STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G665	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	2701 FAIRLAWN AVE COLUMBUS, IN 47203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for a fundamental recertification and state licensure survey. Date of Survey: June 18, 20, 21, 25, 26, 27, 2012 Provider Number: 15G665 Aims Number: 100235410 Facility Number: 001115 Surveyor: Mark Ficklin, Medical Surveyor III This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review was completed on 7/6/12 by Tim Shebel, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (#2, #4) to ensure clients #2 and #4 had been reassessed in regards to their ambulation and dining needs. Findings include: An observation was done on 6/21/12 from 4:18p.m. to 6:38p.m. at the group home. At 5:38p.m. client #4 ate supper which included mixed vegetables served on a regular style plate. Client #4 was unable to scoop the vegetables on her plate. Client #4 had her mixed vegetables pushed off her plate and was eating them off the dining room table. Staff #3 was interviewed on 6/21/12 at 6:09p.m. Staff #3 indicated client #4 had some spillage from her plate in past while scooping food. Staff #3 indicated client #4 may benefit from a different style plate. A house environmental walk through was conducted during the 6/21/12 observation. The group home bathrooms did not have grab bars by the toilets. The record of client #2 was reviewed on	W0210	IDORS will retrain all PDs and QDDPs on ensuring program plans address individual needs/difficulties as well as any recommendations made by other professional entities. A copy of this training sheet will be on file at the LifeDesigns, Inc office. QDDP and Nurse for the group home will contact client #4's primary care physician regarding the possible need for adding addition supports to her dining plan. QDDP and Nurse will ensure that any recommendations from the physician are completed. Documentation of contact with the physician and all recommendations will be on file at the LifeDesigns, Inc office. LifeDesigns, Inc mainenance staff will research and install more appropriate grab bars in the upstairs, full bathroom of the home to address the recommendation made for client #2. Documentation of this process will be on file at the LifeDesigns, Inc. office.	07/27/2012

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	6/26/12 at 10:19a.m. Client #2's 3/18/11 physical therapy notes had recommendations for the facility to add grab bars to the restrooms in front of the toilet to assist client #2 with transfers. The record of client #4 was reviewed on 6/26/12 at 12:11p.m. Client #4 had an individual program plan (IPP) dated 9/22/11. The IPP did not address client #4's identified difficulty with eating some items on a regular style plate. QMRP #1 was interviewed on 6/26/12 at 12:34p.m. QMRP #1 indicated the grab bars in front of the toilets had not been addressed for client #2. QMRP #1 indicated client #4 had not been reassessed for dining skills and may be in need of another style plate or adaptive equipment to assist with her independent dining skills. 9-3-4(a)			