

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2012
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NAME OF PROVIDER OR SUPPLIER  LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 RIDGEVIEW COLUMBUS, IN 47203
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to complaint #IN00100669 investigated on 1/3/12.</p> <p>Dates of Survey: June 18, 19, 20, 26, 27, 2012</p> <p>Provider Number: 15G481 Aims Number: 100235470 Facility Number: 000995</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/9/12 by Ruth Shackelford, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview, the facility's governing body failed to exercise operating direction over the facility for 3 of 3 clients residing in the group home (#1, #2, #3) by failure to ensure client #2 did not pay with his own personal funds for prescribed eyeglasses and the facility chairs and van, used by clients #1, #2 and #3, were in good condition.</p> <p>Findings include:</p> <p>1. An observation was done at the group home on 6/18/12 from 4:47p.m. to 6:57p.m. The facility had the following broken furniture out for client #1, #2 and #3's use: A dining room chair positioned at the dining room table had no back attached to the chair frame; a wooden chair in the quiet room had no cushions on it and had broken/splintered wood on the chair seat frame.</p> <p>Staff #1 (qualified mental retardation professional, QMRP) was interviewed on 6/19/12 at 11:45a.m. Staff #1 indicated the broken furniture should not in the home for client use. Staff #1 indicated there were no work orders for the broken</p>	W0104	<p>A maintenance request will be submitted for the removal of any broken furniture. This request and documentation of its completion will be on file at the LifeDesigns office. LifeDesigns will attempt to locate a suitable van for lease prior to July 27, 2012. If one cannot be located by that time, documentation of the search progress will be on file at the LifeDesigns, Inc office. QDDP will update client #2's IPP to include a goal for Proper Care of Eyeglasses and update client #2's RSP to include a plan for Improper Care of Eyeglasses. This plan will include the history of multiple need for replacement or repair. RSP plan will include the proactive measure of explaining the consequence of improper care could be paying for a new pair of eyeglasses. Reactive measures will include client #2 paying to replace or repair the eyeglasses as needed. QDDP will train all group home staff on the plan updates. Copies of the updated plans and the training sheet will be on file at the LifeDesigns, Inc office.</p>	07/27/2012			

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	<p>furniture.</p> <p>2. An observation of the facility van, used by clients #1, #2 and #3, was done on 6/20/12 at 12:04p.m. The facility van rear door had a broken latch and could not be opened from the outside. Also on 6/21/12 staff from another facility that had borrowed this facility's van indicated the clients were hot from the van ride. Staff indicated the rear air conditioner did not work. Staff indicated the front air worked. Staff indicated the facility was aware of the rear air not working and had indicated they would not be repairing it.</p> <p>Staff #2 (quality assurance) was interviewed on 6/27/12 at 3:45p.m. Staff #2 indicated they were not aware of the issues with the van door and rear air conditioner.</p> <p>3. Record review of the client funds entrusted to the facility was done on 6/19/12 at 10:22a.m. Client #2's May 2012 checkbook review had documentation showing client #2 had paid with his personal funds for prescribed eyeglasses on 5/18/12. There was no documentation client #2 had been reimbursed for the eyeglasses. Record review for client #2 was done on 6/19/12 at 11:06a.m. Client #2 had an eye exam on 5/19/11 that indicated "new glasses</p>						

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	<p>with RX change." Client #2's 5/15/12 individual program plan (IPP) did not indicate client #2 had a history of not taking care of his eyeglasses and had no training programs to address the care of his eyeglasses.</p> <p>Staff #1 was interviewed on 6/19/12 at 11:45a.m. Staff #1 indicated client #2 had bought his prescribed eyeglasses with his own funds. Staff #1 indicated client #2 may have had incidents in the past of breaking his eyeglasses but there was no documentation to support this. Staff #1 indicated the facility should have paid for the eyeglasses.</p> <p>9-3-1(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients (#2) to ensure the client's dining skills training program was implemented when opportunities were present.</p> <p>Findings include:</p> <p>During the 6/19/12 observation period between 6:17a.m. to 8:10a.m. at the group home, facility staff did not encourage client #2 to assist with the meal preparation and family style dining. At 6:20a.m. all clients were still in bed. The dining room table had been set by staff for breakfast. The clients had their bowls, utensils and cereal boxes on the table. At 6:28a.m staff #5 poured client #2 a bowl of cereal and put milk on it. Staff #5 also prepared client #2's toast and buttered it, poured him a glass of milk and made him a cup of cottage cheese. Staff got client #2 a napkin. Staff #5 rinsed off client #2's plate in the kitchen sink after client #2 had finished breakfast.</p>	W0249	All group home staff, including those that work the overnight shift, will be trained on breakfast being a teaching opportunity as are the other meals/snacks of the day. Morning routine should be planned to include the clients participation in meal prep. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	07/27/2012			

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	<p>The record of client #2 was reviewed on 6/19/12 at 11:06a.m. Client #2's 5/15/12 individual program plan (IPP) indicated client #2 had the following training program: prepare a side dish, "needs to show more independence in preparing his food choices."</p> <p>Interview of professional staff #1 on 6/19/12 at 11:45a.m. indicated client #2's identified dining training program should have been implemented at all opportunities. 9-3-4(a)</p>			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview, the facility failed for 1 of 1 sampled client (#2) with adaptive equipment to ensure the facility furnished eyeglasses and addressed his care of eyeglasses needs.</p> <p>Findings include:</p> <p>Record review of the client funds entrusted to the facility was done on 6/19/12 at 10:22a.m. Client #2's May 2012 checkbook review had documentation showing client #2 had paid with his personal funds for prescribed eyeglasses on 5/18/12. Record review for client #2 was done on 6/19/12 at 11:06a.m. Client #2 had an eye exam on 5/19/11 that indicated "new glasses with RX change." Client #2's 5/15/12 individual program plan (IPP) did not indicate client #2 had a history of not taking care of his eyeglasses and had no training programs to address the care of his eyeglasses.</p> <p>Staff #1 was interviewed on 6/19/12 at</p>	W0436	<p>QDDP will update client #2's IPP to include a goal for Proper Care of Eyeglasses and update client #2's RSP to include a plan for Improper Care of Eyeglasses. This plan will include the history of multiple need for replacement or repair. RSP plan will include the proactive measure of explaining the consequence of improper care could be paying for a new pair of eyeglasses. Reactive measures will include client #2 paying to replace or repair the eyeglasses as needed. QDDP will train all group home staff on the plan updates. Copies of the updated plans and the training sheet will be on file at the LifeDesigns, Inc office.</p>	07/27/2012	

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	11:45a.m. Staff #1 indicated client #2 had bought his prescribed eyeglasses with his own funds. Staff #1 indicated client #2 may have had incidents in the past of breaking his eyeglasses but there was no documentation to support this. Staff #1 indicated client #2 may need training regarding the care of his eyeglasses. 9-3-7(a)			

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W0488	<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 2 of 2 sampled clients (#1, #2) and 1 additional client (#3), the facility failed to encourage clients to participate in meal preparation and family style dining to the extent they were capable.</p> <p>Findings include:</p> <p>During the 6/19/12 observation period between 6:17a.m. to 8:10a.m. at the group home, facility staff did not encourage clients, who were available to assist (#1, #2, #3), to participate in all aspects of the meal preparation and family style dining. At 6:20a.m. all clients were still in bed. The dining room table had been set for clients #1, #2 and #3 by staff for breakfast. The clients had their bowls, utensils and cereal boxes on the table. At 6:28a.m staff #5 poured client #2 a bowl of cereal and put milk on it. Staff #5 also prepared client #2's toast and buttered it, poured him a glass of milk and made him a cup of cottage cheese. Staff got client #2 a napkin. Staff #5 rinsed off client #2's plate in the kitchen sink after client #2 had finished breakfast. At 7:34a.m. staff #5 poured client #1's milk on his cereal, poured him a cup of milk, gave him a</p>	W0488	All group home staff, including those that work the overnight shift, will be trained on breakfast being a teaching opportunity as are the other meals/snacks of the day. Morning routine should be planned to include the clients participation in meal prep. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	07/27/2012			

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	<p>prepared cup of cottage cheese, made his raisin toast and served it to him and took him a juice box.</p> <p>Interview of staff #1 on 6/19/12 at 11:45a.m. indicated all the clients were capable of assisting with the preparation of breakfast and serving themselves with some staff assistance. Staff #1 indicated the clients should have been more involved with breakfast preparation.</p> <p>9-3-8(a)</p>			