have ate (sic) didn't dissolve. It is white in color and very long. [Name of staff] is calling nurse to look at it. [Nurse] had us pull it out and bag it... Found non stool item appeared to be fabric and or 6 to 7 inch plastic nature." -8/15/14: Client A's shirt was dirty. Client A's note indicated, "After cleaning bottom it seemed BM had been there awhile. Petroleum jelly was used for redness." -8/18/14: Client C had a hole in her shirt. Client A's clothes were dirty. Client A had a note indicating he needed a belt. -8/19/14: Client A and C's nails were dirty and needed trimmed. Client A's noted indicated, "BM caked in pubic hair and in creases of inner legs very irritated. The note indicated there was no BM on his rectum and the BM was from the morning at home. Client A's note			

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	indicated his nails were dirty and needed trimmed. -8/21/14: Client B's clothing was not clean upon arrival. There was a note indicating the staff who brought client C to school late told the school staff client C had just used the restroom. The note indicated, "Looked like old BM." On 8/21/14 at 4:26 PM, the QIDP indicated she sent the school clients A, B and C's new plans. The QIDP indicated she had meetings set with the school but due to working overnight shifts, she had to cancel the meetings. The QIDP indicated she had not met with the school or conducted observations at the school. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated the school should have received a physician's note regarding client C's arm surgery during the first week of school. The DRS indicated the school should have been informed why client B was wearing a boot. The DRS indicated the group home staff should ensure the clients were clean prior to sending them to school. The DRS indicated the school should have received the required documentation for student enrollment. The DRS stated she "assumed" it was completed. The DRS indicated the group home could have someone to the school within 30 minutes			

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	of receiving a call to pick up a client who needed to go home. The DRS indicated the group home staff had not met with the school. 2) On 8/21/14 at 1:45 PM, client C's teacher indicated client C had not been wanting to exit the bus upon arrival to the school. This had occurred multiple times since school started on 8/2/14. The teacher indicated there was no plan to address this issue. On 8/21/14 from 2:50 PM to 5:09 PM, an observation was conducted at the group home. At 3:04 PM when the bus arrived from the school to the group home, client C was sitting on the floor at the top of the stairs to the bus refusing to get off. At 3:10 PM, client C's teacher physically assisted client C off the bus. On 8/21/14 at 3:30 PM, a review of client C's Replacement Skills Plan, dated May 2014, did not include a plan to address her refusals to enter/exit the school bus. There was no documentation of a plan addressing her refusals to enter/exit the bus in her record. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated this was a new concern this school year. The DRS indicated she was aware the			

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	behavior had occurred at least two times. The DRS indicated the group home and school needed to discuss the issue and develop a plan to address it. The DRS indicated the issue was on her agenda of items to discuss with the school. This federal tag relates to complaint #IN00154686. 9-3-1(a)			
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 16 incident/investigative reports reviewed affecting clients A and C, the facility neglected to implement its policies and procedures to investigate an incident of PICA (ingesting a non-nutritive item) involving client C and an injury of unknown origin to client A and take appropriate corrective actions to address client C's PICA. Findings include: A review of the facility's incident reports was conducted on 8/22/14 at 10:57 AM and indicated the following:	W000149	To correct the deficient practice, investigations will be completed for the incident that occurred with client C on 8/14/14, and the injury of unknown origin for client A. To ensure no others were affected by the deficient practice, the Director of Support Services will review incident reports for the last 6 months to verify that investigations were completed for any incident that meets criteria, as defined by agency policy. In the case that an incident was not investigated, an investigation will be completed. To prevent the deficient practice from recurrence, all QIDPs will be re-trained on what incidents must be investigated, and by whom. Ongoing monitoring will be	09/25/2014

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	1) On 8/14/14 at 10:00 AM while at her school, client C started to have a bowel movement in her disposable brief. The school staff observed an object hanging from client C's rectum. The school called their nurse who told the school staff they could pull the object out of her rectum. The school staff examined the object. The BDDS (Bureau of Developmental Disabilities Services) report, dated 8/15/14, indicated, in part, "It appeared to be the top f (of) her adult diaper. It was a 1 (inch) by 6 (inch) strip of white, soft plastic with a backing typical to disposable adult diapers. This staff suspects that [client C] woke up in the night, pulled the strip off and ate it." There was no documentation the facility conducted an investigation of the incident. On 8/21/14 at 2:30 PM, a review of the school's documentation, untitled, for August 2014 was reviewed. The note, dated 8/14/14, documented by the school staff indicated, "Called nurse down had BM something keeps coming out like something she shouldn't have ate (sic) didn't dissolve. It is white in color and very long. [Name of staff] is calling nurse to look at it. [Nurse] had us pull it out and bag it... Found non stool item appeared to be fabric and or 6 to 7 inch plastic nature."		completed by the Director of Support Services and Quality Assurance Director,who review all BDDS reportable incidents and maintain documentation of all investigations. A summary of completed investigations and recommendations are reviewed weekly by the Directors of Services, Quality Assurance Director and Chief Executive Officer.	

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	A review of client C's Replacement Skills Plan, dated May 2014, was conducted on 8/21/14 at 3:30 PM. Client C had a targeted behavior of PICA (defined as eating non-food items, including diaper padding, laundry/dishwasher detergent pods (this type of detergent should be avoided for use in the home), flowers/plants/leaves, paper products (napkins, tissue, etc.) and other random items). In the proactive measures section, the plan indicated, in part, "Staff should be monitoring her every hour to ensure she has not wet and has not consumed parts of her Attend." The plan indicated, in part, "During sleep hours, [client C] should be encouraged to wear pajama bottoms with ties and will ensure the pants are tied when bed checks are made. Ensure her attends do not come out around her waist area." On 8/21/14 at 3:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated she wrote everything she did following the incident on the Bureau of Developmental Disabilities Services report. The QIDP indicated no one conducted an investigation. The QIDP indicated the item pulled from client C's rectum appeared to be part of her disposable brief. The QIDP indicated the facility was now checking her once an			

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	hour during the overnight shift. The QIDP indicated client C was awake a lot during the night. The QIDP indicated the staff were tucking her shirt into her pajama pants. The QIDP indicated this was not a new behavior. The QIDP indicated the staff implemented client C's plan for PICA as written prior to the incident. The QIDP indicated the facility was going to try to locate a one piece type of clothing during the overnight shift to wear. The QIDP indicated she had not had time to purchase the recommended clothing. The QIDP stated the incident was "just last week." On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated she thought the QIDP conducted an investigation. The DRS indicated an investigation should have been conducted. The DRS stated the QIDP initially asked if the incident was an allegation of abuse/neglect/exploitation. The DRS indicated the QIDP was confused about who was to conduct investigations. The DRS indicated the incident should have been investigated by the QIDP. The DRS indicated the DRS, QIDP and Director of Support Services discussed the incident and the QIDP should have conducted an investigation. The DRS indicated the plan to address the incident was to increase the checks			

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	during the overnight shift to once an hour. The DRS indicated they discussed getting client C some one piece clothing to wear at night so it was harder for client C to get to her disposable brief. The DRS indicated the consensus was the items she ingested were part of her brief. The DRS indicated client C had ingested a part of her brief in the past. The DRS indicated as of 8/16/14, the QIDP had not obtained the one piece clothing as discussed. The DRS indicated the clothing should have been purchased by now. The DRS stated, "I assumed it had been done." The DRS indicated the staff implemented having client C wearing a longer shirt and tucking it into her pajama pants. The DRS indicated client C could consume her diaper in between checks. The DRS indicated another type of brief should be looked into. The DRS indicated this had not been done. The DRS stated the "best bet" would be to get the one piece, as discussed. The DRS indicated the facility came up with a good plan but had not implemented it yet. 2) On 7/15/14 at 8:30 AM, the BDDS report, dated 7/16/14, indicated, "Overnight staff reported that [client A] has a bruise on his right arm at the top. I examined his arm, and he has a bruise about one inch long and a quarter inch wide that could be a finger mark. When I			

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	asked [client A] what happened, he said that [client A] did it, meaning himself. He puts that arm over the back of chairs and leans, that could be what happened. I interviewed the evening staff, she reported that she saw the bruise, but didn't know how it happened. She told me he puts that arm over the back of chairs and leans, that could be what happened. [Client A] does not seem to be frightened of anyone, or otherwise distraught. [Client A] does not appear to be in physical danger. He is not upset or appear (sic) to be frightened. I cannot determine who, if anyone from staff is responsible at this time. I will conduct daily body scans, to determine if there is a pattern to this type of injury. I will discuss it with staff, continuing training on the care of customers." The follow-up BDDS report, dated 7/18/14, indicated, "I interviewed [client A], he reported he did it. ([Client A] did it, indicating he was responsible). I interviewed all staff, [staff #4], overnight, [staff #1] afternoon and evening, and [staff #2] evening, they did not know how it happened. I have been tracking body scans, and checking [client A] closely. He has no more marks, is not afraid of anyone, and appears to be happy. I will continue to watch for a pattern of injury, and report it as needed. QDP (QIDP) will continue to monitor for bruising on [client A]. She			

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	will continue to check body scans. She will continue to watch for a pattern of injury, and report it as needed." There was no documentation an investigation was conducted. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated an investigation should have been conducted. A review, conducted on 8/22/14 at 2:17 PM, of the facility's policy on Violation of Rights, dated 2014-2015, indicated, in part, "1. Any violation (or suspected violation) of customer rights will be reported (see 3.1.5.2) and investigated (see 3.1.5.3). 2. All LifeDesigns staff and consultants are required to report any incident of a violation of rights immediately (as soon as it is safe to do so) to their supervisor. 3. Staff and consultants can also report directly to Adult Protective Services (APS) or Child Protective Services (CPS) (for persons less than 18 years of age), and must then make a subsequent report to their supervisor. 4. The supervisor receiving the report must inform the individual, the individual's legal representative, APS/CPS, the Bureau of Developmental Disabilities, any person designated by the individual and the provider of Case Management services of a situation			

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	involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights. 5. Staff will be informed of this requirement at orientation and annually thereafter. 6. When an incident requires investigation, the appropriate supervisor will complete the review. The investigation process will include: a. Review of any documentation regarding incident, b. Personal interviews with all individuals, including customers present at the time of the incident, c. Observation of the customer, in lieu of interview, for those customers who are non-verbal, d. Review of agency practices, e. A summary of findings that reviews what the investigation has discovered, f. A resolution for the investigation including recommended actions and policy/procedure changes. 7. The supervisor will document the investigation process and outcome. The results will be maintained by the Directors of Services and will be available for review by the Human Rights Committee of LifeDesigns. 8. Any incident of a violation of rights requiring state or external review will be reported in a timely manner by a service supervisor to the appropriate entity. 9. The Directors of Services will review all incidents and report to the Chief Operating Officer/Chief Executive			

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	Officer monthly. The incidents will be logged and filed for the purpose of trend analysis. 10. The Human Rights Committee will review trends, make recommendations, follow up, and report on investigations at least quarterly. 11. The Chief Executive Officer will report trends, recommendations, and follow up to the LifeDesigns Board annually." The facility's 1/1/12 Violation of Rights policy defined neglect as, "Neglect: Placing a customer in a situation that may endanger his or her life or health; abandoning or cruelly confining a customer; depriving a customer of necessary support including food, shelter, medical care, or technology." This federal tag relates to complaint #IN00154686. 9-3-2(a)			
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 16 incident/investigative reports reviewed affecting clients A and C, the facility failed to conduct investigations of an incident of PICA (ingesting a	W000154	To correct the deficient practice, investigations will be completed for the incident that occurred with client C on 8/14/14, and the injury of unknown origin for client A. To ensure no others were affected	09/25/2014

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	non-nutritive item) and an injury of unknown origin. Findings include: A review of the facility's incident reports was conducted on 8/22/14 at 10:57 AM and indicated the following: 1) On 8/14/14 at 10:00 AM while at her school, client C started to have a bowel movement in her disposable brief. The school staff observed an object hanging from client C's rectum. The school called their nurse who told the school staff they could pull the object out of her rectum. The school staff examined the object. The BDDS (Bureau of Developmental Disabilities Services) report, dated 8/15/14, indicated, in part, "It appeared to be the top f (of) her adult diaper. It was a 1 (inch) by 6 (inch) strip of white, soft plastic with a backing typical to disposable adult diapers. This staff suspects that [client C] woke up in the night, pulled the strip off and ate it." There was no documentation the facility conducted an investigation of the incident. On 8/21/14 at 2:30 PM, a review of the school's documentation, untitled, for August 2014 was reviewed. The note, dated 8/14/14, documented by the school		by the deficient practice, the Director of Support Services will review incident reports for the last 6 months to verify that investigations were completed for any incident that meets criteria, as defined by agency policy. In the case that an incident was not investigated, an investigation will be completed. To prevent the deficient practice from recurrence, all QIDPs will be re-trained on what incidents must be investigated, and by whom. Ongoing monitoring will be completed by the Director of Support Services and Quality Assurance Director,who review all BDDS reportable incidents and maintain documentation of all investigations. A summary of completed investigations and recommendations are reviewed weekly by the Directors of Services, Quality Assurance Director and Chief Executive Officer.	

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	staff indicated, "Called nurse down had BM something keeps coming out like something she shouldn't have ate (sic) didn't dissolve. It is white in color and very long. [Name of staff] is calling nurse to look at it. [Nurse] had us pull it out and bag it... Found non stool item appeared to be fabric and or 6 to 7 inch plastic nature." A review of client C's Replacement Skills Plan, dated May 2014, was conducted on 8/21/14 at 3:30 PM. Client C had a targeted behavior of PICA (defined as eating non-food items, including diaper padding, laundry/dishwasher detergent pods (this type of detergent should be avoided for use in the home), flowers/plants/leaves, paper products (napkins, tissue, etc.) and other random items). In the proactive measures section, the plan indicated, in part, "Staff should be monitoring her every hour to ensure she has not wet and has not consumed parts of her Attend." The plan indicated, in part, "During sleep hours, [client C] should be encouraged to wear pajama bottoms with ties and will ensure the pants are tied when bed checks are made. Ensure her attends do not come out around her waist area." On 8/21/14 at 3:46 PM, the Qualified Intellectual Disabilities Professional			

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	(QIDP) indicated she wrote everything she did following the incident on the Bureau of Developmental Disabilities Services report. The QIDP indicated no one conducted an investigation. The QIDP indicated the item pulled from client C's rectum appeared to be part of her disposable brief. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated she thought the QIDP conducted an investigation. The DRS indicated an investigation should have been conducted. The DRS stated the QIDP initially asked if the incident was an allegation of abuse/neglect/exploitation. The DRS indicated the QIDP was confused about who was to conduct investigations. The DRS indicated the incident should have been investigated by the QIDP. The DRS indicated the DRS, QIDP and Director of Support Services discussed the incident and the QIDP should have conducted an investigation. 2) On 7/15/14 at 8:30 AM, the BDDS report, dated 7/16/14, indicated, "Overnight staff reported that [client A] has a bruise on his right arm at the top. I examined his arm, and he has a bruise about one inch long and a quarter inch wide that could be a finger mark. When I asked [client A] what happened, he said			

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	that [client A] did it, meaning himself. He puts that arm over the back of chairs and leans, that could be what happened. I interviewed the evening staff, she reported that she saw the bruise, but didn't know how it happened. She told me he puts that arm over the back of chairs and leans, that could be what happened. [Client A] does not seem to be frightened of anyone, or otherwise distraught. [Client A] does not appear to be in physical danger. He is not upset or appear (sic) to be frightened. I cannot determine who, if anyone from staff is responsible at this time. I will conduct daily body scans, to determine if there is a pattern to this type of injury. I will discuss it with staff, continuing training on the care of customers." The follow-up BDDS report, dated 7/18/14, indicated, "I interviewed [client A], he reported he did it. ([Client A] did it, indicating he was responsible). I interviewed all staff, [staff #4], overnight, [staff #1] afternoon and evening, and [staff #2] evening, they did not know how it happened. I have been tracking body scans, and checking [client A] closely. He has no more marks, is not afraid of anyone, and appears to be happy. I will continue to watch for a pattern of injury, and report it as needed. QDP (QIDP) will continue to monitor for bruising on [client A]. She will continue to check body scans. She			

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	will continue to watch for a pattern of injury, and report it as needed." There was no documentation an investigation was conducted. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated an investigation should have been conducted. This federal tag relates to complaint #IN00154686. 9-3-2(a)			
W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 16 incident/investigative reports reviewed affecting client C, the facility failed to take appropriate corrective action following an incident of PICA (ingestion of a non-nutritive item). Findings include: A review of the facility's incident reports was conducted on 8/22/14 at 10:57 AM and indicated the following: On 8/14/14 at 10:00 AM while at her school, client C	W000157	To correct the deficient practice, client C's Behavior Support Plan has been revised to include additional strategies related to PICA behavior. 1-piece sleepwear has been obtained. All staff will be re-trained on the new plan, and will document implementation of the plan. To ensure the deficient practice does not recur, all QIDPs will be retrained on their obligation to review unusual incidents in conjunction with the Behavior Support Plan to ensure adequate strategies are in place, and if not,	09/25/2014

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	started to have a bowel movement in her disposable brief. The school staff observed an object hanging from client C's rectum. The school called their nurse who told the school staff they could pull the object out of her rectum. The school staff examined the object. The BDDS (Bureau of Developmental Disabilities Services) report, dated 8/15/14, indicated, in part, "It appeared to be the top f (of) her adult diaper. It was a 1 (inch) by 6 (inch) strip of white, soft plastic with a backing typical to disposable adult diapers. This staff suspects that [client C] woke up in the night, pulled the strip off and ate it." On 8/21/14 at 2:30 PM, a review of the school's documentation, untitled, for August 2014 was reviewed. The note, dated 8/14/14, documented by the school staff indicated, "Called nurse down had BM something keeps coming out like something she shouldn't have ate (sic) didn't dissolve. It is white in color and very long. [Name of staff] is calling nurse to look at it. [Nurse] had us pull it out and bag it... Found non stool item appeared to be fabric and or 6 to 7 inch plastic nature." On 8/21/14 at 3:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the item pulled from		revise said plan.Ongoing monitoring will be through review of investigation recommendations weekly by the Directors of Services, Quality Assurance Director and Chief Executive Officer.	

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	client C's rectum appeared to be part of her disposable brief. The QIDP indicated the facility was now checking her once an hour during the overnight shift. The QIDP indicated client C was awake a lot during the night. The QIDP indicated the staff were tucking her shirt into her pajama pants. The QIDP indicated this was not a new behavior. The QIDP indicated the facility was going to try to locate a one piece type of clothing during the overnight shift to wear. The QIDP indicated she had not had time to purchase the recommended clothing. The QIDP stated the incident was "just last week." On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated the plan to address the incident was to increase the checks during the overnight shift to once an hour. The DRS indicated they discussed getting client C some one piece clothing to wear at night so it was harder for client C to get to her disposable brief. The DRS indicated the consensus was the items she ingested was part of her brief. The DRS indicated client C had ingested a part of her brief in the past. The DRS indicated as of 8/16/14, the QIDP had not obtained the one piece clothing as discussed. The DRS indicated the clothing should have been purchased by now. The DRS stated,			

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	"I assumed it had been done." The DRS indicated the staff implemented having client C wearing a longer shirt and tucking it into her pajama pants. The DRS indicated client C could consume her diaper in between checks. The DRS indicated another type of brief should be looked into. The DRS indicated this had not been done. The DRS stated the "best bet" would be to get the one piece, as discussed. The DRS indicated the facility came up with a good plan but had not implemented it yet. This federal tag relates to complaint #IN00154686. 9-3-2(a)			
W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, interview and record review for 3 of 3 clients living at the group home, the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor the clients' active treatment programs. Findings include:	W000159	1) 1, To correct the deficient practice, the QIDP met with the teacher on 8/20/14, and they have scheduled to meet again on 9/19/14.The school has been provided with copies of current Individual Support Plans,Behavior Support Plans and Nursing Care Plans for all individuals.Additionally, a written	09/25/2014

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	1. Please refer to W120. For 3 of 3 clients who live at the group home and attend high school (A, B and C), the QIDP failed to ensure the outside services met the needs of the clients. 2. Please refer to W227. For 1 of 3 clients living at the group home (C), the QIDP failed to ensure there was a program plan addressing client C's entering and exiting the school bus. 3. Please refer to W240. For 1 of 3 clients living at the group home (C), the QIDP failed to ensure there were written instructions to staff regarding prompting client C to elevate her arm to reduce swelling following surgery. 4. Please refer to W248. For 3 of 3 clients living at the group home (A, B and C), the QIDP failed to provide clients' individual plans to all relevant staff, including the school and the direct care staff at the group home. This federal tag relates to complaint #IN00154686. 9-3-3(a)		copy of the school policy related to picking individuals up in the event of illness or injury will be obtained, and plans relative to this will be revised to comply with school policies. Client C's Behavior Support Plan has been revised to address her refusals to exit the school bus at both school and home. The QIDP will train school and home staff on the revised plan to ensure continuity in strategies used to assist her in exiting the bus. To ensure the deficient practice does not recur, the QIDP will meet no less than monthly with the teacher to discuss and problem solve any identified concerns or issues. The QIDP will also conduct a classroom observation at least once per month, and maintain a log of observations. The QIDP will provide the teacher feedback related to the observation. A communication log will be implemented to travel between home and school staff to ensure staff provide written information about and changes related to the customers. It also provides an avenue for school staff to provide daily feedback to staff. The QIDP will submit a contact log monthly to the DRS to ensure ongoing monitoring of contact with school staff. 2) To correct the deficient practice, Client C's Behavior Support Plan has been revised to address her refusals to exit the school bus at both school and home. The QIDP will train school	

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			and home staff on the revised plan to ensure continuity in strategies used to assist her in exiting the bus. To ensure no other clients were affected by the deficient practice, the QIDP will consult with school and home staff to confirm that al lidentified interfering behaviors are addressed with a written plan, and if not,will develop a plan to address those behaviors. To ensure the deficient practice does not recur, all QIDPs will be retrained on their obligation to review unusual incidents in conjunction with the Behavior Support Plan to ensure adequate strategies are in place, and if not,revise said plan. Ongoing monitoring will be accomplished by discussing customer behavior as a regular part of staff meetings, and documented in meeting minutes that will be provided to the Director of Residential Services,as well as made available in the home for staff review. 3) To correct the deficient practice, the Nursing Care Plan for client C was revised to include instructions related to swelling as a result of surgery. The Nursing Care Plan has been provided to school staff, and all home staff have been trained on the revised plan. To ensure the deficient practice does not recur, the LPN will be reminded of the necessity to provide staff with a written plan to address any change in condition, as well as	

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			train staff to implement the plan. Ongoing monitoring will be accomplished though monthly meetings between the LPN, medical coordinator and RN to ensure that current information is available to staff related to the individual's medical concerns, including any change in condition. 4) To correct the deficient practice, the school has been provided with copies of current Individual Support Plans, Behavior Support Plans and Nursing Care Plans for all individuals. Current plans are now in the home as well. To ensure the deficient practice does not recur, the QIDP will complete a monthly audit of home files as part of the Quality Assurance Process, confirming that current documents are available in the home. The QIDP will meet with school staff no less than monthly, and will confirm that current documents are available and relevant. The QIDP will submit monthly Quality Assurance Reviews to the Director of Residential Services and Quality Assurance Director for ongoing monitoring.	
W000227	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. Based on observation, record review and	W000227	To correct the deficient practice,	09/25/2014

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	interview for 1 of 3 clients living at the group home (C), the facility failed to ensure there was a program plan addressing client C's entering and exiting the school bus. Findings include: On 8/21/14 at 1:45 PM, client C's teacher indicated client C had not been wanting to exit the bus upon arrival to the school. This had occurred multiple times since school started on 8/2/14. The teacher indicated there was no plan to address this issue. On 8/21/14 from 2:50 PM to 5:09 PM, an observation was conducted at the group home. At 3:04 PM when the bus arrived from the school to the group home, client C was sitting on the floor at the top of the stairs to the bus refusing to get off. At 3:10 PM, client C's teacher physically assisted client C off the bus. On 8/21/14 at 3:30 PM, a review of client C's Replacement Skills Plan, dated May 2014, did not include a plan to address her refusals to enter/exit the school bus. There was no documentation of a plan addressing her refusals to enter/exit the bus in her record. On 8/22/14 at 11:36 AM, the Director of		Client C's Behavior Support Plan has been revised to address her refusals to exit the school bus at both school and home. The QIDP will train school and home staff on the revised plan to ensure continuity in strategies used to assist her in exiting the bus.To ensure no other clients were affected by the deficient practice, the QIDP will consult with school and home staff to confirm that all identified interfering behaviors are addressed with a written plan, and if not, will develop a plan to address those behaviors. To ensure the deficient practice does not recur, all QIDPs will be retrained on their obligation to review unusual incidents in conjunction with the Behavior Support Plan to ensure adequate strategies are in place, and if not, revise said plan. Ongoing monitoring will be accomplished by discussing customer behavior as a regular part of staff meetings, and documented in meeting minutes that will be provided to the Director of Residential Services, as well as made available in the home for staff review.	

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	Residential Services (DRS) indicated this was a new concern this school year. The DRS indicated she was aware the behavior had occurred at least two times. The DRS indicated the group home and school needed to discuss the issue and develop a plan to address it. The DRS indicated the issue was on her agenda of items to discuss with the school. This federal tag relates to complaint #IN00154686. 9-3-4(a)			
W000240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 clients living at the group home (C), the facility failed to ensure there were written instructions to staff regarding prompting client C to elevate her arm to reduce swelling following surgery. Findings include: On 8/21/14 at 1:45 PM, client C's teacher indicated she was concerned about the swelling of client C's right hand. Client C's teacher indicated client C had surgery	W000240	To correct the deficient practice, the Nursing Care Plan for client C was revised to include instructions related to swelling as a result of surgery. The Nursing Care Plan has been provided to school staff, and all home staff have been trained on the revised plan. To ensure the deficient practice does not recur, the LPN will be reminded of the necessity to provide staff with a written plan to address any change in condition, as well as train staff to implement the plan. Ongoing monitoring will be accomplished be accomplished though monthly meetings between the LPN,	09/25/2014

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	over the summer and returned to school wear a brace on her arm. The teacher indicated the school did not receive documentation or verbal information regarding the status of client C's right arm surgery. The teacher indicated client C's fingers were swollen and warm to the touch. The teacher indicated the Qualified Intellectual Disabilities Professional (QIDP) indicated client C was fine. The teacher indicated the school received documentation during the second week of school from client C's physician. On 8/21/14 at 1:59 PM, a review of two physician's notes was conducted at the school. The first note, dated 8/11/14, indicated, "OK for patient to return to school no gym ot (or) recess." A second note, dated 8/18/14, indicated, "[Client C] can go to school with swelling in her hand. You do not need to do anything to it just leave it alone. Swelling is normal." On 8/21/14 at 2:30 PM, a review of the school's documentation, untitled, for August 2014 was conducted. The note, dated 8/7/14, documented by the school for their records indicated, in part, "[Client C]: picked up at 9:30 because of swollen right hand. Also, hand had heat." Another note on the same page		medical coordinator and RN to ensure that current information is available to staff related to the individual's medical concerns, including any change in condition.	

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	indicated, "[Client C] was picked up for swelling in her right hand and hand is very warm or hot to the touch. Her hand look (sic) 3x (times) the size." On 8/21/14 at 3:03 PM, staff #3 indicated client C did not comply with the staff's requests to elevate her arm. Staff #3 indicated client C's right hand and fingers were swollen due to not elevating her arm. Staff #3 indicated the facility did not have written instructions for staff to implement. On 8/22/14 at 2:18 PM, the Licensed Practical Nurse (LPN) indicated client C had a surgery over the summer to release her tendons. The LPN indicated client C went to her follow-up appointment and she was recovering well. The LPN indicated the only instructions from the physician were to wear splints to keep her arm from contracting. The LPN indicated she made several calls to the physician due to the swelling. The physician indicated the swelling was normal due to the trauma from the surgery and her arm hanging down. The LPN indicated she recommended to the staff to have client C elevate her arm. The LPN indicated this was her recommendation and not physician ordered. The LPN indicated she and the staff discussed elevating client C's arm			

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	during a staff meeting but she did not document written instructions to staff. The LPN indicated there should be written instructions to staff about how often and the process to implement to attempt to get client C to elevate her arm. This federal tag relates to complaint #IN00154686. 9-3-4(a)			
W000248	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. Based on observation, interview and record for 3 of 3 clients living at the group home (A, B and C), the facility failed to provide clients' individual plans to all relevant staff, including the school and the direct care staff at the group home. Findings include: An observation was conducted at client A, B and C's school on 8/21/14 from 1:45 PM to 2:51 PM. During the observation, client A, B and C's school files were	W000248	To correct the deficient practice, the school has been provided with copies of current Individual Support Plans, Behavior Support Plans and Nursing Care Plans for all individuals. Current plans are now in the home as well. To ensure the deficient practice does not recur, the QIDP will complete a monthly audit of home files as part of the Quality Assurance Process, confirming that current documents are available in the home. The QIDP will meet with school staff no less than monthly, and will confirm that current documents are available and relevant. The QIDP will submit	09/25/2014

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	reviewed. The school did not have a copy of client A, B and C's current Individual Support Plans. The school did not have a copy of client A's Replacement Skills Plan, dated June 2014. The school did not have copies of the clients' current Nursing Care Plans (plans were dated 4/4/14). On 8/21/14 at 2:20 PM, client A, B and C's teacher indicated she had not received the clients' current Nursing Care Plans and client A's current Replacement Skill Plan. The teacher indicated she had not received client A, B and C's Individual Support Plans. A review of client A's group home record was conducted on 8/21/14 at 3:27 PM. Client A's current Nursing Care Plan was dated 6/15/14. A review of client B's group home record was conducted on 8/21/14 at 3:35 PM. Client B's Nursing Care Plan was dated 6/12/14. A review of client C's group home record was conducted on 8/21/14 at 3:30 PM. Client C's file contained a Nursing Care Plan dated 5/20/14. On 8/21/14 at 4:44 PM, the nurse for the group home emailed the clients' current		monthly Quality Assurance Reviews to the Director of Residential Services and Quality Assurance Director for ongoing monitoring.	

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	Nursing Care Plans (NCP). Client A's NCP was dated 6/15/14. Client B's NCP was dated 6/12/14. Client C's NCP was dated 6/15/14. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated the school should have copies of the clients' current program plans including the Individual Support Plans, Replacement Skills Plans and the Nursing Care Plans. The DRS indicated the clients' current NCPs should be in their group home record and available to the direct care staff for review. This federal tag relates to complaint #IN00154686. 9-3-4(a)			
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on interview and record review for 1 of 2 clients in the sample (C), the facility failed to ensure staff implemented	W000249	To correct the deficient practice and prevent the deficient practice from recurring, staff will be retained on client C's	09/25/2014

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	her night time checks as indicated in her Replacement Skills Plan (RSP). Findings include: A review of the facility's incident reports was conducted on 8/22/14 at 10:57 AM and indicated the following: On 8/14/14 at 10:00 AM while at her school, client C started to have a bowel movement in her disposable brief. The school staff observed an object hanging from client C's rectum. The school called their nurse who told the school staff they could pull the object out of her rectum. The school staff examined the object. The BDDS (Bureau of Developmental Disabilities Services) report, dated 8/15/14, indicated, in part, "It appeared to be the top f (of) her adult diaper. It was a 1 (inch) by 6 (inch) strip of white, soft plastic with a backing typical to disposable adult diapers. This staff suspects that [client C] woke up in the night, pulled the strip off and ate it." On 8/21/14 at 2:30 PM, a review of the school's documentation, untitled, for August 2014 was reviewed. The note, dated 8/14/14, documented by the school staff indicated, "Called nurse down had BM something keeps coming out like something she shouldn't have ate (sic) didn't dissolve. It is white in color and		replacement skills plan,including training on required documentation to verify implementation of the plan. To ensure no others were affected by the deficient practice, the QIDP will review all tracking to ensure staff documentation reflects that plans are being implemented as written. If it is discovered that complete documentation is not present, the QIDP will address concerns with specific staff and provide retraining and corrective action, as appropriate. The QIDP for the home is only responsible for one group home, so is in the setting 40 hours a week to provide ongoing monitoring of implementation of the plans, including regular review of documentation.	

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	very long. [Name of staff] is calling nurse to look at it. [Nurse] had us pull it out and bag it... Found non stool item appeared to be fabric and or 6 to 7 inch plastic nature." On 8/21/14 at 3:30 PM, a review of client C's Replacement Skills Plan, dated May 2014, indicated client C had a targeted behavior of PICA (eating non-food items, including diaper padding, laundry/dishwasher detergent pods (this type of detergent should be avoided for use in the home), flowers/plants/leaves, paper products (napkins, tissue, etc.) and other random items). The plan indicated, in part, "During sleep hours, [client C] should be encouraged to wear pajama bottoms with ties and will ensure the pants are tied when bed checks are made... Staff should be monitoring her every hour to ensure she had not wet and has not consumed parts of her Attend." On 8/21/14 at 2:57 PM, staff #3 indicated following the PICA incident involving client C, the facility increased client C's checks at night from every two hours to once an hour. On 8/21/14 at 3:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility was now checking her once an hour during the			

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	overnight shift. The QIDP indicated client C was awake a lot during the night. The QIDP indicated the staff were tucking her shirt into her pajama pants. The QIDP indicated this was not a new behavior. The QIDP indicated the staff implemented client C's plan for PICA as written prior to the incident. On 8/22/14 at 11:36 AM, the Director of Residential Services (DRS) indicated the plan to address the incident was to increase the checks during the overnight shift to once an hour. This federal tag relates to complaint #IN00154686. 9-3-4(a)			