

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G674		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/23/2013	
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1922 LIMESTONE DR ELLETTSVILLE, IN 47429			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: May 20, 21, 22 and 23, 2013.</p> <p>Facility number: 009347 Provider number: 15G674 AIM number: 100239630</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/29/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 10 incident/investigative reports reviewed affecting clients #1, #3 and #4, the governing body failed to exercise general operating direction over the facility by failing to implement corrective action following medication errors.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 5/20/13 at 11:28 AM.</p> <p>1. On 3/11/13 at 7:30 AM, staff #2 failed to ensure staff #1, who was in training, administered client #1's aspirin at the correct time. The aspirin was to be administered during the hour of sleep medication pass. The Bureau of Developmental Disabilities Services (BDDS) report, dated 3/12/13, indicated, "[Staff #2] will receive corrective action per Life Designs Medication Training/Observations/Administration policy and procedures." The facility was not able to provide documentation staff #2 received corrective action.</p>	W000104	<p>Following the survey dates ND-Rs, QDDPs, and TMs were trained on implementing corrective action for employees or receiving a corrective action for not implementing corrective actions. A copy of this training sheet will be on file at the LifeDesigns, Inc office. QDDPs were trained on sending medication error related BDDS reports to the ND-R to ensure their monitoring of corrective action completion. A copy of this training sheet will be on file at the LifeDesigns, Inc office.</p>	06/22/2013			

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	<p>2. On 3/11/13 at 2:00 PM, staff #2 failed to administer Trazodone to client #3. Client #3 was home from day program due to a medical procedure. The BDDS report, dated 3/11/13, indicated "[Staff #2] will be given corrective action for failure to administer medication per Life Designs Medication Administration Policy and Procedure." The facility was not able to provide documentation staff #2 received corrective action.</p> <p>On 5/22/13 at 1:50 PM, an email was received from the Quality Assurance Director (QAD). The QAD indicated, in part, "Medication Errors- We could not locate any medication errors in [staff #2's] employee file."</p> <p>3. On 5/13/13 at 6:00 AM, staff #1 failed to administer Carbamazepine to client #4. The BDDS report, dated 5/14/13, indicated, in part, "[Staff #1] will receive corrective action for failure to administer medication per LifeDesigns medication administration policy and procedure." The facility was unable to provide documentation staff #1 received corrective action.</p> <p>On 5/22/13 at 2:10 PM, an email was received from the Quality Assurance Director (QAD). The QAD indicated, in part, "It has not made it in to the office yet... I am including [Network Director]</p>			

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	<p>to see if it has been completed with [staff #1] as of yet. It has only been a week and I know [Network Director] has been doing a direct care. He may not have had a chance at this point."</p> <p>On 5/23/13 at 10:29 AM, the QAD indicated the corrective actions from March 2013 should have been implemented. The QAD indicated the Network Director was responsible for implementing corrective actions. The QAD indicated the ND may have the corrective action from 5/13/13, it was not in the office for review.</p> <p>9-3-1(a)</p>				

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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 2 of 2 clients who attended day program #1 (#2 and #3), the facility failed to ensure the day program met the needs of the clients.</p> <p>Findings include:</p> <p>An observation was conducted at day program #1 on 5/20/13 from 2:01 PM to 3:07 PM. During the observation, client #3 was not engaged in activities. Client #3 sat in a chair twirling a piece of plastic. Day program staff #1 did not prompt client #3 to engage in activities or offer client #3 an activity to engage in. Client #2, at 2:13 PM, was prompted to open a plastic container with plastic blocks. Client #2 did not build anything. At 2:32 PM, client #2 was sitting with the open container in front of him rocking. At 2:40 PM, client #2 was prompted to get a book. Staff #1 gave client #2 a marker to trace the letters in the book. At 2:45 PM, client #2 was prompted to use the blocks. Client #2 put two pieces of blocks together until the box was empty. Client #2 took the blocks apart of put back in the box. Client #2 was not prompted during the remainder of the</p>	W000120	<p>QDDP will attempt to schedule a meeting with the day program indicated in the survey and discuss client #2 and #3 programming while at day program. QDDP will offer suggestions to increase activities for clients while there. Documentation of this meeting, or the attempts to schedule this meeting, will be on file at the LifeDesigns, Inc office. Ongoing monitoring of the day program meeting the needs of the individuals will be through monthly observations by the QDDP or ND-R and submitted to DORS and on file in the homes.</p>	06/22/2013			

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	<p>observation.</p> <p>An interview with day program staff #1 was conducted on 5/20/13 at 2:17 PM. Staff #1 indicated the group home conducted one observation at the day program in the past 6 to 8 months.</p> <p>A review of the observations conducted by the facility at day program #1 was conducted on 5/23/13 at 10:05 AM. Observations were conducted on 7/16/12, 9/11/12, 12/11/12 and 1/22/13.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/22/13 at 10:43 AM. The QIDP indicated the clients should be engaged at day program #1. The QIDP indicated the clients have the same training objectives at the day program and the group home. The QIDP stated observations were conducted at the day program "All the time" however she did not document all of her observations.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 5/22/13 at 1:27 PM. The QAD indicated the facility should conduct monthly observations at the day program. The QAD indicated the clients should be engaged in meaningful activities.</p>				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 5 of 7 clients living in the group home (#1, #3, #5, #6 and #7), the facility failed to account for the clients' personal petty cash to the \$0.01.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 5/22/13 at 8:10 AM. Client #1's Petty Cash Ledger, dated 4/15/13, indicated he had \$3.08. The actual amount in his client petty cash was \$3.18.</p> <p>Client #3's Petty Cash Ledger, dated Sept (no year) indicated on 3/5/13 he had \$9.12. On 4/2/13, client #3 had \$10.35 with no documentation indicating a deposit had been made. There was no documentation accounting for the change in the total petty cash.</p> <p>Client #5's Petty Cash Ledger, dated 4/15/13, indicated she had \$28.62. The actual amount in her client petty cash was \$19.62.</p> <p>Client #6's Petty Cash Ledger, dated 4/18/13, indicated he had \$16.60. The actual amount in his client petty cash was \$17.14.</p>	W000140	Group home TM will receive corrective actions for failing to account for clients' petty cash to the \$0.01. A copy of this corrective action will be on file at the LifeDesigns, Inc office. Ongoing compliance will be through an increase in the TM audit from monthly to weekly submitted to the ND-R and on file at the group home as well as monthly ND-R audits submitted to the DORS.	06/22/2013			

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	<p>Client #7's Petty Cash Ledger, dated 4/15/13, indicated she had \$57.97. The actual amount in her client petty cash was \$52.97.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/22/13 at 10:43 AM. The QIDP indicated the facility should account for the clients' petty cash to the penny. The QIDP indicated the cash on hand should match the clients' petty cash ledgers.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 5/22/13 at 1:27 PM. The QAD indicated the facility should account for the clients' finances to the penny. The QAD indicated the facility should have documentation of where the clients' money was spent.</p> <p>9-3-2(a)</p>				

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W000227	<p>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 record review and interview for 1 of 4 clients in the sample (#7), the facility failed to ensure there was a plan to address client #7's refusals to get a vision exam.</p> <p>Findings include:</p> <p>A review of client #7's record was conducted on 5/22/13 at 10:04 AM. On 3/29/13, 7/9/12, 12/8/11, 10/27/11, 9/1/11 and 4/12/11, client #7 refused to get an eye examination. A review of client #7's Individual Program Plan (IPP), dated 2/17/13, indicated there were no training objectives to participate and desensitize client #7 to eye exams. Client #7's Replacement Skills Plan (RSP), dated 2/17/13, did not address a desensitization plan for eye exams. Client #7's Nursing Care Plan, dated 4/1/13, indicated, in part, "Anxiety R/T (due to) Medical/Nursing Procedures. Ensure Desense plans are implemented prior to health procedures. Explain to [client #7] what will be done. Schedule appointments/procedures at times when [client #7] will not have long to wait in order to decrease anxiety. Give</p>	W000227	Group home QDDP will revise client #7's IPP to include a goal for desense regarding vision appointments. QDDP will train group home staff on the revised IPP and implementation of the new goal. A copy of the plan and the training sheet will be on file at the LifeDesigns, Inc office. Group home MCs will be trained by the group home nurses to ensure that outcomes of appointments, any follow-ups or recommendations be communicated to the Nurse and QDDP to ensure that proper follow up including communication with guardians and that goals can be created and implemented. A copy of the training sheet will be on file at the LifeDesigns, Inc office.	06/22/2013	

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	<p>[client #7] 'flyers' that contain information as to what will occur, so that this gives her no element of surprise prior to appointment. [Client #7] is extremely afraid and anxious of exams etc unless she has been informed beforehand. <u>Might take several tries until there is success i.e. Vision.</u>" There was no documentation in client #7's record of a desensitization program for medical appointments.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/22/13 at 10:22 AM. The QIDP stated she was "going to" implement a desense plan for vision appointments. The QIDP indicated the Medical Coordinator (MC) found a new optometrist to try. The MC was attempting to schedule visits to the new optometrist for times when there were no patients waiting. The QIDP indicated there was no written plan in place. The QIDP indicated the flyer program was not working.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 5/22/13 at 1:27 PM. The QAD indicated there should be a plan addressing her refusals for vision appointments. The QAD indicated if the flyer program was not working, something else should be tried.</p>				

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (#7), the facility failed to ensure client #7 had a vision exam.</p> <p>Findings include:</p> <p>A review of client #7's record was conducted on 5/22/13 at 10:04 AM. On 3/29/13, 7/9/12, 12/8/11, 10/27/11, 9/1/11 and 4/12/11, client #7 refused to get an eye examination. Client #1's annual physical examination, dated 2/17/13, did not include a vision exam.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 5/22/13 at 1:27 PM. The QAD indicated a vision exam should be conducted every 2 years and assessed annually at the physical examination.</p> <p>9-3-6(a)</p>	W000323	<p>Group home medical coordinator will contact client #7's physician regarding a vision examination. Documentation of this contact as well as the outcome of any appointments to complete the exam will be on file at the LifeDesigns, Inc office. Group home MCs will be trained by the group home nurses to ensure that outcomes of appointments, any follow-ups or recommendations be communicated to the Nurse and QDDP to ensure that proper follow up including communication with guardians and that goals can be created and implemented. A copy of the training sheet will be on file at the LifeDesigns, Inc office.</p>	06/22/2013			

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W000365	<p>483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, record review and interview for 2 of 2 clients (#5 and #7) observed to receive their medications, the facility failed to ensure staff did not initial the Medication Administration Record (MAR) until the clients' medications were administered.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 5/22/13 from 5:59 AM to 7:53 AM. At 6:17 AM, client #5 received her medications from staff #1. While preparing client #5's medications and prior to administering the medications, staff #1 initialed the MAR after removing the medications from the packaging and placing the medications into a cup. At 6:39 AM, client #7 received her medications from staff #1. While preparing client #7's medications and prior to administering the medications, staff #1 initialed the MAR after removing the medications from the packaging and placing the medications into a cup.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 5/22/13 at 1:27 PM. The QAD indicated the MAR should be initialed after the</p>	W000365	Staff assigned to medication pass on the date of survey will receive corrective action for not following medication pass policy and procedure. A copy of this corrective action will be on file at the LifeDesigns, Inc office. QDDP and ND-R will each complete two med pass audits of the staff assigned within the next 30 days to ensure continued compliance. Copies of these audits will be submitted to the group home nurse and the QAD for the file.	06/22/2013			

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	administration of the clients' medications. The QAD indicated the MAR should not be initialed prior to the medications being administered. 9-3-6(a)				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients were involved in dinner and breakfast preparation and serving themselves during meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/21/13 from 3:37 PM to 5:42 PM and 5/22/13 from 5:59 AM to 7:53 AM. At 3:37 PM, clients #2 and #3 were at home. Staff #8 had a pot of ham and beans on the stove. Staff #1 had prepared a corn bread muffin mix and had it in the muffin pan ready to bake. Clients #1, #2, #3, #4, #5, #6 and #7 were not involved in preparing the ham and beans or the corn bread muffins. At 5:23 PM, staff #8 carried and served cornbread muffins to clients #1, #2, #3, #4, #5 and #7. On 5/22/13 at 6:50 AM, staff #6 told client #7 he had put onions in the eggs when he made them. At 6:52 AM, staff #6 served client #3's eggs onto his plate. Staff #6 poured client #3's juice and milk. At 7:02 AM, staff #6 poured client #4's juice and milk. Staff #6 served client #4's eggs and toast onto his plate. After client #4</p>	W000488	Staffs #1, 6, and 8 will receive counseling memorandums for failure to use active treatment at meal times. Ongoing compliance will be monitored through routine observations submitted to DORS. This will include weekly meal time audits by the QDDP, ND-R, TM, or other supervisory staff for the next 30 days. Following the 30 days, meal time observations will be completed at least 1 time monthly by QDDP, ND-R, or TM. These observations will be submitted to DORS for review.	06/22/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G674	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/23/2013
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	<p>measured and poured his cereal into a bowl, staff #6 poured milk into client #4's cereal. At 7:05 AM, staff #6's served client #1's eggs and toast onto his plate. Staff #6 poured client #1's milk and juice.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 5/22/13 at 1:27 PM. The QAD indicated the clients were capable of serving themselves. The QAD indicated the clients may need to be prompted to follow their diet orders. The QAD indicated the clients should be involved with meal preparation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/22/13 at 1:48 PM. The QIDP indicated the clients should serve themselves and assist with meal preparation. The QIDP stated, "Everybody can do something."</p> <p>9-3-8(a)</p>				