

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 11/04/2013
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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 a post certification revisit for the investigation of complaint #IN00134978 completed on September 5, 2013.</p> <p>Complaint #IN00134978: Not Corrected.</p> <p>Dates of Survey: October 22, 23, 24, 25 and November 4, 2013</p> <p>Facility number: 009347 Provider number: 15G674 AIM number: 100239630</p> <p>Surveyor: Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/26/13 by Ruth Shackelford, QIDP.</p>	W000000		

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

TITLE

(X6) DATE

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

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 6 of 6 clients residing at the group home (clients A, B, C, D, E and F), the governing body failed to exercise operating direction over the facility by failing to ensure: 1. clients A, C, D and E did not lose their Medicaid funding, 2. the front steps to the group home were repaired, and 3. to implement their policy and procedures in regards to client finances.</p> <p>Findings include:</p> <p>1. On 10/22/13 at 2:30 P.M., a review of the clients' documentation regarding Medicaid was conducted.</p> <p>On 9/19/13, client A received a document from the Family and Social Service Administration (FSSA). The document indicated, in part, "Your Medicaid benefits will be discontinued effective 11/1/13 due to the following reasons: -Failure to provide all required information -Failure to cooperate in verifying income -Failure to cooperate in verifying the value of resources."</p>	W000104	<p>To correct the deficient practice related to ensuring individuals have Medicaid funding, Medicaid has been reinstated for all individuals except clients D and E. The Network Director/ QDDP (ND/Q) re-applied for Medicaid for client E on 12/4/13, and for client D on 12/5/13. To ensure individuals maintain the Medicaid moving forward, the process for Medicaid redetermination was added to the Procedures for Maintaining Customer Finances. The procedure includes a checklist to document each step of the redetermination process. All ND/Qs were re-trained on the procedure, as well as the Medicaid Redetermination Checklist. The corrective action will be monitored through monthly e-mail communication from the staff accountant, confirming Medicaid eligibility for each individual. If an individual is found to be ineligible, the staff account will immediately notify the CEO, ND/Q and Director of Residential Services, who will take immediate action to resolve the situation. The CEO will receive copies of communication with eligibility status. The front step was repaired on 11/11/13</p>	12/08/2013	

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	<p>On 9/27/13, client C received a document from the Family and Social Service Administration (FSSA). The document indicated, in part, "We have considered your application for Medicaid under all categories that apply to your situation including MED Works-Medicaid for Employees with Disabilities. You are not eligible for Medicaid for the reason(s) listed below:</p> <ul style="list-style-type: none"> -Value of resources exceeds program eligibility standard -Because you do not meet the requirements of the supplemental security income (SSI) program, your excess resources can not be applied against your medical expenses." <p>On 10/4/13, client D received a document from the Family and Social Service Administration (FSSA). The document indicated, in part, "We have considered your application for Medicaid under all categories that apply to your situation including MED Works-Medicaid for Employees with Disabilities. You are not eligible for Medicaid for the reason(s) listed below:</p> <ul style="list-style-type: none"> -Value of resources exceeds program eligibility standard -Failure to cooperate in verifying the value of resources -Failure to provide all required 		<p>and is now even. To ensure the deficient practice does not happen in the future, all maintenance requests are currently being reviewed by the Chief Executive Officer to ensure that repairs are made in a timely manner. The maintenance supervisor is currently sending a daily report to the CEO of the status of all maintenance requests or repairs. The Team Manager or ND/Q will also inform the Director of Residential Services of all maintenance requests for additional monitoring of repairs. To ensure the practice is maintained going forward, ongoing monitoring will occur as part of the QA process, and household maintenance issues/needs will be documented on the Team Manager monthly checklist, which is reviewed by the ND/ Q and Director of Residential Services. The Director of Residential Services and the CEO will review maintenance requests and their status with the maintenance supervisor monthly to set priorities and monitor progress. This will be reported on the monthly Residential Services report that is submitted to the Board of Directors. To correct the deficient practices related to customer financial policies, all customer petty cash on hand is now less than \$50 in accordance with Life Designs' Customer Financial Procedures. Personal property inventories have been</p>				

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	<p>information."</p> <p>On 9/20/13, client E received a document from the Family and Social Service Administration (FSSA). The document indicated, in part, "Important-Information needed or benefits will be denied or discontinued...Proof of Bank accounts/Financial Holdings...Earned Income." Further review failed to indicate the requested documents were submitted to FSSA and client E's medicaid was not reinstated.</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 10/22/13 at 3:00 P.M.. When asked if clients A, C, D and E's Medicaid benefits had been reinstated, the QAC stated "No." The QAC indicated clients A, C, D and E lost their Medicaid benefits because the facility failed to submit requested documentation.</p> <p>2. An observation was conducted at clients A, B, C, D, E and F's home on 10/23/13 from 7:30 A.M. until 9:45 A.M.. Upon arriving at the group home, while walking up the front steps, this surveyor slipped on the uneven top step. The top step was uneven on the right side. The concrete was slanted and uneven.</p> <p>An interview with the Program Director</p>		<p>updated for all individuals living in the home to accurately reflect personal items on hand, including all recent purchases. To ensure the deficient practice does not continue, the Team Manager will be put on a strict performance plan to ensure customer finances are maintained in accordance with all LifeDesigns' procedures. For a period of three months, the ND/Q will complete a weekly audit of all customer finances in the home to ensure balances are within designated limits, appropriate documentation of all transactions is maintained, and personal property inventories are updated. The Team Manager will also submit a weekly audit to the ND/Q verifying balances for each individual. If no issues are identified during the 3 month period, ongoing monitoring will be through the ND/ Q quality assurance review, which includes a review of purchases and inventories to ensure all purchases have been recorded.</p>				

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	<p>(PD) was conducted on 10/23/13 at 7:30 A.M.. The PD indicated the maintenance person filled in the gap between the top step and the porch with concrete. The PD stated it would be too expensive to completely redo the entire porch.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 10/23/13 at 9:45 A.M.. The GHM indicated the facility's maintenance person repaired the steps and further indicated the steps were uneven.</p> <p>3. A review of the group home records and clients' financial records was conducted at the group home on 10/23/13 at 9:10 A.M.. Review of the group home audit record dated 10/18/13 indicated in part: "Individual Funds: [Client D]...Cash on Hand: \$571.38...Balance on Ledger: \$571.38 [Client C]...Cash on Hand: \$1207.84...Balance on Ledger: \$1207.84 [Client A]...Cash on Hand...\$312.74...Balance on Ledger: \$312.74.</p> <p>Client D's Financial record indicated in part: "Receipt dated 10/3/13...[Shoe store]...2 items...\$74.98." Review of client D's "Purchased Items" personal inventory log</p>			

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	<p>last dated entry dated 8/27/13 did not include the 10/3/13 purchase of two pair of gym shoes.</p> <p>Client F's Financial record indicated in part:</p> <p>"Receipt dated 9/10/13...[Department store]...Sheets \$59.99...Accent Rugs \$39.99." Review of client F's "Purchased Items" personal inventory log dated 9/17/13 did not include the sheets or throw rug entry.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 10/23/13 at 9:20 A.M.. The GHM indicated clients should not have more than \$50.00 in their personal petty cash on hand pouches. When asked why clients A, C and D had more than \$50.00 in their personal petty cash on hand pouches, the GHM stated "We are trying to decide what they should do a spend down on." The GHM indicated all items purchased should be documented on clients' personal inventory logs. When asked if clients D and F's mentioned items were documented on their personal inventory logs, the GHM stated "No they aren't."</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on</p>			

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	<p>10/25/13 at 1:30 P.M.. The QAC indicated the facility's policy on client personal petty cash on hand is that clients should not have more than \$50.00 at the group home at once for their use to prevent financial exploitation. When asked if clients A, C and D should have more than \$50.00 at the group home for their personal use, the QAC stated "No, they should not." The QAC indicated staff should document all clients' purchased personal items on their personal inventory log at all times.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>This deficiency was cited on 9/5/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(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 2 additional clients (clients D and F), the facility failed to ensure the clients' personal possession inventories were updated.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 10/23/13 at 9:10 A.M..</p> <p>Client D's Financial record indicated in part:</p> <p>"Receipt dated 10/3/13...[Shoe store]...2 items...\$74.98." Review of client D's "Purchased Items" personal inventory log last dated entry dated 8/27/13 did not include the 10/3/13 purchase of two pairs of gym shoes.</p> <p>Client F's Financial record indicated in part:</p> <p>"Receipt dated 9/10/13...[Department store]...Sheets \$59.99...Accent Rugs \$39.99." Review of client F's "Purchased</p>	W000137	To correct the deficient practices related to customer financial policies, all Personal property inventories have been updated for all individuals living in the home to accurately reflect personal items on hand, including all recent purchases. To ensure the deficient practice does not continue, the Team Manager will be put on a strict performance plan to ensure customer finances are maintained in accordance with all Life Designs' procedures. For a period of three months, the ND/Q will complete a weekly audit of all customer finances in the home to ensure balances are within designated limits, appropriate documentation of all transactions is maintained, and personal property inventories are updated. The Team Manager will also submit a weekly audit to the ND/Q verifying balances for each individual. If no issues are identified during the 3 month period, ongoing monitoring will be through the ND/ Q quality assurance review, which includes a review of purchases and inventories to ensure all purchases have been recorded.	12/06/2013	

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	<p>Items" personal inventory log dated 9/17/13 did not include the sheets or throw rug entry.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 10/23/13 at 9:20 A.M.. The GHM indicated all items purchased should be documented on clients' personal inventory logs. When asked if clients D and F's mentioned items were documented on their personal inventory logs, the GHM stated "No, they aren't."</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 10/25/13 at 1:30 P.M.. The QAC indicated staff should document all clients' purchased personal items on their personal inventory log at all times.</p> <p>This federal tag relates to complaint #IN00134978.</p> <p>This deficiency was cited on 9/5/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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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 2 of 3 sampled clients and 1 additional client (clients A, C and D), the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the clients' interdisciplinary team convened to discuss the need for clients A, C and D to do spend downs of their personal financial funds.</p> <p>Findings include:</p> <p>A review of the group home records and clients' financial records was conducted at the group home on 10/23/13 at 9:10 A.M.. Review of the group home audit record dated 10/18/13 indicated in part:</p> <p>"Individual Funds: [Client D]...Cash on Hand: \$571.38...Balance on Ledger: \$571.38 [Client C]...Cash on Hand: \$1207.84...Balance on Ledger: \$1207.84 [Client A]...Cash on Hand...\$312.74...Balance on Ledger: \$312.74.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 10/23/13 at 9:20 A.M.. The GHM</p>	W000159	To correct the deficient practice, client A's excess cash onhand was deposited back into his bank account to bring his cash on hand balancebelow \$50. Client C's guardian chose to take her shopping for clothing andthings for her bedroom. An IDT was held for client D on 11/19/13, and she wentshopping on 12/3/13 to make purchases that were discussed on 11/19/13. Toensure the deficient practice did not affect others in the home, a review of all customer accounts was completed and client F was identified to have anexcess amount of money in his account. An IDT was held for client F on 11/19/13to discuss spending of excess funds, and he went shopping on 12/2/13. To ensurethe deficient practice does not recur, the Team Manager will be put on a strictperformance plan to ensure customer finances are maintained in accordance withall LifeDesigns' procedures. For a period of three months, the ND/Q willcomplete a weekly audit of all customer finances in the home to ensure balancesare within designated limits, appropriate documentation of all transactions ismaintained, and personal property inventories are	12/06/2013			

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	<p>indicated clients should not have more than \$50.00 in their personal petty cash on hand pouches. When asked why clients A, C and D had more than \$50.00 in their personal petty cash on hand pouches, the GHM stated "We are trying to decide what they should do a spend down on."</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 10/25/13 at 1:30 P.M.. The QAC indicated the facility's policy on client personal petty cash on hand is that clients should not have more than \$50.00 at the group home at once for their use to prevent financial exploitation. When asked if clients A, C and D should have more than \$50.00 at the group home for their personal use, the QAC stated "No, they should not." The QAC further indicated for large spend downs the clients' guardians are to be involved on making decisions on what type of things the money should be spent on. When asked if there was any documentation to indicate clients A, C and D's guardians had been made aware there was a need for a spend down, the QAC stated "No."</p> <p>This deficiency was cited on 9/5/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>updated. The Team Manager will also submit a weekly audit to the ND/Q verifying balances for each individual. If the ND/Q recognizes someone is nearing the resource limit, the ND/Q will coordinate an IDT discussion to ensure a written plan is developed to spend down the individual's personal funds. If no issues are identified during the 3 month period, ongoing monitoring will be through the ND/ Q quality assurance review, which includes a review of customer accounts to ensure that individuals are within their resource limits.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W009999	9-3-3(a)	W009999	There were no citations here	12/06/2013	