

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G380	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/25/2012
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NAME OF PROVIDER OR SUPPLIER  LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WINSLOW RD BLOOMINGTON, IN 47401
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W0000	<p>This visit was for the investigation of complaint #IN00116292.</p> <p>This visit was in conjunction with the PCR (post certification revisit) to the recertification and state licensure survey completed on 7/19/12.</p> <p>Complaint #IN00116292: Substantiated. Federal/state deficiencies related to the allegation are cited at W159 and W189.</p> <p>Survey Dates: September 21, 24 and 25, 2012</p> <p>Facility Number: 000894 Provider Number: 15G380 AIM Number: 100239710</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 was completed on 9/27/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

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W0159	<p>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 record review and interview for 5 of 5 clients living in the group home (A, B, C, D, and E), the Qualified Mental Retardation Professional failed to ensure the information in the training book for pull-in staff was current.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/21/12 at 12:34 PM. The facility's investigative report, dated 9/13/12, indicated, "All three staff that worked on Sunday (9/9/12) indicated that AS (Accessible Staffing) staff used physical intervention to prevent [client A] from hurting himself. AS Staff indicated the other staff were scared. [Staff #6] indicated that [client A] is stronger than her and she could not do much more without getting hurt. [Staff #5] indicated that she and [staff #6] should have been the ones to intervene, but [staff #10] did and would not let go when told to do so. [Staff #10] indicated that [staff #5] said to let him hit his head." The investigative report indicated, "[Staff #10] did not receive adequate training prior to working</p>	W0159	DORS will train all QDDPs on the process of updating the plans in all needed places, including the training book for pull-in staff. A copy of this training sheet will be on file at the LifeDesigns office. The currents in the pull-in staff book will be monitored on the monthly Network DirectorsAudit turned in to the Director of Residential Services.	10/25/2012			

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	<p>at [name of group home]." Staff #10 indicated in her interview in the investigative report she was not aware she should not intervene until after the incident. The facility's recommendations section indicated, "1. [Staff #10], AS Staff, will be trained appropriately prior to her next shift with Life Designs on the AS procedures. 2. The Network Director will train on group home staff at the next available staff meeting on the policies and procedures regarding AS Staffing. 3. The QDDP will retrain all group home staff on [client A's] behavior plan for SIB (Self Injurious Behaviors) and the use of physical restraints in the event of an emergency. 4. The Network Director will schedule with [name of staff] a review of approved CPI techniques with the [name of group home] staff no later than 9/25/12."</p> <p>A review of the AS Staffing Procedure, dated 4/20/10, was conducted on 9/21/12 at 12:55 PM. The procedure indicated, in part, "f. Accessible Staff Employees <u>WILL NOT</u> work independently, go on outings, pass medications, complete treatments, take vital signs, or provide physical intervention techniques under any circumstances, <u>unless specifically approved by the Director or Program Operations or the Director of Operations.</u>" The Staffing Procedure indicated, in part,</p>						

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	<p>"d. Review relevant in-house training record, and 'Quick Sheets' Profiles, Abuse and Neglect Reporting Process, and Direct Support Staff documentation requirements. Staff #10 signed she received training on the Accessible Staffing Policy and Procedure on 9/7/12.</p> <p>A review of the AS staff training book in the home was reviewed on 9/24/12 at 11:10 AM. The information in the training binder included Quick Sheets, dated 12/1/10, for clients A, B, C, D and E. Client B's seatbelt protocol and bedtime routine protocols were dated 10/6/06 and 12/12/06, respectively. Client A's Quick Sheet did not indicate he was one on one at all times at arm's length while he was awake to ensure all clients were safe from harm and to ensure accountability for their safety.</p> <p>An interview with AS staff #10 was conducted on 9/25/12 at 10:09 AM. Staff #10 indicated she was not informed by anyone she was not to restrain the clients until after the restraint. Staff #10 indicated she implemented a restraint to ensure client A did not harm himself or anyone else. Staff #10 indicated she was given the AS staffing book to read for her training. Staff #10 indicated she signed off on the form thinking the training would be given after looking through the</p>						

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	<p>book. Staff #10 indicated she was not trained in person by anyone. Staff #10 indicated she was given the AS training book by the direct care staff. Staff #10 indicated the information in the book was outdated and she was not given the clients' current plans to review. Staff #10 indicated the training was insufficient to work at the group home.</p> <p>An interview with the Home Manager (HM) was conducted on 9/24/12 at 11:08 AM. The HM indicated she used the Quick Sheets located in the AS training binder to train the AS staff.</p> <p>An interview with the QMRP was conducted on 9/24/12 at 11:08 AM. The QMRP indicated the Quick Sheets should be updated annually at the clients' annual support plan meeting. The QMRP indicated the information in the AS training book was not current.</p> <p>An interview with the Network Director (ND) was conducted on 9/24/12 at 12:25 PM. The ND indicated the information in the Quick Sheets in the AS staff training book should be current and revised as needed.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 9/25/12 at 8:49 AM. The QAD indicated</p>						

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	<p>the Quick Sheets should be updated at least annually and as needed; the QAD indicated the Quick Sheets in the group home were not current since last revised/updated on 12/1/10. The QAD indicated the training book for the AS staff should have current Quick Sheets or the clients' current program plans. The QAD indicated the Qualified Mental Retardation Professional (QMRP) was responsible for creating and updating the Quick Sheets.</p> <p>This federal tag relates to complaint #IN00116292.</p> <p>9-3-3(a)</p>			

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM 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.</p> <p>Based on record review and interview for 5 of 5 clients living in the group home (A, B, C, D, and E), the facility failed to ensure pull-in staff received initial training to perform her duties.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/21/12 at 12:34 PM. The facility's investigative report, dated 9/13/12, indicated, "All three staff that worked on Sunday (9/9/12) indicated that AS (Accessible Staffing) staff used physical intervention to prevent [client A] from hurting himself. AS Staff indicated the other staff were scared. [Staff #6] indicated that [client A] is stronger than her and she could not do much more without getting hurt. [Staff #5] indicated that she and [staff #6] should have been the ones to intervene, but [staff #10] did and would not let go when told to do so. [Staff #10] indicated that [staff #5] said to let him hit his head." The investigative report indicated, "[Staff #10] did not receive adequate training prior to working</p>	W0189	<p>Pull in staffing procedure will be revised to more clearly state the procedure for training pull-in staff. The pull-in staff training signoff sheet will be revised to include a place for the trainer to sign and date. TM-Rs, ND-Rs, and QDDPs will be trained on the revised procedure and sign off sheet and a copy of the training sheet will be on file at the LifeDesigns office.</p>	10/25/2012			

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