

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G665	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/20/2015
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 FAIRLAWN AVE COLUMBUS, IN 47203
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00180265.</p> <p>Complaint #IN00180265: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 10/16/15, 10/19/15 and 10/20/15.</p> <p>Facility Number: 001115 Provider Number: 15G665 AIMS Number: 100235410</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/28/15.</p>	W 0000		
W 0117 Bldg. 00	<p>483.410(d)(1) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care.</p> <p>Based on record review and interview for</p>	W 0117	To correct the deficient practice and ensure it does not continue,	11/19/2015

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

TITLE

(X6) DATE

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

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	<p>2 of 3 sampled clients (A and C), plus one additional client (D), the facility failed to ensure there was a current written agreement of services with an outside sheltered workshop.</p> <p>Findings include:</p> <p>Workshop Administrative Staff (WAS) #1 was interviewed on 10/19/15 at 11:20 AM. WAS #1 stated, "In one of our meetings the contract question came up. We originally had an agreement of services with the agency when it was owned by Christole. When they changed ownership in the early 2000's we just never redid the agreement. We talked about it in a recent meeting with [client A] with the current executive director of the agency. Neither of us could locate a current contract since the change in ownership."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/19/15 at 2:45 PM. QIDP #1 stated, "We talked about it but we couldn't find anything."</p> <p>Electronic correspondence from QIDP #1 on 10/19/15 at 5:37 PM was reviewed on 10/19/15 at 5:45 PM. The Electronic Correspondence from QIDP #1 indicated he had located and attached a copy of a</p>		<p>the Services Leadership Team (includes all Directors of Service(DOS),Chief Services Officer (CSO) and Chief Executive Officer (CEO)) will review the agency policy relative to contracts to ensure it includes a mechanism for regular review of contracts with outside service providers. To ensure no others were affected by the deficient practice, the Director of Residential Services will review all group home day services contracts, and obtain a new contract in the event that there are others that are not current. A review of the day service contract will be added to the new customer intake process, so when an individual is new to services at LifeDesigns, we will ensure current contracts are in place for any outside services. Ongoing monitoring will be accomplished through an annual review of all service contracts with outside providers.</p>	

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W 0225 Bldg. 00	<p>written service agreement between the sheltered workshop and the agency previously owned/operated by Christole. The written agreement was dated April 24, 1994. QIDP #1 included a written daily rate contract dated December 6, 2002 between the sheltered workshop and Christole, Incorporated. The review did not indicate documentation of a current written services agreement between the sheltered workshop and the current owner/operator to the agency (Life Designs Incorporated).</p> <p>9-3-1(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review and interview for 2 of 3 sampled clients (A and C), the facility failed to ensure clients A and C's vocational skills assessments were completed and re-assessed following a change in their vocational/sheltered workshop setting.</p> <p>Findings include:</p> <p>Observations were conducted at clients A, B and C's former sheltered workshop on 10/19/15 from 11:00 AM to 12:00</p>	W 0225	To correct the deficient practice, clients A and C were re-assessed for vocational skills and Individual Support Plans will be revised to reflect the new assessments. To ensure the deficient practice does not continue, the Services Leadership Team will review, and revise as necessary, the agency policy related to vocational assessments, including the current tools utilized to assess. Assessments will be completed annually at minimum, or more often if significant changes occur. Once revisions have been	11/19/2015

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	<p>PM. Clients A, B and C were not present at the workshop.</p> <p>Workshop Administrative Staff (WAS) #1 was interviewed on 10/19/15 at 11:20 AM. WAS #1 indicated client A's employment had been terminated. WAS #1 indicated clients B and C were no longer attending the sheltered workshop and had transitioned to the agency owned day services program. WAS #1 stated, "We didn't feel like the workshop was an appropriate setting for [client A]. We didn't think we could meet his needs here."</p> <p>Home Manager (HM) #1 was interviewed on 10/19/15 at 12:45 PM. HM #1 indicated clients A, B and C no longer attended the sheltered workshop. HM #1 indicated clients A and C attended the agency's day services. HM #1 indicated the agency's day services was a non-paid program which focused activity on community volunteer work, social and recreational skills. HM #1 indicated client C had transitioned to the agency's program due to changing vocational needs as the client had aged.</p> <p>1. Client A's record was reviewed on 10/19/15 2:33 PM. Client A's Functional Skills assessment dated 11/11/14 did not indicate documentation of a</p>		made, the Network Directors/QIDPs (ND/Qs) will be trained on the assessment process, and new assessments completed for all individuals living in the group home. Ongoing monitoring will be accomplished by listing the date of the most recent assessment on the ND/Q Residential Services Monthly Report, which is reviewed by the Director of Residential Services and Chief Services Officer.				

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	<p>determination of client A's skills regarding vocational, pre-vocational, sheltered or competitive employment. The review did not indicate documentation of review or revision of client A's vocational assessment following the changes in his vocational setting.</p> <p>2. Client C's record was reviewed on 10/19/15 at 2:40 PM. Client C's Functional Skills assessment dated 11/11/14 did not indicate documentation of a determination of client C's skills regarding vocational, pre-vocational, sheltered or competitive employment. The review did not indicate documentation of review or revision of client C's vocational assessment following the changes in her vocational setting.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/19/15 at 2:45 PM. QIDP #1 indicated client A had been scheduled for vocational rehabilitation services and assessment but had behavioral issues during the meeting preventing/delaying the services. QIDP #1 indicated he had not started the vocational rehabilitation services process regarding client C. QIDP #1 indicated clients A and C's functional assessments included vocational skills</p>			

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	but the documentation was not complete regarding a determination of clients A and/or C's assessed needs or skills regarding vocational, pre-vocational, sheltered or competitive employment. 9-3-4(a)				