

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 09/05/2013
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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 the investigation of complaint #IN00134978.</p> <p>Complaint #IN00134978 - Substantiated. Federal/state deficiencies related to the allegation are cited at W102, W104, W122, W124, W137, W140, W149, W154, and W157.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: August 29, 30, September 3, 4 and 5, 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 9/12/13 by Ruth Shackelford, QIDP.</p>	W000000		
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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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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 7 of 7 clients (A, B, C, D, E, F and G) living in the group home. The governing body failed to ensure clients A, B, C, E and G did not lose their Medicaid funding. The governing body failed to ensure clients A, B, D and E did not pay for their medical expenses. The governing body failed to ensure the front stairs and porch to the group home were repaired. The governing body failed to ensure client C's guardian received requested financial information. The governing body failed to ensure clients A, B, C, D, E and G had the right to due process in regard to the clients' bedroom windows being frosted. The governing body failed to ensure clients D, E and G's personal possession inventories were updated after purchases were made. The governing body failed to ensure the staff maintained a full and complete accounting of the clients' personal finances. The governing body failed to ensure investigations were completed for client C's missing personal items and following audits of client C and D's finances which revealed numerous issues</p>	W000102	Includes Responses to W122 Including 124, 125, 137, 140, 149, 154, and 157W1041.) The employee responsible for ensuring Medicaid eligibility was maintained has been removed from that position and is no longer with the agency. The current Network Director for the home has applied for Medicaid for clients A, B, C, E, and G. Documentation of this process can be found in the group home. Director of Residential Services has created a checklist for assigned staff to following to ensure all steps of the Medicaid process are followed. All Network Directors-Residential, Team Managers -Residential, and QDDPs will be trained on the checklist, its use and the Medicaid process. A copy of the training sheet will be on file at the LifeDesigns, Inc office. Ongoing monitoring will be through monthly emails from a staff accountant indicating the status of client eligibility. 2.) Network Director -Residential and Director of Residential Services will review all bills listed in the survey as paid by clients to determine payment reason, Medicaid coverage, and whether or not reimbursement is required. Documentation of this review will be on file at the	10/05/2013			

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	<p>with both clients' finances.</p> <p>Findings include:</p> <p>1) Please refer to W104. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) clients A, B, C, E and G did not lose their Medicaid funding, 2) the clients did not pay for medical expenses, and 3) the front steps to the group home were even.</p> <p>2) Please refer to W122. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G) the governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to ensure the rights of all clients to be free of abuse and neglect by failing to implement its policies and procedures prohibiting client abuse and neglect by failing to ensure: 1) clients A, B, C, E and G did not lose their Medicaid funding, clients A, B, D and E did not pay for their medical expenses, and the front stairs and porch to the group home were repaired, 2) client C's guardian received requested financial information, 3) clients A, B, C, D, E and G had the right to due process in regard to the clients' bedroom windows being frosted, 4) clients D, E and G's personal possession inventories were</p>		<p>LIFEDesigns, Inc office. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.3.) LIFEDesigns, Inc maintenance staff will repair the front steps of the group home. Documentation of this repair will be on file at the home and the LIFEDesigns, Inc office.W124Client C's guardian received the requested documentation prior to the date of this survey. QDDPs and TMs will be retrained by the Director of Residential Services on ensuring communication regarding quarterly information sent to guardians. This information should include financial information as well as programming and behavior information. A copy of this training sheet will be on file at the LIFEDesigns, Inc office. Monitoring of continued completion will be through written documentation in the clients contacts containing a list of what was sent, when it was sent, and method of sending. W125Group home Team Manager will consult with maintenance staff regarding the removal of all window frosting that is not currently part of program plans. Documentation of this consultation and the actions</p>		

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	<p>updated after purchases were made, 5) the staff maintained a full and complete accounting of the clients' personal finances, 6, 7 and 8) investigations were completed for client C's missing personal items and following audits of client C and D's finances which revealed numerous issues with both clients' finances.</p> <p>3) Please refer to W124. For 1 of 4 clients in the sample (C), the governing body failed to ensure client C's guardian received requested information regarding client C's finances and received accurate information regarding client C's finances.</p> <p>4) Please refer to W125. For 6 of 7 clients living at the group home (A, B, C, D, E and G), the governing body failed to ensure the clients had the right to due process in regard to the clients' bedroom windows being frosted (unable to see in or out).</p> <p>5) Please refer to W137. For 1 of 3 clients in the sample (E) and two additional clients (D and G), the governing body failed to ensure the clients' personal possession inventories were updated regularly.</p> <p>6) Please refer to W140. For 6 of 7 clients living in the group home (A, B, C, D, E and G), the governing body failed to</p>		<p>to be taken will be on file in the maintenance book at the group home. All group home Team Managers will be trained by the Director of Residential Services on ensuring that environmental factors that may be considered restrictive are changed as plans change. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Continued compliance will be through audits submitted to Directors of Service by NDs and TMs as part of LIFE Designs Quality Assurance Procedures. W137 Personal property inventories have been updated for all clients in the home. Copies of these inventories are on file at the home and at the LIFE Designs, Inc office. Directors of Service will update Procedures for Management of Client Finances to include clarification on responsibility for maintaining personal property inventories. Team Managers will be trained on this updated procedure. Ongoing monitoring will be through monthly audits submitted to the Director of Residential Services and completed by the Network Directors. W140 Network Director - Residential and Director of Residential Services will review all bills listed in the survey as paid by clients to determine payment reason, Medicaid coverage, and whether or not reimbursement is required. Documentation of this review will be on file at the</p>		

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	<p>ensure the staff maintained a full and complete accounting of the clients' personal finances.</p> <p>7) Please refer to W149. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the governing body neglected to implement its policies and procedures to conduct investigations of a client's missing personal items and financial issues noted in audits at the group home.</p> <p>8) Please refer to W154. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the governing body failed to conduct investigations of a client's missing personal items and financial issues noted in audits at the group home.</p> <p>9) Please refer to W157. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the governing body failed to take appropriate corrective actions when financial issues were noted in financial audits at the group home.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-1(a)</p>		<p>LIFEDesigns, Inc office. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies. Directors of Service will update the Procedures for Management of Client Finances to include the need for purpose of money to be indicated on petty cash receipts when money is signed out to a person. Network Director-Rs and Team Managers - Rs will be retrained on the revised policy. A copy of the training sheet will be on file at the LIFEDesigns, Inc office. Client D will be reimbursed for the QDDPs movie ticket, movie snacks, and lunch. Network Director for the home will initiate a check request for this reimbursement. Proof of this reimbursement will be on file in Client Ds ledger and at the LIFEDesigns, Inc office. The staff member responsible for this reimbursement when it was discovered that the envelope did not contain home petty cash, but client Ds petty cash, was removed from the position and is no longer with the agency. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines</p>		

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			those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.W149Client D will be reimbursed for the QDDPs movie ticket, movie snacks, and lunch. Network Director for the home will initiate a check request for this reimbursement. Proof of this reimbursement will be on file in Client Ds ledger and at the LIFE Designs, Inc office. The staff member responsible for this reimbursement when it was discovered that the envelope did not contain home petty cash, but client Ds petty cash, was removed from the position and is no longer with the agency. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be	

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			<p>trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy. Quality Assurance Director will provide the completed investigation to the surveyor at the follow up visit. Director of Support Services will review with Quality Assurance Director the need to ensure that documentation of completed investigations is available. Written documentation of this review will be on file at the LIFE Designs, Inc office. W154 Quality Assurance Director will provide the completed investigation to the surveyor at the follow up visit. Director of Support Services will review with Quality Assurance Director the need to ensure that documentation of completed investigations is available. Written documentation of this review will be on file at the LIFE Designs, Inc office. The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the</p>		

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			LIFEDesigns, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy. W157The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the LIFEDesigns, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy.		

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W000104	<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 for 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) clients A, B, C, E and G did not lose their Medicaid funding, 2) the clients did not pay for medical expenses, and 3) the front steps to the group home were repaired.</p> <p>Findings include:</p> <p>1) On 9/4/13 at 12:12 PM, a review of the clients' documentation regarding Medicaid was conducted.</p> <p>On 4/1/13, client A received a document from the Family and Social Service Administration (FSSA). The document indicated, in part, "Our records reflect that you were denied and/or terminated from the Medicaid program on March 07, 2013. At that time, we sent you a notice indicating that you were denied or terminated from that program for one or more of the following reasons: failure to cooperate in establishing eligibility,</p>	W000104	<p>1.) The employee responsible for ensuring Medicaid eligibility was maintained has been removed from that position and is no longer with the agency. The current Network Director for the home has applied for Medicaid for clients A, B, C, E, and G. Documentation of this process can be found in the group home. Director of Residential Services has created a checklist for assigned staff to following to ensure all steps of the Medicaid process are followed. All Network Directors-Residential, Team Managers -Residential, and QDDPs will be trained on the checklist, its use and the Medicaid process. A copy of the training sheet will be on file at the LifeDesigns, Inc office. Ongoing monitoring will be through monthly emails from a staff accountant indicating the status of client eligibility. 2.) Network Director -Residential and Director of Residential Services will review all bills listed in the survey as paid by clients to determine payment reason, Medicaid coverage, and whether or not reimbursement is required. Documentation of this review will be on file at the LIFEDesigns, Inc office. Directors of Services will revise Procedures for Management of Client</p>	10/05/2013	

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	<p>failure to cooperate in verifying income, failure to cooperate in verifying the value of resources, failure to verify Indiana residency, failure to cooperate in verifying assistance group composition, or failure to submit medical information necessary to establish eligibility."</p> <p>On 8/6/13, client B received a document from the FSSA. The document indicated, in part, "Your Medicaid benefits will be discontinued effective September 1, 2013 due to the following reasons: failure to return the eligibility review form."</p> <p>The facility was unable to provide documentation from FSSA regarding client C's Medicaid services. A fax, dated 9/4/13, from the Network Director (ND) indicated, "Unable to locate [client C]. He was d/c (discontinued) 7/1/13 per FSSA."</p> <p>On 3/25/13, client E received a document from FSSA. The document indicated, in part, "Your application for Medicaid dated March 4, 2013 has been denied. You are not eligible because: failure to cooperate in verifying income and failure</p>		<p>Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.3.) LIFEDesigns, Inc maintenance staff will repair the front steps of the group home. Documentation of this repair will be on file at the home and the LIFEDesigns, Inc office.</p>				

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	<p>to cooperate in verifying the value to resources."</p> <p>The facility was unable to provide documentation from FSSA regarding client G's Medicaid services. A fax, dated 9/4/13, from the Network Director (ND) indicated, "Also [client G] unable to locate her d/c paper."</p> <p>An interview with the Network Director (ND) was conducted on 8/29/13 at 2:54 PM. The ND indicated clients A, B, C, E and G lost their Medicaid eligibility. The ND indicated clients A, C and E were over funds. The ND indicated he was unsure why clients B and G lost their Medicaid. The ND indicated he was currently reapplying for Medicaid. Clients B, C and G had their hearings with Medicaid. The ND indicated client A's hearing was on 8/30/13. The ND indicated client E applied for a hearing but the facility was waiting on a confirmation of the hearing. The ND indicated liability was not paid timely for those who were over funds. The ND indicated a Lifedesigns staff failed to ensure the clients did not go over</p>				

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	<p>\$1500.00 in their personal funds causing Medicaid to be lost. The ND indicated the former ND was aware of the issue. The ND indicated client B's Medicaid form indicated the eligibility form was not returned. The ND indicated the former ND was responsible for returning the eligibility form. The ND indicated for client E, staff failed to verify her income and value of her resources.</p> <p>An interview was conducted with client C's guardian on 8/29/13 at 6:44 PM. The guardian indicated the facility allowed the client's Medicaid to lapse. The guardian stated it was "financial neglect." The guardian indicated he was not being kept informed of the status of getting client C's Medicaid back. The guardian indicated client C was supposed to move into a new group home by a different provider on 8/23/13 but was unable to do so since client C's Medicaid was lost.</p> <p>An interview with the Staff Account (SA) was conducted on 8/29/13 at 2:17 PM. The SA indicated clients A and E lost their Medicaid funding from February 2013 to current. Client C lost his funding</p>			

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	<p>in July and August 2013. Client G lost her Medicaid funding in August 2013.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 8/29/13 at 1:04 PM. The QAD indicated the ND was responsible for ensuring Medicaid received the information for the clients to remain eligible.</p> <p>An interview with the Team Manager (TM) was conducted on 8/30/13 at 2:29 PM. The TM indicated the Network Director was responsible for ensuring Medicaid received the information needed for the clients to remain eligible.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated the Network Director was responsible for ensuring Medicaid received the information needed for the clients to remain eligible.</p> <p>2) A review of the clients' finances was conducted on 8/29/13 at 2:51 PM.</p> <p>A review of client A's checking account ledger indicated on 1/15/13, client A paid</p>				

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	<p>\$71.00 to his dentist. On 4/5/13, client A paid \$29.40 to his dentist. On 5/15/13, client A repaid his guardian \$1020.00 for "dental reimbursement."</p> <p>A review of client B's checking account ledger indicated on 1/29/13, client B paid \$260.00 from his checking account for "Foot & Ankle." On 5/21/13, client B paid his dentist \$172.45 from his checking account.</p> <p>A review of client D's checking account indicated on 5/1/13, client D paid \$67.00 to his psychiatrist. On 8/20/13, client D paid \$29.40 to his dentist for "gas." On 8/21/13, client D paid his dentist \$724.00 for a bite guard and gas.</p> <p>A review of client E's checking account ledger indicated on 4/30/13, client E paid her optometrist \$341.95 from her checking account. On 5/7/13, client E paid her optometrist \$15.00 from her checking account.</p> <p>A review of client A's record was conducted on 8/30/13 at 1:27 PM. On 1/14/13, client A received a crown at his dentist. On 2/6/13, client A was seen by his dentist for a crown and build up. On 4/10/13, client A was seen by his dentist for a crown.</p>			

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	<p>A review of client B's record was conducted on 8/30/13 at 1:22 PM. On 1/16/13, client B had an appointment with his podiatrist. The reason for the appointment indicated, "Check shoe inserts." The assessment indicated, "Abnormal gait/severe foot deformity/bunion L (left)." The orders indicated, "D/C (discontinue) hard orthotics. Rec (recommend) extra depth shoes (with) soft accommodating insides." On 2/19/13, client B had a cleaning and check up at his dentist. The assessment indicated, in part, "[Client B] always builds up calculus very quickly but coming in every 3 months for cleanings is working well for him... 3 month recall." On 5/21/13, client B had a cleaning and check up at his dentist. The assessment indicated, in part, "Patient has moderate periodontal disease and needs to come in for perio maintenance every 3 months."</p> <p>A review of client D's record was conducted on 8/30/13 at 1:33 PM. Client D's Medical Appointment Form, dated 8/12/13, indicated, in part, "Fair oral hygiene. Severe genocclusal wear from clenching/grinding. Pt (patient) will need several fillings due to occlusal wear and some cavities. Patient has a few cavities that will require simple fillings. [Name of dentist] recommended a new night guard</p>			

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	<p>he made as well... Wear night guard nightly."</p> <p>An interview with the Medical Coordinator (MC) was conducted on 8/30/13 at 2:29 PM. The MC indicated client E did not like the frames Medicaid would pay for. The MC indicated client E picked out an indestructible, pink pair of glasses. The MC indicated the optometrist gave the facility forms to fill out to get the frames partially reimbursed but the facility did not submit the forms. The MC indicated client D used medical gas at the dentist and Medicaid would not pay. The MC indicated Medicaid would not pay for client D's bite guard. The MC indicated the Team Manager (TM) told her that the Director of Residential Services (DRS) wanted client D to pay for his medical gas and bite guard. The MC indicated the Network Director (ND) told her to have client B pay for his dentist every 6 months since Medicaid would pay every 6 months. The MC indicated client B paid for every other trip to the dentist.</p> <p>An interview with the Team Manager (TM) was conducted on 8/30/13 at 2:29 PM. The TM indicated the QIDP told the TM to have client D pay for his bite guard and medical gas at the dentist. The TM indicated client E picked out frames that Medicaid would not pay for. The TM</p>			

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	<p>indicated client E bought her glasses.</p> <p>An interview with the QIDP was conducted on 8/30/13 at 2:29 PM. The QIDP indicated the DRS told her that client D should pay for his psychiatrist's bill. The QIDP indicated Medicaid would pay for client A to have an extraction but not a cap. The QIDP indicated the guardian wanted client A to keep his tooth and the guardian agreed to pay for it. The QIDP indicated Medicaid considered a cap to be cosmetic.</p> <p>An interview with the Network Director (ND) was conducted on 8/30/13 at 2:54 PM. On 8/30/13 at 2:21 PM, the ND indicated the clients should not be paying for medical appointments.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated client A's guardian did not want client A's tooth pulled. The DRS indicated the dentist told the Medical Coordinator who told the guardian that Medicaid would not pay to save the tooth but Medicaid would pay to extract the tooth. The DRS indicated the guardian wanted to pay to save client A's tooth. The DRS indicated clients A and D should not be paying for required medical expenses. The DRS stated, "if routine he</p>			

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	<p>should not be paying."</p> <p>3) An observation was conducted at the group home on 8/29/13 from 4:45 PM to 5:21 PM. During the observation, the front stairs landing was uneven. Between the front porch and the stairs, there was a layer of bricks. The bricks had sunk down causing the top step to be uneven. This affected clients A, B, C, D, E, F and G.</p> <p>A review of the facility's incident/investigative reports was conducted on 8/29/13 at 1:00 PM. On 8/14/13 at 4:30 PM, client E was walking out the front door of the group home and fell on the steps. Client E "skinned" her knees but said nothing else hurt.</p> <p>An interview with the Medical Coordinator (MC) was conducted on 8/30/13 at 2:29 PM. The MC indicated the front steps needed to be repaired.</p> <p>An interview with the Team Manager (TM) was conducted on 8/30/13 at 2:29 PM. The TM indicated the front steps needed to be repaired.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/30/13 at 2:29 PM. The QIDP indicated the front steps</p>						

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	<p>needed to be repaired.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-1(a)</p>				

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview for 7 of 7 clients living in the group home (A, B, C, D, E, F and G) the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure the rights of all clients to be free of abuse and neglect by failing to implement its policies and procedures prohibiting client abuse and neglect by failing to ensure: 1) clients A, B, C, E and G did not lose their Medicaid funding, clients A, B, D and E did not pay for their medical expenses, 2) client C's guardian received requested financial information, 3) clients A, B, C, D, E and G had the right to due process in regard to the clients' bedroom windows being frosted, 4) clients D, E and G's personal possession inventories were updated after purchases were made, 5) the staff maintained a full and complete accounting of the clients' personal finances, 6, 7 and 8) investigations were completed for client C's missing personal items and following audits of client C and D's finances which revealed numerous issues with both clients' finances.</p> <p>Findings include:</p> <p>1) Please refer to W104. For 7 of 7</p>	W000122	W104 1.) The employee responsible for ensuring Medicaid eligibility was maintained has been removed from that position and is no longer with the agency. The current Network Director for the home has applied for Medicaid for clients A, B, C, E, and G. Documentation of this process can be found in the group home. Director of Residential Services has created a checklist for assigned staff to following to ensure all steps of the Medicaid process are followed. All Network Directors-Residential, Team Managers -Residential, and QDDPs will be trained on the checklist, its use and the Medicaid process. A copy of the training sheet will be on file at the LifeDesigns, Inc office. Ongoing monitoring will be through monthly emails from a staff accountant indicating the status of client eligibility. 2.) Network Director -Residential and Director of Residential Services will review all bills listed in the survey as paid by clients to determine payment reason, Medicaid coverage, and whether or not reimbursement is required. Documentation of this review will be on file at the LIFEDesigns, Inc office. Directors of Services will revise Procedures for Management of Client Finances to include a clarification	10/05/2013			

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	<p>clients living in the group home (A, B, C, D, E, F and G), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) clients A, B, C, E and G did not lose their Medicaid funding and 2) the clients did not pay for medical expenses.</p> <p>2) Please refer to W124. For 1 of 4 clients in the sample (C), the facility failed to ensure client C's guardian received requested information regarding client C's finances and received accurate information regarding client C's finances.</p> <p>3) Please refer to W125. For 6 of 7 clients living at the group home (A, B, C, D, E and G), the facility failed to ensure the clients had the right to due process in regard to the clients' bedroom windows being frosted (unable to see in or out).</p> <p>4) Please refer to W137. For 1 of 3 clients in the sample (E) and two additional clients (D and G), the facility failed to ensure the clients' personal possession inventories were updated regularly.</p> <p>5) Please refer to W140. For 6 of 7 clients living in the group home (A, B, C, D, E and G), the facility failed to ensure the staff maintained a full and complete accounting of the clients' personal</p>		<p>of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.3.) LIFEDesigns, Inc maintenance staff will repair the front steps of the group home. Documentation of this repair will be on file at the home and the LIFEDesigns, Inc office.W124Client C's guardian received the requested documentation prior to the date of this survey. QDDPs and TMs will be retrained by the Director of Residential Services on ensuring communication regarding quarterly information sent to guardians. This information should include financial information as well as programming and behavior information. A copy of this training sheet will be on file at the LIFEDesigns, Inc office. Monitoring of continued completion will be through written documentation in the clients contacts containing a list of what was sent, when it was sent, and method of sending. W125Group home Team Manager will consult with maintenance staff regarding the removal of all window frosting that is not currently part of program plans. Documentation of this consultation and the actions to be taken will be on file in the maintenance book at the group home. All group home Team Managers will be trained by the</p>				

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	<p>finances.</p> <p>6) Please refer to W149. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility neglected to implement its policies and procedures to conduct investigations of a client's missing personal items and financial issues noted in audits at the group home.</p> <p>7) Please refer to W154. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility failed to conduct investigations of a client's missing personal items and financial issues noted in audits at the group home.</p> <p>8) Please refer to W157. For 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility failed to take appropriate corrective actions when financial issues were noted in financial audits at the group home.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-2(a)</p>		<p>Director of Residential Services on ensuring that environmental factors that may be considered restrictive are changed as plans change. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Continued compliance will be through audits submitted to Directors of Service by NDs and TMs as part of LIFE Designs Quality Assurance Procedures. W137 Personal property inventories have been updated for all clients in the home. Copies of these inventories are on file at the home and at the LIFE Designs, Inc office. Directors of Service will update Procedures for Management of Client Finances to include clarification on responsibility for maintaining personal property inventories. Team Managers will be trained on this updated procedure. Ongoing monitoring will be through monthly audits submitted to the Director of Residential Services and completed by the Network Directors. W140 Network Director - Residential and Director of Residential Services will review all bills listed in the survey as paid by clients to determine payment reason, Medicaid coverage, and whether or not reimbursement is required. Documentation of this review will be on file at the LIFE Designs, Inc office. Directors of Services will revise Procedures for Management of Client Finances to include a clarification</p>		

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			of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies. Directors of Service will update the Procedures for Management of Client Finances to include the need for purpose of money to be indicated on petty cash receipts when money is signed out to a person. Network Director-Rs and Team Managers - Rs will be retrained on the revised policy. A copy of the training sheet will be on file at the LIFE Designs, Inc office. Client D will be reimbursed for the QDDPs movie ticket, movie snacks, and lunch. Network Director for the home will initiate a check request for this reimbursement. Proof of this reimbursement will be on file in Client Ds ledger and at the LIFE Designs, Inc office. The staff member responsible for this reimbursement when it was discovered that the envelope did not contain home petty cash, but client Ds petty cash, was removed from the position and is no longer with the agency. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be	

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			<p>trained on the revised policies.W149Client D will be reimbursed for the QDDPs movie ticket, movie snacks, and lunch. Network Director for the home will initiate a check request for this reimbursement. Proof of this reimbursement will be on file in Client Ds ledger and at the LIFE Designs, Inc office. The staff member responsible for this reimbursement when it was discovered that the envelope did not contain home petty cash, but client Ds petty cash, was removed from the position and is no longer with the agency. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing</p>	

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			<p>monitoring will through the procedures outlined in the revised policy. Quality Assurance Director will provide the completed investigation to the surveyor at the follow up visit. Director of Support Services will review with Quality Assurance Director the need to ensure that documentation of completed investigations is available. Written documentation of this review will be on file at the LIFE Designs, Inc office. W154 Quality Assurance Director will provide the completed investigation to the surveyor at the follow up visit. Director of Support Services will review with Quality Assurance Director the need to ensure that documentation of completed investigations is available. Written documentation of this review will be on file at the LIFE Designs, Inc office. The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy. W157 The staff</p>	

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			member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy.		

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W000124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (C), the facility failed to ensure client C's guardian received requested information regarding client C's finances and received accurate information regarding client C's finances.</p> <p>Findings include:</p> <p>On 8/29/13 at 1:59 PM, a review of client C's documentation of receiving reimbursement for missing items was reviewed. The documentation included emails between client C's guardian and the Chief Executive Office (CEO). On 8/6/13, the CEO indicated in an email, in part, "I am sorry for any difficulties you have had in communication and finances. I appreciate you letting me know your concerns and apologize for anything we may have done to make you feel disrespected." The CEO's email was in response to client C's guardian's email, sent on 8/5/13. The guardian's email indicated, in part, "...it had been months since I'd received any bank statements - so I started requesting bank statements. It's</p>	W000124	<p>Client C's guardian received the requested documentation prior to the date of this survey. QDDPs and TMs will be retrained by the Director of Residential Services on ensuring communication regarding quarterly information sent to guardians. This information should include financial information as well as programming and behavior information. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Monitoring of continued completion will be through written documentation in the clients contacts containing a list of what was sent, when it was sent, and method of sending. When completing their monthly home audits Network Directors will initial the customers contacts to verify that routine guardian contacts are maintained. QDDP will contact all other guardians to ensure level of contact is sufficient. QDDP will send documentation of these contacts to DORS and Quality Assurance Director.</p>	10/05/2013			

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	<p>been close to a year and 1/2 now, and as of this writing, I have no bank statements. The past 6 months has been a mess with communication. I was told [client C] was going to loose (sic) his placement due to a lack of funds, then was told a month later, [client C] had too much money and had to spend several hundred dollars. Now it's been explained to me about the problems with Medicaid, however at the time when I would ask questions Life Designs would ask me why I was so concerned and really felt like the company was 'villianizing' me. And at that time, I was having SEVERAL concerns with communication and the House Manager." The guardian also indicated in his email to the CEO, "...there's been at least two times when Life Designs has refused to send any money, when requested by me, with [client C] on his LOA/home visits. We usually do a lot when [client C] comes home, out to eat, shopping, arcades, snacks, fairs, flea markets, etc and he usually brings about \$50-\$70 to help cover his expenses. Also during this time there's been at least 4 times when the dollar amount wasn't what I had requested, it was less. I've never gotten a reason to why for this."</p> <p>A review of client C's record was conducted on 8/30/13 at 1:16 PM. There was no documentation in client C's record</p>				

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	<p>indicating the facility sent client C's guardian his bank statements on a regular basis.</p> <p>On 8/29/13 at 6:44 PM, an interview with client C's guardian was conducted. The guardian indicated he used to receive bank statements when the Qualified Intellectual Disabilities Professional (QIDP) sent out her quarterly reports. The guardian indicated he asked the QIDP for the reports but was told by the QIDP the Team Manager (TM) would not give the reports to the QIDP. The guardian indicated he had no issues for 14 years prior to the past one and a half years. The guardian indicated he had not received bank statements for one and a half years. The guardian indicated he requested the bank statements from the Home Manager, QIDP, Network Director, and the Director of Residential Services. The guardian indicated he received the bank statements after speaking to the Chief Executive Officer.</p> <p>An interview with the QIDP was conducted on 8/30/13 at 2:29 PM. The QIDP indicated she did not have access to the client's bank statements. The QIDP indicated the statements have to be printed out for her to send to the guardian. The QIDP indicated the Team Manager (TM) could provide the statements since</p>						

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	<p>the TM had access to the statements. An interview with the QIDP on 9/5/13 at 11:09 AM indicated the guardian had requested bank statements from the QIDP. The QIDP indicated she did not have access to the bank statements. The QIDP indicated she requested the bank statements from the TM however the TM indicated she did not have the password. Once the TM received the password, the TM did not provide the bank statements to the QIDP to send to the guardian.</p> <p>An interview with the Network Director (ND) was conducted on 9/4/13 at 1:47 PM. The ND indicated the guardian should receive financial documentation if they wanted it. The ND indicated the practice of the facility was to send the bank statements with the quarterly reports. The ND indicated if the guardians wanted the financial documentation monthly, the Team Manager could send the statements out.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-2(a)</p>						

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 6 of 7 clients living at the group home (A, B, C, D, E and G), the facility failed to ensure the clients had the right to due process in regard to the clients' bedroom windows being frosted (unable to see in or out).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/29/13 from 4:45 PM to 5:21 PM. During the observation, client G's southwest side window was frosted. Client E's bedroom window was frosted on the southwest side. Client A and D's bedroom window was frosted on the southwest side. Client B and C's bedroom window was frosted.</p> <p>A review of client A's record was conducted on 8/30/13 at 1:27 PM. Client A's 5/18/13 Replacement Skills Plan (RSP) and Individual Program Plan (IPP) did not include the use of the frosted bedroom window.</p>	W000125	<p>Group home Team Manager will consult with maintenance staff regarding the removal of all window frosting that is not currently part of program plans. Documentation of this consultation and the actions to be taken will be on file in the maintenance book at the group home. All group home Team Managers will be trained by the Director of Residential Services on ensuring that environmental factors that may be considered restrictive are changed as plans change. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Continued compliance will be through audits submitted to Directors of Service by NDs (quarterly) and TMs (monthly) as part of LIFE Designs Quality Assurance Procedures. ND and TM will meet following each audit to develop a plan for resolving issues identified. Continued compliance will be through the Quality Assurance Process.</p>	10/05/2013			

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	<p>A review of client B's record was conducted on 8/30/13 at 1:22 PM. Client B's RSP, dated 1/12/13, and IPP, dated 1/13/13, did not include the use of a frosted bedroom window.</p> <p>A review of client C's record was conducted on 8/30/13 at 1:16 PM. Client C's 1/25/13 IPP and RSP did not include the use of a frosted bedroom window.</p> <p>A review of client D's record was conducted on 8/30/13 at 1:33 PM. Client D's IPP, dated 5/9/13, and RSP, dated 5/10/13, did not include the use of a frosted bedroom window.</p> <p>A review of client E's record was conducted on 8/30/13 at 1:14 PM. Client E's 2/22/13 RSP and IPP did not include the use of a frosted bedroom window.</p> <p>A review of client G's record was conducted on 8/30/13 at 1:35 PM. Client G's 2/17/13 IPP and RSP did not include the use of a frosted bedroom window.</p> <p>An interview with the Medical Coordinator (MC) was conducted on 8/30/13 at 2:29 PM. The MC indicated the clients' bedroom windows have been frosted for at least 3 years since she started working at the group home.</p>				

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	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/30/13 at 2:29 PM. The QIDP indicated she was unaware of the frosted bedroom windows. The QIDP indicated the frosted windows were an unnecessary restriction.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated without looking at the clients' plans, she was unsure if the frosted windows were needed. The DRS indicated the clients' windows should not be frosted unless it was part of their plans.</p> <p>9-3-2(a)</p>			

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (E) and two additional clients (D and G), the facility failed to ensure the clients' personal possession inventories were updated regularly.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 8/29/13 at 2:51 PM.</p> <p>Client D had receipts totaling \$1402.78 to purchase clothing, a mattress and other personal items in August 2013. Client D's Personal Property Inventory was most recently updated on 6/8/12. There was no documentation of the items purchased totaling \$1402.78 were entered on his inventory.</p> <p>Client E had receipts totaling \$2070.67 to purchase clothing, furniture and other personal items in August 2013. Client E's Personal Property Inventory was most recently updated on 7/22/11. There was no documentation of the items purchased totaling \$2070.67 were entered on her</p>	W000137	<p>Personal property inventories have been updated for all clients in the home. Copies of these inventories are on file at the home and at the LIFE Designs, Inc office. Directors of Service will update Procedures for Management of Customer Finances to include clarification on responsibility for maintaining personal property inventories. Team Managers will be trained on this updated procedure. Ongoing monitoring will be through monthly audits submitted to the Director of Residential Services and completed by the Network Directors. ND and TM will meet following each audit to develop a plan for resolving noted issues. This plan will be included with the submitted audit.</p>	10/05/2013			

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	<p>inventory.</p> <p>Client G had receipts totaling \$1749.22 to purchase clothing, furniture and other personal items in August 2013. Client G's Personal Property Inventory was most recently updated in July 2012. There was no documentation of the items purchased totaling \$1749.22 were entered on her inventory.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 8/29/13 at 1:15 PM. The QAD indicated the clients' inventories should be updated when purchases were made and at least annually.</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 8/30/13 at 11:21 AM. The DRS indicated regardless of purchases made, the Personal Property Inventories should be updated quarterly. The DRS indicated the inventories should be updated after purchases, as soon as reasonable to do so.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-2(a)</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 6 of 7 clients living in the group home (A, B, C, D, E and G), the facility failed to ensure the staff maintained a full and complete accounting of the clients' personal finances.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 8/29/13 at 2:51 PM.</p> <p>A review of client A's checking account ledger indicated on 1/15/13, client A paid \$71.00 to his dentist. On 4/5/13, client A paid \$29.40 to his dentist. On 5/15/13, client A repaid his guardian \$1020.00 for "dental reimbursement." On 8/6/13, client A paid his guardian \$3000.00. There was no documentation indicating what the money was for.</p> <p>A review of client B's checking account ledger indicated on 2/19/13 he had \$1204.07. On 4/2/13, client B's balance indicated he had \$2981.07. There was no documentation accounting for the change in the balance (there were no entries on the checking ledger between 2/19/13 and</p>	W000140	<p>Network Director -Residential and Director of Residential Services will review all bills listed in the survey as paid by clients to determine payment reason, Medicaid coverage, and whether or not reimbursement is required. Documentation of this review will be on file at the LIFE Designs, Inc office. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies. Directors of Service will update the Procedures for Management of Client Finances to include the need for purpose of money to be indicated on petty cash receipts when money is signed out to a person. Network Director-Rs and Team Managers - Rs will be retrained on the revised policy. A copy of the training sheet will be on file at the LIFE Designs, Inc office. Client D will be reimbursed for the QDDPs movie ticket, movie snacks, and lunch. Network Director for the home will initiate a check request for this reimbursement. Proof of</p>	10/05/2013	

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	<p>4/2/13). On 1/29/13, client B paid \$260.00 from his checking account for "Foot & Ankle." On 5/21/13, client B paid his dentist \$172.45 from his checking account.</p> <p>A review of client C's checking account ledger indicated on 2/19/13 he had \$1504.88. On 4/2/13, client C's balance indicated he had \$2987.88. There was no documentation accounting for the change in the balance (there were no entries on the checking ledger between 2/19/13 and 4/2/13).</p> <p>A review of client D's August 2013 Residential House Account (RHA) ledger indicated client D should have \$1704.06 in his account. Upon counting client D's RHA money, client D had \$354.06. The facility failed to ensure staff documented client D's spending on his RHA ledger. On 7/20/13, client D had a withdrawal of \$60.00 from his checking account for an outing with the Qualified Intellectual Disabilities Professional (QIDP). The receipt from the outing included 2 movie tickets (totaling \$15.00), a Medium Super Snacker package at the movie theater which included 2 medium drinks, 1 medium popcorn, 1 candy buncha crunch and 1 Milk Duds (totaling \$20.00). There was also a receipt from a fast food restaurant totaling \$14.42 including two</p>		<p>this reimbursement will be on file in Client Ds ledger and at the LIFE Designs, Inc office. The staff member responsible for this reimbursement when it was discovered that the envelope did not contain home petty cash, but client Ds petty cash, was removed from the position and is no longer with the agency. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies.</p>	

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	<p>meals (2 burgers, 2 fries and 2 drinks). Client D paid for the QIDP's movie ticket, meal and movie snacks. On 5/1/13, client D paid \$67.00 to his psychiatrist. On 8/20/13, client D paid \$29.40 to his dentist for "gas." On 8/21/13, client D paid his dentist \$724.00 for a bite guard and gas.</p> <p>A review of client E's August 2013 RHA ledger indicated client E should have \$2805.85. Upon counting client E's RHA money, client E had \$734.25. The facility failed to ensure staff documented client E's spending on her RHA ledger. On 4/30/13, client E paid her optometrist \$341.95 from her checking account. On 5/7/13, client E paid her optometrist \$15.00 from her checking account.</p> <p>A review of client G's August 2013 RHA ledger indicated client G should have \$3015.62. Upon counting client G's RHA money, client G had \$1749.22. The facility failed to ensure staff documented client G's spending on her RHA ledger.</p> <p>A review of client A's record was conducted on 8/30/13 at 1:27 PM. On 1/14/13, client A received a crown at his dentist. On 2/6/13, client A was seen by his dentist for a crown and build up. On 4/10/13, client A was seen by his dentist for a crown.</p>			

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	<p>A review of client B's record was conducted on 8/30/13 at 1:22 PM. On 1/16/13, client B had an appointment with his podiatrist. The reason for the appointment indicated, "Check shoe inserts." The assessment indicated, "Abnormal gait/severe foot deformity/bunion L (left)." The orders indicated, "D/C (discontinue) hard orthotics. Rec (recommend) extra depth shoes (with) soft accommodating insides." On 2/19/13, client B had a cleaning and check up at his dentist. The assessment indicated, in part, "[Client B] always builds up calculus very quickly but coming in every 3 months for cleanings is working well for him... 3 month recall." On 5/21/13, client B had a cleaning and check up at his dentist. The assessment indicated, in part, "Patient has moderate periodontal disease and needs to come in for perio maintenance every 3 months."</p> <p>A review of client D's record was conducted on 8/30/13 at 1:33 PM. Client D's Medical Appointment Form, dated 8/12/13, indicated, in part, "Fair oral hygiene. Severe genocclusal wear from clenching/grinding. Pt (patient) will need several fillings due to occlusal wear and some cavities. Patient has a few cavities that will require simple fillings. [Name of</p>			

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	<p>dentist] recommended a new night guard he made as well... Wear night guard nightly."</p> <p>An interview with the Medical Coordinator (MC) was conducted on 8/30/13 at 2:29 PM. The MC indicated client E did not like the frames Medicaid would pay for. The MC indicated client E picked out an indestructible, pink pair of glasses. The MC indicated the optometrist gave the facility forms to fill out to get the frames partially reimbursed but the facility did not submit the forms. The MC indicated client D used medical gas at the dentist and Medicaid would not pay. The MC indicated Medicaid would not pay for client D's bite guard. The MC indicated the Team Manager (TM) told her that the Director of Residential Services (DRS) wanted client D to pay for his medical gas and bite guard. The MC indicated the Network Director (ND) told her to have client B pay for his dentist every 6 months since Medicaid would pay every 6 months. The MC indicated client B paid for every other trip to the dentist.</p> <p>An interview with the Team Manager (TM) was conducted on 8/30/13 at 2:29 PM. The TM indicated the QIDP told the TM to have client D pay for his bite guard and medical gas at the dentist. The TM indicated client A sent his guardian a</p>			
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	<p>check for \$3000.00 for a vacation. The TM indicated client A, his guardian and his sister were taking a vacation together. The TM indicated there was no documentation client A's interdisciplinary team met to discuss and approve the vacation. The TM indicated the QIDP used client D's money to pay for the QIDP's movie, movie snacks and lunch. The TM indicated the envelopes she leaves out for clients' outings always have the client's name and a staff's name. The TM indicated the clients' finances were the responsibility of the ND and the TM. The TM indicated client E picked out frames that Medicaid would not pay for. The TM indicated client E bought her glasses. The TM indicated for clients B and C on 4/2/13, she went to the bank's website and entered the balance from the website on their ledgers. The TM indicated she had no additional information to go from regarding the balances on their checking account ledgers. The TM indicated someone failed to document deposits on the clients' checking account ledgers. The TM indicated the facility was responsible to account for the clients' finances to the penny.</p> <p>An interview with the QIDP was conducted on 8/30/13 at 2:29 PM. The QIDP indicated client D's guardians</p>			

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	<p>wanted to meet client D for an outing. The QIDP indicated she thought the money came out of the group home petty cash. The QIDP indicated she had an envelope with client D and her name on it and assumed it was the group home petty cash. The QIDP indicated she would not take client D's money to pay for her lunch, movie and snacks at the movie. The QIDP indicated client D should be reimbursed. The QIDP indicated there was no documentation the interdisciplinary team met to discuss and approve the vacation. The QIDP indicated the vacation was discussed at client A's annual meeting however there was no documentation of the discussion. The QIDP indicated the clients' finances were the responsibility of the ND and the TM. The QIDP indicated the DRS told her that client D should pay for his psychiatrist's bill. The QIDP indicated Medicaid would pay for client A to have an extraction but not a cap. The QIDP indicated the guardian wanted client A to keep his tooth and the guardian agreed to pay for it. The QIDP indicated Medicaid considered a cap to be cosmetic. The QIDP indicated the facility should account for the clients' finances to the penny.</p> <p>An interview with the Network Director (ND) was conducted on 8/30/13 at 2:54</p>				

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	<p>PM. The ND indicated client D should not have paid for the QIDP's movie ticket, snacks at the movie and her lunch. The ND indicated the clients' RHA ledgers should have been updated prior to the review by the surveyor. The ND indicated the ledgers should be updated as soon as reasonable after the clients made purchases. The ND indicated there was no documentation client A's interdisciplinary team met to discuss and approve the vacation. The ND indicated the clients' finances were the responsibility of the ND and the TM. On 8/30/13 at 2:21 PM, the ND indicated the clients should not be paying for medical appointments.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated client D should not have paid for the QIDP's movie, snacks at the movie and her lunch. The DRS indicated she looked into the issue. The DRS indicated the TM left an envelope with the QIDP's name and client D's name. The DRS indicated the QIDP thought the money came from the group home petty cash. The DRS indicated client D should have been reimbursed. The DRS indicated she told the former ND to reimburse client D. The DRS indicated client A's guardian did not want client A's</p>			

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	<p>tooth pulled. The DRS indicated the dentist told the Medical Coordinator who told the guardian that Medicaid would not pay to save the tooth but Medicaid would pay to extract the tooth. The DRS indicated the guardian wanted to pay to save client A's tooth. The DRS indicated clients A and D should not be paying for required medical expenses. The DRS stated, "if routine he should not be paying." The DRS indicated she was aware client A sent a check in the amount of \$3000.00 to his guardian either for a trip or burial trust. The DRS indicated the guardian made the decision. The DRS stated, "There's no documentation?" when asked if there was a team meeting to discuss the vacation. The DRS indicated there should be documentation on the clients' ledgers indicating why there was a change in the balances.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-2(a)</p>				

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W000149	<p>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 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility neglected to implement its policies and procedures to conduct investigations of a client's missing personal items and financial issues noted in audits at the group home.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 8/29/13 at 1:00 PM. There was no documentation of investigations related to a client's missing personal items or an investigation of the clients' finances after an initial audit revealed issues with one of the client's finances.</p> <p>On 8/29/13 at 1:59 PM, a review of client C's documentation of receiving reimbursement for missing items was reviewed. The documentation included emails between client C's guardian and the Chief Executive Office (CEO). On 8/6/13, the CEO indicated in an email, in part, "If you are agreeable, I will have our fiscal department cut [client C] a check for \$350 to reimburse him for the items</p>	W000149	<p>Client D will be reimbursed for the QDDPs movie ticket, movie snacks, and lunch. Network Director for the home will initiate a check request for this reimbursement. Proof of this reimbursement will be on file in Client Ds ledger and at the LIFE Designs, Inc office. The staff member responsible for this reimbursement when it was discovered that the envelope did not contain home petty cash, but client Ds petty cash, was removed from the position and is no longer with the agency. Directors of Services will revise Procedures for Management of Client Finances to include a clarification of customer expenses and outlines those expenses to which the facility is responsible. Network Director-Residential and Team Managers - Residential will be trained on the revised policies. The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be</p>	10/05/2013			

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	<p>missing." The email indicated, in part, "The other items we discussed that we will implement: "3. I will ask our QA (Quality Assurance) person to be sure that an investigation was done and, if not, institute one." The CEO's email was in response to client C's guardian's email, sent on 8/5/13. The guardian's email indicated, in part, "In the meeting back in March 2012 - my concerns were communication, [client C's] appearance plus several high end items that were missing. Those items include (but were not limit (sic) to): fancy winter coat \$75, bought by staff at a vintage clothing shop, four pairs of shoes. One pair being low top Converse \$59.99 and Bass casual loafers \$39.00 and two pairs of tennis shoes. All bought by me. Two radio/CD players, an electric razor and some other odds and ends of clothing." There was no documentation of an investigation.</p> <p>A review of the clients' finances was conducted on 8/29/13 at 2:51 PM. On 7/20/13, client D had a withdrawal of \$60.00 from his checking account for an outing with the Qualified Intellectual Disabilities Professional (QIDP). The receipt from the outing included 2 movie tickets (totaling \$15.00), a Medium Super Snacker package at the movie theater which included 2 medium drinks, 1 medium popcorn, 1 candy buncha crunch</p>		<p>trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy. All Limestone customer finances will be audited by finance department in October. Ongoing compliance will be through audits completed by the finance department. All customers are audited at least annually Periodic reviews by the Director of Residential Services will also be conducted. Clarification of responsibilities for management of customer finances and reporting/investigation of discrepancies both in Services and in Fiscal have been more clearly defined in the revised Management of Customer Finances Policy and Procedures. Training will occur with both Services and Fiscal staff. A copy of the training sheet will be on file at the Life Designs, Inc office. Quality Assurance Director will provide the completed investigation to the surveyor at the follow up visit. Director of Support Services will review with Quality Assurance Director the need to ensure that documentation of completed investigations is available. Written documentation of this review will be on file at the LIFE Designs, Inc office.</p>				

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	<p>and 1 Milk Duds (totaling \$20.00). There was also a receipt from a fast food restaurant totaling \$14.42 including two meals (2 burgers, 2 fries and 2 drinks). There was no documentation of an investigation.</p> <p>A review of an Internal Audit of Customer Bank Accounts was reviewed on 8/29/13 at 1:59 PM. On 6/14/13, an audit was conducted of client D's finances. The audit indicated "No" for the following items: All deposits are recorded in the check register. Documentation is present for all deposits. All disbursements are recorded in check register. Documentation is present for all disbursements. Balance per check register, bank statement, checkbook agree. There is a reconciliation listing outstanding deposits and checks. The Comments section indicated, "No checkbook register, receipt or copy of invoice, and no duplicate check copy for payment made are included in financial's packet. A reconciliation of checking account must be completed every month, signed and dated by Team Manager. Please contact the bank to have statements mailed to [name of group home] monthly." The Internal Audit of Customer Bank Accounts Questionnaire, completed on 6/14/13 by the Accounts Payable staff, indicated "no" to the</p>			

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	<p>following questions: Are receipts and/or invoices present for all expenditures issued? Do the receipts/invoices show the name of the company, the date of the purchase, the amount of the purchase and a description of the purchase? Have the receipts/invoices been attached to the duplicate check? Was the check number written on the receipt? Were all expenditures recorded on the checkbook ledger in chronological order? For RLA (Residential Living Allowance), SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) - is the month of the check noted on the deposit slip and the checkbook ledger? Were all deposits recorded in the checkbook ledger? When the bank statement was received, were deposits, withdrawals and fees matched on the checkbook ledger and verified on the checkbook ledger with the month of statement and staff initials? Have staff followed the instructions on the back of the bank statement to verify the balance on the checkbook ledger? Was the correct balance maintained on the checkbook ledger? Have the staff indicated on the bank statement and checkbook ledger that the two matched? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are</p>						

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	<p>the receipts signed by the staff and the customer making the purchase? Did staff fill out a petty cash receipt when it was not possible to obtain a receipt from the vendor, and did the person receiving the funds sign the receipt? Did the Team Manager/Network Director review the ledger at least 2 times per month?</p> <p>A review of an Internal Audit of Customer Bank Accounts was reviewed on 8/29/13 at 1:59 PM. On 7/15/13, an audit was conducted of client C's finances. The audit indicated "No" for the following items: Documentation is present for all deposits. Documentation is present for all disbursements. There is a reconciliation listing outstanding deposits and checks. The Comments section indicated, "There is no check register showing activity prior to 9/19/12; it appears the "new" bank account was opened in August 2012. When making deposits, we need to obtain a receipt from the bank and staple it to paycheck stub or a copy of item(s) being deposited. There should be a receipt or invoice kept on file for all checks written, stapled to a duplicate copy of the check. A reconciliation must be performed monthly when the statement is received from the bank, and Team Manager should initial and date checkbook register and bank statement acknowledging that they are in</p>			

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	<p>balance." The Internal Audit of Customer Bank Accounts Questionnaire, completed on 7/15/13 by the Accounts Payable staff, indicated "no" to the following questions:</p> <p>Are receipts and/or invoices present for all expenditures issued? Do the receipts/invoices show the name of the company, the date of the purchase, the amount of the purchase and a description of the purchase? Have the receipts/invoices been attached to the duplicate check? Was the check number written on the receipt? Have all checks been issued to a person or company (rather than to "cash")? Are checks/withdrawals for other ledgers (petty cash, food stamps, gift cards, etc) recorded as deposits on those ledgers? Were all expenditures recorded on the checkbook ledger in chronological order? Are deposits documented by a bank deposit receipt and a copy of the check? Were the deposit slips attached to the corresponding check copies? Is the check date recorded on the deposit slip and checkbook ledger for paychecks? For RLA, SSI and SSDI - is the month of the check noted on the deposit slip and the checkbook ledger? When the bank statement was received, were deposits, withdrawals and fees matched on the checkbook ledger and verified on the checkbook ledger with the month of statement and staff initials? Have staff</p>			

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	<p>followed the instructions on the back of the bank statement to verify the balance on the checkbook ledger? Was the correct balance maintained on the checkbook ledger? Have the staff indicated on the bank statement and checkbook ledger that the two matched? Has all cash activity (deposits, purchases) been documented on the petty cash ledger? Have staff performed regular cash counts? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did staff fill out a petty cash receipt when it was not possible to obtain a receipt from the vendor, and did the person receiving the funds sign the receipt? Did the Team Manager/Network Director review the ledger at least 2 times per month? For gift cards: Are all transactions recorded on the ledger? Does the amount on the card (as shown on the receipts) match the balance on the ledger? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did the Team Manager/Network Director review the</p>			

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	<p>ledger at least 2 times per month? The auditor made the following comments: Lifedesigns/[name of organization], etc. invoices should be attached to duplicate check copy. Four checks were written to "cash." Several withdrawals recorded with memo "LOA (leave of absence)", but there are no signed receipts present to verify receipt of funds by guardian. Many receipts are present which appear to be from the time periods of LOA. It does not appear as if checkbook register is maintained regularly; some items are out of sequence, and some are recorded as of date of clearing bank and not as of date written. No copies, checkstubs or deposit receipts are present to verify source or amt (amount) of deposit. Reconciliations and verifications are not present; ending statement balance agrees with ending checkbook register balance at 5/15/13. Some "cash" withdrawals from checking are not recorded as deposits to petty cash. Petty cash must be counted at least twice per month, with TM or ND initials and date shown on petty cash ledger when count is performed. Receipts for some purchases and signed LOA receipts could not be found. Receipts are present for "loading" a debit card and for purchases made with same, but there is no ledger present. It can't be determined if this is something maintained in the home, or if it is something used when with the guardian</p>			

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	<p>only.</p> <p>The facility did not conduct an investigation or financial audits for clients A, B, E, F and G's finances.</p> <p>A review of the facility's policy and procedure for abuse/neglect, titled Investigative Incident Report Process, dated 2/6/12, was reviewed on 8/29/13 at 12:59 PM. The policy indicated, in part, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." The policy indicated, "Any person who suspects abuse/neglect or other reportable incident involving staff-to-person receiving services, any person to person receiving services, or person receiving services to person receiving services will: Immediately contact Christole Administrator giving a verbal report of the incident. The reporting person will submit a written report of the allegation to the Christole Administrator within 24 hours of the verbal report. Upon receiving the verbal allegation the Christole Administrator will: Complete a thorough review of all incident investigations, make necessary recommendations, sign off and close out all investigations." The policy indicated,</p>				

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	<p>"Ensure safety of person receiving services during the investigation. g. Complete a comprehensive report utilizing the approved format within 72 hours (3 days), of the incident, h. Submit the Report to the Administrators for review, i. If recommendations are approved by Administrators. j. Ensure all recommendations are carried out and documentation is in file. k. Complete all investigations/incident reviews within five (5) working days." The policy defined misappropriation of an individual's property as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of an individual's belongings or money without the individual's consent."</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated the fiscal department conducts 4 audits of the group home clients per month (all clients across all homes). The DRS indicated the TM and ND were supposed to resolve the issues noted during the audits. The DRS indicated if issues were noted and it was something that applied to all the clients, the TM and ND should audit the remaining clients' funds. The DRS indicated the results of financial audits were given to the Team Manager,</p>						

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	<p>Network Director, DRS, Director of Finance and the Chief Operating Officer. The DRS indicated client D should not have paid for the QIDP's movie ticket, movie snacks and her lunch. The DRS stated, "Not supposed to happen." The DRS indicated she looked into the issue. The envelope left out by the Team Manager had both client D and the QIDP's names on it. The DRS indicated client D was supposed to be reimbursed. The DRS indicated she did not have documentation an investigation was conducted formally. The DRS indicated she took notes. The notes were requested from the DRS however the DRS failed to provide the documentation. The DRS indicated an investigation was not conducted regarding client C's missing items.</p> <p>An interview with the Chief Financial Officer (CFO) was conducted on 8/29/13 at 1:43 PM. The CFO indicated the clients' finances were the responsibility of the Network Director and the Director of Residential Services. The CFO indicated the finance department did not oversee the clients' funds with the exception of 4 random audits of group home clients per month.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on</p>				

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	<p>8/29/13 at 1:15 PM. The QAD indicated she had not been told to conduct an investigation of a client's missing personal items or conduct an investigation into the clients' finances.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility failed to conduct investigations of a client's missing personal items and financial issues noted in audits at the group home.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 8/29/13 at 1:00 PM. There was no documentation of investigations related to a client's missing personal items or an investigation of the clients' finances after an initial audit revealed issues with one of the client's finances.</p> <p>On 8/29/13 at 1:59 PM, a review of client C's documentation of receiving reimbursement for missing items was reviewed. The documentation included emails between client C's guardian and the Chief Executive Office (CEO). On 8/6/13, the CEO indicated in an email, in part, "If you are agreeable, I will have our fiscal department cut [client C] a check for \$350 to reimburse him for the items missing." The email indicated, in part, "The other items we discussed that we</p>	W000154	Quality Assurance Director will provide the completed investigation to the surveyor at the follow up visit. Director of Support Services will review with Quality Assurance Director the need to ensure that documentation of completed investigations is available. Written documentation of this review will be on file at the LIFE Designs, Inc office. The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy. All Limestone customer finances will be audited by finance department in October. Ongoing compliance will be through audits completed by the finance department. All customers are audited at least annually Periodic reviews by the Director of Residential Services	10/05/2013			

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	<p>will implement: "3. I will ask our QA (Quality Assurance) person to be sure that an investigation was done and, if not, institute one." The CEO's email was in response to client C's guardian's email, sent on 8/5/13. The guardian's email indicated, in part, "In the meeting back in March 2012 - my concerns were communication, [client C's] appearance plus several high end items that were missing. Those items include (but were not limit (sic) to): fancy winter coat \$75, bought by staff at a vintage clothing shop, four pairs of shoes. One pair being low top Converse \$59.99 and Bass casual loafers \$39.00 and two pairs of tennis shoes. All bought by me. Two radio/CD players, an electric razor and some other odds and ends of clothing." There was no documentation of an investigation.</p> <p>A review of the clients' finances was conducted on 8/29/13 at 2:51 PM. On 7/20/13, client D had a withdrawal of \$60.00 from his checking account for an outing with the Qualified Intellectual Disabilities Professional (QIDP). The receipt from the outing included 2 movie tickets (totaling \$15.00), a Medium Super Snacker package at the movie theater which included 2 medium drinks, 1 medium popcorn, 1 candy buncha crunch and 1 Milk Duds (totaling \$20.00). There was also a receipt from a fast food</p>		<p>will also be conducted. Clarification of responsibilities for management of customer finances and reporting/investigation of discrepancies both in Services and in Fiscal have been more clearly defined in the revised Management of Customer Finances Policy and Procedures. Training will occur with both Services and Fiscal staff. A copy of the training sheet will be on file at the LifeDesigns, Inc office.</p>				

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	<p>restaurant totaling \$14.42 including two meals (2 burgers, 2 fries and 2 drinks). There was no documentation of an investigation.</p> <p>A review of an Internal Audit of Customer Bank Accounts was reviewed on 8/29/13 at 1:59 PM. On 6/14/13, an audit was conducted of client D's finances. The audit indicated "No" for the following items: All deposits are recorded in the check register. Documentation is present for all deposits. All disbursements are recorded in check register. Documentation is present for all disbursements. Balance per check register, bank statement, checkbook agree. There is a reconciliation listing outstanding deposits and checks. The Comments section indicated, "No checkbook register, receipt or copy of invoice, and no duplicate check copy for payment made are included in financial's packet. A reconciliation of checking account must be completed every month, signed and dated by Team Manager. Please contact the bank to have statements mailed to [name of group home] monthly." The Internal Audit of Customer Bank Accounts Questionnaire, completed on 6/14/13 by the Accounts Payable staff, indicated "no" to the following questions: Are receipts and/or invoices present for all expenditures</p>						

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	<p>issued? Do the receipts/invoices show the name of the company, the date of the purchase, the amount of the purchase and a description of the purchase? Have the receipts/invoices been attached to the duplicate check? Was the check number written on the receipt? Were all expenditures recorded on the checkbook ledger in chronological order? For RLA (Residential Living Allowance), SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) - is the month of the check noted on the deposit slip and the checkbook ledger? Were all deposits recorded in the checkbook ledger? When the bank statement was received, were deposits, withdrawals and fees matched on the checkbook ledger and verified on the checkbook ledger with the month of statement and staff initials? Have staff followed the instructions on the back of the bank statement to verify the balance on the checkbook ledger? Was the correct balance maintained on the checkbook ledger? Have the staff indicated on the bank statement and checkbook ledger that the two matched? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did staff</p>			

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	<p>fill out a petty cash receipt when it was not possible to obtain a receipt from the vendor, and did the person receiving the funds sign the receipt? Did the Team Manager/Network Director review the ledger at least 2 times per month?</p> <p>A review of an Internal Audit of Customer Bank Accounts was reviewed on 8/29/13 at 1:59 PM. On 7/15/13, an audit was conducted of client C's finances. The audit indicated "No" for the following items: Documentation is present for all deposits. Documentation is present for all disbursements. There is a reconciliation listing outstanding deposits and checks. The Comments section indicated, "There is no check register showing activity prior to 9/19/12; it appears the "new" bank account was opened in August 2012. When making deposits, we need to obtain a receipt from the bank and staple it to paycheck stub or a copy of item(s) being deposited. There should be a receipt or invoice kept on file for all checks written, stapled to a duplicate copy of the check. A reconciliation must be performed monthly when the statement is received from the bank, and Team Manager should initial and date checkbook register and bank statement acknowledging that they are in balance." The Internal Audit of Customer Bank Accounts Questionnaire, completed</p>				

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	<p>on 7/15/13 by the Accounts Payable staff, indicated "no" to the following questions: Are receipts and/or invoices present for all expenditures issued? Do the receipts/invoices show the name of the company, the date of the purchase, the amount of the purchase and a description of the purchase? Have the receipts/invoices been attached to the duplicate check? Was the check number written on the receipt? Have all checks been issued to a person or company (rather than to "cash")? Are checks/withdrawals for other ledgers (petty cash, food stamps, gift cards, etc) recorded as deposits on those ledgers? Were all expenditures recorded on the checkbook ledger in chronological order? Are deposits documented by a bank deposit receipt and a copy of the check? Were the deposit slips attached to the corresponding check copies? Is the check date recorded on the deposit slip and checkbook ledger for paychecks? For RLA, SSI and SSDI - is the month of the check noted on the deposit slip and the checkbook ledger? When the bank statement was received, were deposits, withdrawals and fees matched on the checkbook ledger and verified on the checkbook ledger with the month of statement and staff initials? Have staff followed the instructions on the back of the bank statement to verify the balance</p>				

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	<p>on the checkbook ledger? Was the correct balance maintained on the checkbook ledger? Have the staff indicated on the bank statement and checkbook ledger that the two matched? Has all cash activity (deposits, purchases) been documented on the petty cash ledger? Have staff performed regular cash counts? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did staff fill out a petty cash receipt when it was not possible to obtain a receipt from the vendor, and did the person receiving the funds sign the receipt? Did the Team Manager/Network Director review the ledger at least 2 times per month? For gift cards: Are all transactions recorded on the ledger? Does the amount on the card (as shown on the receipts) match the balance on the ledger? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did the Team Manager/Network Director review the ledger at least 2 times per month? The auditor made the following comments:</p>			

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	Lifedesigns/[name of organization], etc. invoices should be attached to duplicate check copy. Four checks were written to "cash." Several withdrawals recorded with memo "LOA (leave of absence)", but there are no signed receipts present to verify receipt of funds by guardian. Many receipts are present which appear to be from the time periods of LOA. It does not appear as if checkbook register is maintained regularly; some items are out of sequence, and some are recorded as of date of clearing bank and not as of date written. No copies, checkstubs or deposit receipts are present to verify source or amt (amount) of deposit. Reconciliations and verifications are not present; ending statement balance agrees with ending checkbook register balance at 5/15/13. Some "cash" withdrawals from checking are not recorded as deposits to petty cash. Petty cash must be counted at least twice per month, with TM or ND initials and date shown on petty cash ledger when count is performed. Receipts for some purchases and signed LOA receipts could not be found. Receipts are present for "loading" a debit card and for purchases made with same, but there is no ledger present. It can't be determined if this is something maintained in the home, or if it is something used when with the guardian only.				

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	<p>The facility did not conduct an investigation or financial audits for clients A, B, E, F and G's finances.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated the fiscal department conducts 4 audits of the group home clients per month (all clients across all homes). The DRS indicated the TM and ND were supposed to resolve the issues noted during the audits. The DRS indicated if issues were noted and it was something that applied to all the clients, the TM and ND should audit the remaining clients' funds. The DRS indicated the results of financial audits were given to the Team Manager, Network Director, DRS, Director of Finance and the Chief Operating Officer. The DRS indicated client D should not have paid for the QIDP's movie ticket, movie snacks and her lunch. The DRS stated, "Not supposed to happen." The DRS indicated she looked into the issue. The envelope left out by the Team Manager had both client D and the QIDP's names on it. The DRS indicated client D was supposed to be reimbursed. The DRS indicated she did not have documentation an investigation was conducted formally. The DRS indicated she took notes. The notes were requested</p>						

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	<p>from the DRS however the DRS failed to provide the documentation. The DRS indicated an investigation was not conducted regarding client C's missing items.</p> <p>An interview with the Chief Financial Officer (CFO) was conducted on 8/29/13 at 1:43 PM. The CFO indicated the clients' finances were the responsibility of the Network Director and the Director of Residential Services. The CFO indicated the finance department did not oversee the clients' funds with the exception of 4 random audits of group home clients per month.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 8/29/13 at 1:15 PM. The QAD indicated she had not been told to conduct an investigation of a client's missing personal items or conduct an investigation into the clients' finances.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>9-3-2(a)</p>			

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W000157	<p>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 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility failed to take appropriate corrective actions when financial issues were noted in financial audits at the group home.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 8/29/13 at 1:00 PM. There was no documentation of investigations related to a client's missing personal items or an investigation of the clients' finances after an initial audit revealed issues with one of the client's finances.</p> <p>On 8/29/13 at 1:59 PM, a review of client C's documentation of receiving reimbursement for missing items was reviewed. The documentation included emails between client C's guardian and the Chief Executive Office (CEO). On 8/6/13, the CEO indicated in an email, in part, "If you are agreeable, I will have our fiscal department cut [client C] a check for \$350 to reimburse him for the items missing." The email indicated, in part, "The other items we discussed that we will implement: "3. I will ask our QA</p>	W000157	The staff member responsible for responding to the audit was removed from the position and is no longer with the agency. Directors of Service will revise the Procedures for Management of Client Finances to include more instruction on audit follow up and timeline for completion. Team Manager-Rs and Network Director-Rs will be trained on the revised procedures. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing monitoring will through the procedures outlined in the revised policy. All Limestone customer finances will be audited by finance department in October. Ongoing compliance will be through audits completed by the finance department. All customers are audited at least annually Periodic reviews by the Director of Residential Services will also be conducted. Clarification of responsibilities for management of customer finances and reporting/investigation of discrepancies both in Services and in Fiscal have been more clearly defined in the revised Management of Customer Finances Policy and Procedures. Training will occur with both Services and Fiscal staff. A copy of the training sheet will be on file	10/05/2013			

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	<p>(Quality Assurance) person to be sure that an investigation was done and, if not, institute one." The CEO's email was in response to client C's guardian's email, sent on 8/5/13. The guardian's email indicated, in part, "In the meeting back in March 2012 - my concerns were communication, [client C's] appearance plus several high end items that were missing. Those items include (but were not limit (sic) to): fancy winter coat \$75, bought by staff at a vintage clothing shop, four pairs of shoes. One pair being low top Converse \$59.99 and Bass casual loafers \$39.00 and two pairs of tennis shoes. All bought by me. Two radio/CD players, an electric razor and some other odds and ends of clothing." There was no documentation of an investigation.</p> <p>A review of an Internal Audit of Customer Bank Accounts was reviewed on 8/29/13 at 1:59 PM. On 6/14/13, an audit was conducted of client D's finances. The audit indicated "No" for the following items: All deposits are recorded in the check register. Documentation is present for all deposits. All disbursements are recorded in check register. Documentation is present for all disbursements. Balance per check register, bank statement, checkbook agree. There is a reconciliation listing outstanding deposits and checks. The</p>		at the LifeDesigns, Inc office.				

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	<p>Comments section indicated, "No checkbook register, receipt or copy of invoice, and no duplicate check copy for payment made are included in financial's packet. A reconciliation of checking account must be completed every month, signed and dated by Team Manager. Please contact the bank to have statements mailed to [name of group home] monthly." The Internal Audit of Customer Bank Accounts Questionnaire, completed on 6/14/13 by the Accounts Payable staff, indicated "no" to the following questions: Are receipts and/or invoices present for all expenditures issued? Do the receipts/invoices show the name of the company, the date of the purchase, the amount of the purchase and a description of the purchase? Have the receipts/invoices been attached to the duplicate check? Was the check number written on the receipt? Were all expenditures recorded on the checkbook ledger in chronological order? For RLA (Residential Living Allowance), SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) - is the month of the check noted on the deposit slip and the checkbook ledger? Were all deposits recorded in the checkbook ledger? When the bank statement was received, were deposits, withdrawals and fees matched on the checkbook ledger and verified on</p>			

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	<p>the checkbook ledger with the month of statement and staff initials? Have staff followed the instructions on the back of the bank statement to verify the balance on the checkbook ledger? Was the correct balance maintained on the checkbook ledger? Have the staff indicated on the bank statement and checkbook ledger that the two matched? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did staff fill out a petty cash receipt when it was not possible to obtain a receipt from the vendor, and did the person receiving the funds sign the receipt? Did the Team Manager/Network Director review the ledger at least 2 times per month?</p> <p>A review of an Internal Audit of Customer Bank Accounts was reviewed on 8/29/13 at 1:59 PM. On 7/15/13, an audit was conducted of client C's finances. The audit indicated "No" for the following items: Documentation is present for all deposits. Documentation is present for all disbursements. There is a reconciliation listing outstanding deposits and checks. The Comments section indicated, "There is no check register showing activity prior to 9/19/12; it</p>			

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	<p>appears the "new" bank account was opened in August 2012. When making deposits, we need to obtain a receipt from the bank and staple it to paycheck stub or a copy of item(s) being deposited. There should be a receipt or invoice kept on file for all checks written, stapled to a duplicate copy of the check. A reconciliation must be performed monthly when the statement is received from the bank, and Team Manager should initial and date checkbook register and bank statement acknowledging that they are in balance." The Internal Audit of Customer Bank Accounts Questionnaire, completed on 7/15/13 by the Accounts Payable staff, indicated "no" to the following questions: Are receipts and/or invoices present for all expenditures issued? Do the receipts/invoices show the name of the company, the date of the purchase, the amount of the purchase and a description of the purchase? Have the receipts/invoices been attached to the duplicate check? Was the check number written on the receipt? Have all checks been issued to a person or company (rather than to "cash")? Are checks/withdrawals for other ledgers (petty cash, food stamps, gift cards, etc) recorded as deposits on those ledgers? Were all expenditures recorded on the checkbook ledger in chronological order? Are deposits documented by a bank</p>			

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	<p>deposit receipt and a copy of the check? Were the deposit slips attached to the corresponding check copies? Is the check date recorded on the deposit slip and checkbook ledger for paychecks? For RLA, SSI and SSDI - is the month of the check noted on the deposit slip and the checkbook ledger? When the bank statement was received, were deposits, withdrawals and fees matched on the checkbook ledger and verified on the checkbook ledger with the month of statement and staff initials? Have staff followed the instructions on the back of the bank statement to verify the balance on the checkbook ledger? Was the correct balance maintained on the checkbook ledger? Have the staff indicated on the bank statement and checkbook ledger that the two matched? Has all cash activity (deposits, purchases) been documented on the petty cash ledger? Have staff performed regular cash counts? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did staff fill out a petty cash receipt when it was not possible to obtain a receipt from the vendor, and did the person receiving the funds sign the receipt? Did the Team Manager/Network</p>						

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	<p>Director review the ledger at least 2 times per month? For gift cards: Are all transactions recorded on the ledger? Does the amount on the card (as shown on the receipts) match the balance on the ledger? Are there receipts for all purchases? Do the receipts show the vendor name, date, description, items purchased, total balance due and method of payment? Are the receipts signed by the staff and the customer making the purchase? Did the Team Manager/Network Director review the ledger at least 2 times per month? The auditor made the following comments: Lifedesigns/[name of organization], etc. invoices should be attached to duplicate check copy. Four checks were written to "cash." Several withdrawals recorded with memo "LOA (leave of absence)", but there are no signed receipts present to verify receipt of funds by guardian. Many receipts are present which appear to be from the time periods of LOA. It does not appear as if checkbook register is maintained regularly; some items are out of sequence, and some are recorded as of date of clearing bank and not as of date written. No copies, checkstubs or deposit receipts are present to verify source or amt (amount) of deposit. Reconciliations and verifications are not present; ending statement balance agrees with ending checkbook register balance at 5/15/13.</p>						

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	<p>Some "cash" withdrawals from checking are not recorded as deposits to petty cash. Petty cash must be counted at least twice per month, with TM or ND initials and date shown on petty cash ledger when count is performed. Receipts for some purchases and signed LOA receipts could not be found. Receipts are present for "loading" a debit card and for purchases made with same, but there is no ledger present. It can't be determined if this is something maintained in the home, or if it is something used when with the guardian only.</p> <p>The facility did not conduct an investigation or financial audits of clients A, B, E, F and G's finances.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated the fiscal department conducts 4 audits of the group home clients per month (including all clients in all the group homes the facility provides services to). The DRS indicated the TM and ND were supposed to resolve the issues noted during the audits. The DRS indicated if issues were noted and it was something that applied to all the clients, the TM and ND should audit the remaining clients' funds. The DRS indicated the results of financial audits</p>				

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	<p>were given to the Team Manager, Network Director, DRS, Director of Finance and the Chief Operating Officer. The DRS indicated an investigation was not conducted regarding client C's missing items. The DRS indicated the audits of client C and D's finances did not result in additional audits of client A, B, E, F and G's finances. The DRS indicated following the audits, the TM and ND were retrained on conducting audits including balancing the checkbooks with the bank statements and documenting the reconciliation.</p> <p>An interview with the Chief Financial Officer (CFO) was conducted on 8/29/13 at 1:43 PM. The CFO indicated the clients' finances were the responsibility of the Network Director and the Director of Residential Services. The CFO indicated the finance department did not oversee the clients' funds with the exception of 4 random audits of group home clients per month.</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 8/29/13 at 1:15 PM. The QAD indicated she had not been told to conduct an investigation of a client's missing personal items or conduct an investigation into the clients' finances.</p>						

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	This federal tag relates to complaint #IN00134978. 9-3-2(a)				

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W000159	<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 1 of 4 clients in the sample (A), the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure client A's interdisciplinary team convened to discuss client A paying for a vacation for his guardian, sister and client A.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 8/29/13 at 2:51 PM. On 8/6/13, client A paid his guardian \$3000.00. There was no documentation indicating what the money was for on the check ledger.</p> <p>A review of client A's record was conducted on 8/30/13 at 1:27 PM. There was no documentation in client A's record indicating the IDT convened to discuss client A paying for a vacation for client A, his guardian and sister. There was no documentation in client A's annual meeting documentation of a discussion of the vacation.</p> <p>An interview with client A's guardian was conducted on 8/30/13 at 11:00 AM. The</p>	W000159	Directors of Service will update the Procedures for Management of Client Finances to include the need for purpose of money to be indicated on petty cash receipts when money is signed out to a person. This will include training on ensuring that when a customer is considering large purchases, such as vacations, the support team will meet to develop a written plan for how the money will be spent. The Network Director will monitor large purchases and ensure that the support team has met prior to the purchase. Network Director-Rs and Team Managers - Rs will be retrained on the revised policy. This training will also include focus on documentation of review of large purchases. A copy of the training sheet will be on file at the LIFE Designs, Inc office.	10/05/2013	

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	<p>guardian indicated she received the \$3000.00 check. The guardian indicated the check was for a vacation for client A, guardian and client A's sister to take a trip to Michigan. The guardian indicated the vacation was discussed during client A's annual meeting.</p> <p>An interview with the Team Manager (TM) was conducted on 8/30/13 at 2:29 PM. The TM indicated it was her fault there was no documentation of a discussion of the vacation with the guardian. The TM indicated the guardian called the TM while the TM was at home and she did not document the discussion. The TM indicated the vacation was discussed during client A's annual meeting.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/30/13 at 2:29 PM. The QIDP indicated client A's vacation was discussed at his annual meeting. The QIDP indicated a separate team meeting was not held to discuss client A paying \$3000.00 for a vacation. The QIDP indicated she had no documentation of the discussion held at the annual meeting of the vacation.</p> <p>An interview with the Director of Residential Services (DRS) was</p>						

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	<p>conducted on 8/30/13 at 11:21 AM. The DRS stated, "There's no documentation?" when asked if the IDT convened to discuss client A paying for a family vacation. The DRS indicated the QIDP should have documented her conversation with the guardian. The DRS indicated if the discussion was not documented, it should have been.</p> <p>9-3-3(a)</p>			

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W000249	<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, interview and record review for 3 of 4 clients in the sample (A, B and C) and one additional client (G), the facility failed to ensure the clients' program plans were implemented as written.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/29/13 from 4:45 PM to 5:21 PM. At 4:55 PM, the garage door and front door alarms were turned on. The alarm leading onto the back yard on the main level of the house was not turned on. At 4:56 PM when staff #4 was asked if the alarm should be on, staff #4 indicated she was watching the door. Staff #4 then turned the back door alarm on after informing staff #6. Staff #6 indicated to staff #4 he was unaware the door alarm was off. This affected client B. At 4:56 PM when staff #4 went into the garage to get food out of the refrigerator, the refrigerator was unlocked. When staff #4 was asked about</p>	W000249	Network Director - R will present to staffs 4 and 6 progressive discipline as outlined in the LIFE Designs, Inc disciplinary process. Copies of these will be on file at the LIFE Designs, Inc office. ND-R, TM-R, QDDP, or other supervisory staff will complete two weekly observation per week for the next 8 weeks of the program site to ensure ongoing compliance with program plans. These observations will be on file at the LIFE Designs, Inc office. Ongoing compliance will be monitored through once weekly observations by supervisory staff and submitted to the Director of Residential Services.	10/05/2013			

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	<p>the lock on the refrigerator, staff #4 indicated it should be locked and she locked the refrigerator. This affected clients A, B, C and G.</p> <p>A review of client A's record was conducted on 8/30/13 at 1:27 PM. Client A's Replacement Skills Plan (RSP), dated 5/18/13, indicated there was a need for the locked food due to food seeking. Food Seeking was defined as looking for food in the cabinets, refrigerator, or trash; starting to take food from others. The plan indicated in the environmental supports section, "Locked food except for free foods in the fridge, some can goods, and food for that day."</p> <p>A review of client B's record was conducted on 8/30/13 at 1:22 PM. Client B's RSP, dated 1/12/13, indicated there was a need for the locked food due to obsessive compulsive disorder (OCD). OCD was defined as inappropriate head/body dunking other than hand washing, seeking out coffee/drinks, rocking hard, stealing drinks/food from others, changing clothes, and eating too fast. The plan indicated, in part, "Locked liquids and locked food except for free foods in the refrigerator, some can goods, and food for that day." Client B's RSP indicated he had a targeted behavior of darting/elopement. Darting/elopement</p>						

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	<p>was defined as running out of the house, running from staff in the community, or is out of sight from staff. The RSP indicated the physical supports for darting/elopement was alarms.</p> <p>A review of client C's record was conducted on 8/30/13 at 1:16 PM. Client C's RSP, dated 1/25/13, indicated, in part, "If given the chance [client C] would eat food constantly, so when meals are not being prepared foods that are not on the day's menu should be locked up in the garage refrigerators as well as the downstairs storage room. This helps decrease [client C's] obsession with food."</p> <p>A review of client G's record was conducted on 8/30/13 at 1:35 PM. Client G's RSP, dated 2/17/13, indicated client G had a targeted behavior of hoarding. Hoarding was defined as taking items from "out of bounds" areas, items that do not belong to her including but not limited to newspapers, fliers, mail, food, catalogs, quarters, peers clothing/underwear, papers from the office and staff schedules. The physical support in the plan indicated, "Locked food except for free foods in the fridge, some can goods, and food for that day."</p> <p>An interview with the Team Manager</p>			

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	<p>(TM) was conducted on 8/30/13 at 2:29 PM. The TM indicated the door alarms should be on.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/30/13 at 2:29 PM. The QIDP indicated the door alarms should be on. The QIDP indicated the refrigerator should be locked and the plan implemented as written.</p> <p>An interview with the Director of Residential Services (DRS) was conducted on 8/30/13 at 11:21 AM. The DRS indicated if there was a plan for a door alarm, then the door alarm should be on. The DRS indicated if there was a plan for the refrigerator to be locked, then the refrigerator should be locked and the plans implemented as written.</p> <p>9-3-4(a)</p>						

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 09/05/2013	
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1922 LIMESTONE DR ELLETTSVILLE, IN 47429			
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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-1(a) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: A fall resulting in injury, regardless of the severity of the injury.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 1 incident report reviewed affecting client E, the facility failed to ensure a fall with injury was reported to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 8/29/13 at 1:00 PM. On 8/14/13 at 4:30 PM (reported to BDDS on</p>	W009999	Staff will be retrained on BDDS reportable incidents and the timeframe for reporting. A copy of this training sheet will be on file at the LIFE Designs, Inc office. Ongoing compliance will be monitored through review of incidents when they occur and when the BDDS report is entered into the QA system. QAD will notify the appropriate Director of Service of delays in reporting or filing so that disciplinary action can be evaluated.	10/05/2013			

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	<p>8/16/13), client E was walking out the front door of the group home and fell on the steps. Client E "skinned" her knees but said nothing else hurt. The report indicated, in part, "There is concern because [client E's] falls seems to have increased in the last month. [Client E] has an appointment with her neurologist on the 26th of this month and the concerns will be told to the neurologist should testing need to be done."</p> <p>An interview with the Quality Assurance Director (QAD) was conducted on 8/29/13 at 1:39 PM. The QAD indicated she was not sure why the incident was reported late to BDDS. The QAD indicated a fall with injury should be reported within 24 hours to BDDS.</p> <p>9-3-1(b)</p>				