STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G268	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	1826 S COVEY LANE BLOOMINGTON, IN 47401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000000	This visit was for an extended recertification and state licensure survey. Survey Dates: April 22, 23, 24, 25, 26 and 29, 2013 Facility Number: 000788 Provider Number: 15G268 AIM Number: 100243600 Surveyor: Steven Schwing, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed May 2, 2013 by Dotty Walton, QIDP.	W000000		

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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W000124	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. Based on record review and interview for 1 of 3 clients in the sample (#4), the facility failed to ensure the guardian was notified of medical appointments and the outcomes of the appointments and received written documentation regarding progress for training objectives and financial information. Findings include: An interview with client #4's guardian was conducted on 4/25/13 at 9:42 AM. Client #4's guardian indicated she met with the Qualified Intellectual Disabilities Professional (QIDP) and Network Director (ND) on 4/3/13. The guardian indicated she requested during the meeting for the ND to contact her with the dates of upcoming medical appointments. The guardian indicated she did not receive the requested information. The guardian indicated she had not received a call or heard from the QIDP or ND since the meeting. The guardian indicated she requested a written report on a monthly basis for progress toward	W000124	Following the survey dates, QDDPs, ND-Rs, and TMs have been trained on ensuring bi-weekly contacts with guardians and more often as needed to communicate regarding appointments, incidents, and meetings. This will be monitored through routine reviews of customer record documenting contacts.Highland Group Home Team manager will contact Easter Seals Crossroads regarding getting a loaner iPAD to see how client #4 does with the device. Documenation of this contact will be on file at the LifeDesigns office.	05/29/2013

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	meeting the training objectives and financial documentation. The guardian indicated she wanted to be informed of medical appointments and receive written documentation from the appointments. The guardian wanted to be notified of medical appointments. The guardian indicated a physician ordered, in August 2012, an iPad to assist client #4 with communicating. The guardian indicated client #4 had not received an iPad. The guardian indicated client #4 would need training to use the iPad. A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4 had a doctor's order, dated 8/24/12, indicating, "People with Autism often do very well with computers/electronic. [Client #4] would likely benefit from using an iPad." There was no documentation in client #4's record indicating he was assessed for using an iPad. There was no documentation indicating the recommendation was addressed. There was no documentation in client #4's record indicating the group home contacted the guardian regarding medical appointments and the outcomes or financial information being submitted to the guardian for review. An interview with direct care staff #6 was conducted on 4/25/13 at 1:06 PM. Staff			

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	#6 indicated client #4 did not have an iPad and had not been assessed to use an iPad. Staff #6 indicated he had not heard about client #4 receiving an iPad. An interview with the Network Director (ND) was conducted on 4/23/13 at 10:22 AM. The ND indicated the facility would need to get client #4 an iPad since there was a doctor's order. On 4/25/13 at 12:45 PM, the ND indicated he learned of the desire of client #4's guardian for client #4 to have an iPad during a recent meeting with the guardian. The ND indicated client #4 did not have an iPad and the ND was not aware of an assessment for using an iPad. The ND indicated there have been no appointments scheduled or held for client #4 since the meeting with the guardian. The ND indicated he did not have notes regarding the guardian wanting to be notified of medical appointments from his meeting with her. The ND indicated the guardian requested monthly documentation regarding financial information. The ND indicated the guardian was not receiving this information prior to the ND starting at the home at the end of March 2013. The ND indicated he had not had the opportunity to correct the communication with the guardian since taking over supervision of the group home.			

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	An interview with the nurse was conducted on 4/24/13 at 1:39 PM. The nurse indicated she not not seen the order for an iPad. The nurse indicated she was not aware of the recommendation and did not know anything about an iPad. The nurse indicated she was not aware of client #4 being assessed to use an iPad. The nurse indicated she did not have notes related to the recommendation. 9-3-2(a)			

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W000210	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 record review and interview for 1 of 3 clients in the sample (#4), the facility failed to assess client #4 in regard to using an iPad as a tool for skills building. Findings include: A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4 had a doctor's order, dated 8/24/12, indicating, "People with Autism often do very well with computers/electronic. [Client #4] would likely benefit from using an iPad." There was no documentation in client #4's record indicating he was assessed for using an iPad. There was no documentation indicating the recommendation was addressed. An interview with the Network Director (ND) was conducted on 4/23/13 at 10:22 AM. The ND indicated the facility would need to get client #4 an iPad since there was a doctor's order. An interview with the nurse was	W000210	Highland Group Home Team manager will contact Easter Seals Crossroads regarding getting a loaner iPAD to see how client #4 does with the device. Documenation of this contact will be on file at the LifeDesigns office.	05/29/2013

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	conducted on 4/24/13 at 1:39 PM. The nurse indicated she not not seen the order for an iPad. The nurse indicated she was not aware of the recommendation and did not know anything about an iPad. The nurse indicated she was not aware of client #4 being assessed to use an iPad. The nurse indicated she did not have notes related to the recommendation. 9-3-4(a)			

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W000240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 3 non-sampled clients (#1), the facility failed to ensure client #1's protocols for diabetes contained information on how and when staff were to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar was greater than 300. Findings include: An observation was conducted at the group home on 4/23/13 from 6:20 AM to 8:49 AM. At 6:54 AM, staff #4 tested client #1's blood sugar. The blood sugar reading was 312. Staff #4 administered 19 units of Novolog insulin in client #1's right tricep based on client #1's sliding scale for diabetes. Staff #4 left the medication area. Staff #4 was called back into the medication area to ask if he was going to test client #1's Ketones. Staff #4 stated, "I forgot to check." Staff #4 used a urine test strip and indicated the testing was negative for Ketones at 7:05 AM. The staff at the group home did not encourage or prompt client #1 to drink two 8 ounce glasses of water or engage in	W000240	Group Home nurse will revise client #1's plans/protocols regarding how and when to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar is above 300. Group home staff will be trained on these revised plans. Copies of these plans and the training sheet will be on file at the LifeDesigns, Inc office. Continued monitoring will be through routine nursing assessments at the home.	05/29/2013

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	vigorous physical activity. A review of client #1's Insulin Routine, dated 10/19/12, was conducted on 4/23/13 at 6:55 AM. The plan indicated, "Check Ketones (Source, America Diabetes Association, Burning ketones: ketones are a sign the body is burning fat instead of glucose for energy because not enough insulin is available to use the glucose for energy in body cells. Dangerously high levels of ketones can lead to coma or death. Range of blood glucose before a meal is 70 to 130 mg/dl milligrams per deciliter.) if blood sugar is 300 or over." On 4/24/13 at 2:43 PM, Client #1's Hyperglycemia (high blood sugar)/Hypoglycemia (low blood sugar) Protocol, dated 1/20/12, was reviewed. The protocol indicated, in part, "If [client #1's] blood sugar is above 300 encourage him to drink extra water, at least two 8 ounce glasses per hour. Space these drinks out over the hour; do not have him drink them all at one time. If his blood sugar is above 300 check for ketones in the blood with his Ketone Monitor (if this is not available for some reason use the Ketostix to check for ketones in his urine). If [Client #1's] blood sugar is above 300 and the ketones are negative, encourage [client #1] to engage in some vigorous physical activity, such as a rapid walk, riding the stationary bike, playing			

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	basketball, etc. for 15 - 30 minutes in addition to the increased water intake." The plan indicated, "If the blood ketone level is above 0.6 but below 1.0, or the urine ketones are 'low' continue to encourage water intake but do not encourage exercise. Notify the nurse via phone." The Insulin Routine, Hyperglycemia/Hypoglycemia Protocol, and Nursing Care Plan did not indicate staff were to contact the nurse if his blood sugar was over 300. Client #1's Ketone Testing Protocol, not dated, was reviewed on 4/25/13 at 1:02 PM. The protocol indicated, in part, "[Client #1] has a blood ketone tester. It looks very similar to his Glucometer and works similarly as well. Put a lancet in the lancing device and a test strip in the monitor. Prick his finger and touch the blood drop to the white area on the test strip. The monitor will count down and display the result on the display window with the word KETONE." There was no documentation for staff to implement a urine ketone testing procedure. The Protocol for when to call Options nurse, dated May 2011, was reviewed on 4/25/13 at 1:02 PM. The protocol indicated, in part, "Per Options' (Life Designs) policy, the agency nurse should be contacted when any of the following			

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	apply to a customer: Any unusual medical activity or significant change in medical condition." The protocol indicated for client #1, "Blood sugar (greater than) 300 or anytime Ketones are positive." An undated sheet in client #1's glucose monitoring binder at the group home was reviewed on 4/25/13 at 1:02 PM. The sheet indicated, in part, "Blood sugar d/t (due to) dx (diagnosis) of Type 1 diabetes: Call nurse if (greater than) 375 or (less than) 60." This did not match the information contained in the Protocol for when to call Options nurse. The facility's policy on Customer Risk Plan Development, dated 1/1/12, was reviewed on 4/25/13 at 12:43 PM. The policy indicated, in part, "Each person receiving services from Life Designs will have potential risks assessed on an annual basis, and as appropriate, a risk plan developed." The policy indicated, "The risk plan will be reviewed by the team on a quarterly basis, and revised as necessary." The facility's policy titled 3.5.1 Health, dated 1/1/12, was reviewed on 4/25/13 at 12:43 PM. The policy indicated, in part, "Customer medical information must be readily available to any staff working with an individual. Individuals receiving			

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	health care coordination by an agency nurse, including all individuals living in group home settings, will have a Nursing Care Plan that identifies the individual's specific health related issues, as well as staff and nursing responses. The Nursing Care Plan will be updated annually, and reviewed quarterly. Staff in group homes and staff of customers receiving health care coordination will have a protocol for when to contact the agency nurse. A review of client #1's Nursing Care Plan (NCP), dated 12/10/12, was reviewed on 4/25/13 at 12:12 PM. The NCP, written by the Licensed Practical Nurse (LPN), indicated client #1 was at risk for hypo/hyperglycemia with multiple system involvement due to Type 1 diabetes. The NCP indicated, "Review and update Hyper/Hypoglycemia Protocol quarterly and as needed. Outcome Goal: Blood sugar regulated; [Client #1] will no more than 4 blood sugar reading above 300, or more than 2 below 70 per month." The NCP indicated in the Endocrine section, "Precision Xtra Ketone Monitor strips: Use to check blood for ketones if blood sugar (greater than) 300." There was no documentation in the NCP regarding using urine test strips to test for ketones. A review of client #1's blood sugar readings for March 2013 and April 2013			

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	(the form indicated 2012) was conducted on 4/25/13 at 1:42 PM. On 3/2/13 at 12:05 PM (form indicated 2012 and had an "m" on it with no actual documentation what month and year it was), his blood sugar was 308. There was no documentation ketones were tested. On 3/3/13 at 9:00 PM, his blood sugar was 389. There was no documentation ketones were tested. On 3/4/13 at 7:45 AM, his blood sugar was 323. There was no documentation ketones were tested. On 3/5/13 at 6:30 AM, his blood sugar was 325. The form indicated, "Ketones negative." On 3/6/13 at 7:35 AM, his blood sugar was 364. There was no documentation his ketones were tested. On 3/8/13 at 7:30 PM, his blood sugar was 389. The form indicated, "Neg (negative) keytones (sic)." On 3/8/13 at 9:00 PM, his blood sugar was 359. There was no documentation his ketones were tested. On 3/9/13 at 9:30 AM, his blood sugar was 381. The form indicated, "Neg (negative)." On 3/10/13 at 9:30 AM, his blood sugar was 381. There was no documentation his ketones were tested. On 3/11/13 at 5:30 PM, his blood sugar was 304. There was no documentation			

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	his ketones were tested. On 3/12/13 at 5:06 PM, his blood sugar was 319. There was no documentation his ketones were tested. On 3/12/13 at 7:00 PM, his blood sugar was 401. There was no documentation his ketones were tested. On 3/12/13 at 9:00 PM, his blood sugar was 331. There was no documentation his ketones were tested. On 3/15/13 at 9:00 PM, his blood sugar was 328. There was no documentation his ketones were tested. On 3/23/13 at 8:58 PM, his blood sugar was 315. There was no documentation his ketones were tested. On 3/24/13 at 9:15 AM, his blood sugar was 354. There was no documentation his ketones were tested. On 3/25/13 at 7:00 AM, his blood sugar was 300. The form indicated, "Neg (negative) ket (ketones)." On 3/26/13 at 5:22 PM, his blood sugar was 326. There was no documentation his ketones were tested. On 3/27/13 at 6:30 AM, his blood sugar was 367. There was no documentation his ketones were tested. On 3/27/13 at 9:00 PM, his blood sugar was 351. There was no documentation his ketones were tested. On 4/5/13 at 9:00 PM, his blood sugar was 344. The form indicated, "Neg (negative) ketones."			

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	On 4/7/13 at 9:00 PM his blood sugar was 359. At 10:00 PM, his blood sugar was 345. On 4/7/13, there was no documentation his ketone test was conducted. On 4/19/13 at 9:00 PM, his blood sugar was 329. The form indicated he had 0.2 ketones. On 4/23/13 at 7:00 AM, his blood sugar was 314. On 4/25/13 at 6:30 AM, his blood sugar was 302. The form indicated, "Keytones (sic) negative." In March and April 2013, there was no documentation of the interventions implemented by staff. The form did not indicate how the ketones were tested. The form did not indicate if two 8 ounces glasses of water were encouraged or if client #1 was prompted to engage in 15-30 minutes of vigorous exercise. The form did not indicate if the nurse was notified. An interview with the Network Director (ND) was conducted on 4/24/13 at 1:53 PM. The ND indicated client #1 needed a new protocol for diabetes management. The ND indicated the plans did not match. The ND indicated there was no information for staff to contact the nurse when client #1's blood sugar was over 300. The ND indicated there was no			

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	documentation standard for staff to indicate the steps taken to address blood sugar readings greater than 300. An interview with the LPN was conducted on 4/24/13 at 1:39 PM. The nurse stated, "Sounds like we do" when asked if a new plan needed to be developed to address client #1's diabetes management. The nurse indicated there was no form or documentation for staff to complete to indicate the steps taken in regard to blood sugar readings over 300. The nurse indicated the protocols needed to indicate when staff should contact the nurse and the information in each plan should match in regards to when to contact the nurse. 9-3-4(a)			

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	15G268		04/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	1826 S COVEY LANE BLOOMINGTON, IN 47401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, interview and record review for 3 of 6 clients living in the group home (#1, #4 and #5), the facility failed to ensure staff implemented the clients' individual support plans (ISP) and programs pertaining to health care skills. Findings include: 1) An observation was conducted at the group home on 4/23/13 from 6:20 AM to 8:49 AM. At 6:26 AM, client #1 received his medications from staff #4. Staff #1 did not have client #1 put the test strip in his glucose monitor or identify the use of his Novolog (insulin). At 6:45 AM, client #5 received his medications from staff #4. Client #5 was not prompted to identify the purpose of his medications. Client #5 was not informed of the purpose of his medications. At 7:48 AM, client #4 received his medications from staff #2. Client #4 was not prompted to identify the reason he was taking Tegretol (seizures) and Omeprazole (acid reflux).	W000249	Group home staff will be trained on implementing medication goals at all times, not just defined medicatoin passes and they will be trained on implementation of client #5's goal for mealtimes. Continued monitoring of implementation will be through routine observationsby supervisory staff.	05/29/2013

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	A review of client #1's ISP, dated 2/1/12, was conducted on 4/23/13 at 9:15 AM. Client #1 had training objectives to put the test strip in his glucose monitor and identify the use of his Novolog. A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4's ISP, dated 2/1/12, indicated he would identify the reason he was taking Tegretol (seizures) and Omeprazole (acid reflux). A review of client #5's ISP, dated 2/28/12, was conducted on 4/23/13 at 9:15 AM. Client #5 had a training objective to learn the purpose of each of his medications. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated the staff should implement the clients' medication training objectives at each medication pass. An interview with the Network Director (ND) was conducted on 4/23/13 at 10:22 AM. The ND indicated the staff should implement the clients' medication training objectives at each medication pass. 2) An observation was conducted at the group home on 4/23/13 from 6:20 AM to			

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	8:49 AM. At 6:54 AM, staff #4 tested client #1's blood sugar. The blood sugar reading was 312. Staff #4 administered 19 units of Novolog in client #1's right tricep based on client #1's sliding scale for diabetes. Staff #4 left the medication area. Staff #4 was called back into the medication area to ask if he was going to test client #1's Ketones. Staff #4 stated, "I forgot to check." Staff #4 used a urine test strip and indicated the testing was negative for Ketones at 7:05 AM. After having his ketones tested, client #1 ate breakfast. The staff at the group home did not encourage or prompt client #1 to drink two 8 ounce glasses of water or engage in vigorous physical activity. A review of client #1's Insulin Routine, dated 10/19/12, was conducted on 4/23/13 at 6:55 AM. The plan indicated, "Check Ketones (Burning ketones: ketones are a sign the body is burning fat instead of glucose for energy because not enough insulin is available to use the glucose for energy in body cells. Dangerously high levels of ketones can lead to coma or death. Range of blood glucose before a meal is 70 to 130 mg/dl.) if blood sugar is 300 or over." On 4/24/13 at 2:43 PM, Client #1's Hyperglycemia (high blood sugar)/Hypoglycemia (low blood sugar) Protocol, dated 1/20/12, was reviewed. The protocol indicated, in part, "If [client #1's] blood sugar is above 300 encourage him to drink extra water, at least two 8 ounce			

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	glasses per hour. Space these drinks out over the hour; do not have him drink them all at one time. If his blood sugar is above 300 check for ketones in the blood with his Ketone Monitor (if this is not available for some reason use the Ketostix to check for ketones in his urine). If [Client #1's] blood sugar is above 300 and the ketones are negative, encourage [client #1] to engage in some vigorous physical activity, such as a rapid walk, riding the stationary bike, playing basketball, etc. for 15 - 30 minutes in addition to the increased water intake." A review of client #1's blood sugar readings for April 2013 (the forms indicated 2012) was conducted on 4/25/13 at 1:42 PM. On 4/23/13 at 7:00 AM, his blood sugar was 314. On 4/25/13 at 6:30 AM, his blood sugar was 302. The form indicated, "Keytones (sic) negative." In April 2013 on client #1's Blood Sugar Logs, there was no documentation what interventions were implemented. The form did not indicate how the ketones were tested (blood or urine). The form did not indicate if two 8 ounces glasses of water were encouraged or if client #1 was prompted to engage in 15-30 minutes of vigorous exercise. The form did not indicate if the nurse was notified. An interview with the Network Director (ND) was conducted on 4/24/13 at 1:53 PM. The ND indicated the staff did not follow protocol since the nurse was not contacted. The ND indicated client #1 should have been encouraged to drink water and exercise. An interview with the nurse was conducted on 4/24/13 at 1:39 PM. The nurse indicated the staff did not contact her regarding client #1's blood sugar being over 300. The nurse indicated the			

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	staff were to contact her when client #1's blood sugar was over 300. The nurse indicated the staff were to check for Ketones when client #1's blood sugar was over 300. The nurse indicated client #1's Ketones should have been tested prior to receiving his Novolog (insulin). The nurse indicated staff should have encouraged client #1 to drink water and exercise. 3) Observations were conducted at the group home on 4/22/13 from 3:17 PM to 6:08 PM and 4/23/13 from 6:20 AM to 8:49 AM. On 4/22/13 at 5:41 PM, dinner started and lasted until 6:08 PM. During dinner, client #5 was not prompted to put his utensil down during the meal. Client #5 received no prompts from staff to put his utensil down between bites or at any time during dinner. On 4/23/13 during breakfast, client #5 was not prompted to put his utensil down during the meal. Client #5 was not prompted to put his utensil down between bites. A review of client #5's Individual Support Plan (ISP), dated 2/28/12, was conducted on 4/23/13 at 9:15 AM. The ISP indicated client #5 had a training objective to improve his dining skills. The plan indicated, in part, "[Client #5] eats quickly and 'shovels' his food into his mouth." The plan indicated the training objective was to put his fork down between bites. Client #5's 3/26/13 Nursing Care Plan indicated, "mild risk" for aspiration (the taking of foreign matter into the lungs with the respiratory current). An interview with the nurse was conducted on 4/24/13 at 12:05 PM. The nurse indicated the plan should read utensil or spoon and fork. The nurse indicated the staff should be implementing the dining goal. An interview with the Network Director (ND) was conducted on 4/23/13 at 10:22 AM. The ND indicated client #5 needed the goal and it should			

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	be implemented as written. 9-3-4(a)			

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W000259	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 3 clients in the sample (#2 and #4), the facility failed to review the clients' comprehensive functional assessments (CFA) annually. Findings include: A review of client #2's record was conducted on 4/23/13 at 8:50 AM. Client #2's most recent CFA was dated September 2010. There was no documentation the CFA was reviewed or revised since September 2010. A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4's record did not contain a CFA for client #4. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated CFAs should be reviewed annually. 9-3-4(a)	W000259	Following the survey dates, Director of Residential Services trained QDDPs, ND-Rs, and TMs on reviewing the comprehensive functional assessments at least annually and more often as needed. Continued monitoring of the recommendation will be through routine ND-R audits submitted to Director of Residential Services.	05/29/2013

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W000260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 2 of 3 clients in the sample (#2 and #4) and three additional clients (#1, #3 and #5), the facility failed to revise the individual support plans (ISP) annually. Findings include: A review of client #1's ISP was conducted on 4/23/13 at 9:15 AM. Client #1's most recent ISP was dated 2/1/12. A review of client #2's record was conducted on 4/23/13 at 8:50 AM. Client #2's most recent ISP was dated 9/18/11. A review of client #3's ISP was conducted on 4/23/13 at 9:15 AM. Client #3's most recent ISP was dated 1/1/12. A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4's most recent ISP was dated 2/2/12. A review of client #5's record was conducted don 4/23/13 at 9:15 AM. Client #5's most recent ISP was dated 2/28/12.	W000260	Following the survey dates, Director of Residential Services trained QDDPs, ND-Rs, and TMs on obtaining HRC approval at least annually and more often as needed. Continued monitoring of the recommendation will be through routine ND-R audits submitted to Director of Residential Services. Director of Residential Services will give group home QDDP a counseling memorandum regarding ensuring plans are revised at least annually, more often as needed. Ongoing monitoring of this recommendation will be through routine ND-R audits submitted to the DORS.	05/29/2013

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	An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated ISPs should be revised annually. 9-3-4(a)			

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W000262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 2 of 3 clients in the sample (#2 and #4), the facility's specially constituted committee (Human Rights Committee - HRC) failed to review, approve and monitor the clients' restrictive program plans. Findings include: A review of client #2's record was conducted on 4/23/13 at 8:50 AM. Client #2's Behavioral Support Plan (BSP), dated 2/2012, included the use of psychotropic medications (Nadolol for irritability and Lexapro for depression), no soft drinks and caffeinated beverages per request of guardian due to history of kidney stones, and restraint in response to physical aggression. The plan indicated for physical aggression, "If [client #2's] violence persists, or escalates to a level where you think he may be in imminent danger of hurting himself or others, a physical intervention may be necessary." There was no documentation in client #2's record indicating the HRC reviewed,	W000262	Following the survey dates, Director of Residential Services trained QDDPs, ND-Rs, and TMs on receiving HRC approval for plans at least annually and more often as needed as well as the need for guardian approval of plans and restrictions. Continued monitoring of the recommendation will be through routine ND-R audits submitted to Director of Residential Services.	05/29/2013

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	approved and monitored client #2's restrictive BSP. A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4's BSP, dated 3/8/12, included the use of psychotropic medications including Clomipramine for agitation, Seroquel for agitation and Lorazepam for anxiety and physical restraint for physical aggression. There was no documentation in client #4's record indicating the HRC reviewed, approved and monitored client #4's restrictive BSP. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated the HRC should review, approve and monitor the clients' restrictive plans as needed (when revised) or annually. 9-3-4(a)			

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W000263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 2 of 3 clients in the sample (#2 and #4), the facility's specially constituted committee (Human Rights Committee - HRC) failed to ensure the clients' restrictive program plans were conducted with written informed consent of the clients' guardians. Findings include: A review of client #2's record was conducted on 4/23/13 at 8:50 AM. Client #2's Behavioral Support Plan (BSP), dated 2/2012, included the use of psychotropic medications (Nadolol for irritability and Lexapro for depression), no soft drinks and caffeinated beverages per request of guardian due to history of kidney stones, and restraint in response to physical aggression. There was no documentation in client #2's record indicating his guardian gave written informed consent for the restrictive program plan. There was no written informed consent for client #2's Individual Support Plan (ISP), dated 9/18/11.	W000263	Following the survey dates, Director of Residential Services trained QDDPs, ND-Rs, and TMs on receiving HRC approval for plans at least annually and more often as needed as well as the need for guardian approval of plans and restrictions. Continued monitoring of the recommendation will be through routine ND-R audits submitted to Director of Residential Services.	05/29/2013

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	A review of client #4's record was conducted on 4/23/13 at 9:45 AM. Client #4's BSP, dated 3/8/12, included the use of psychotropic medications including Clomipramine for agitation, Seroquel for agitation and Lorazepam for anxiety and restraint for physical aggression. There was no documentation in client #4's record indicating his guardian gave written informed consent for the restrictive program plan. There was no written informed consent for client #4's Individual Support Plan (ISP), dated 2/2/12. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated there was no written informed consent for client #2 and #4's restrictive plans or ISPs. The QIDP indicated written informed consent should be obtained annually or as needed for revisions to the plans. 9-3-4(a)			

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W000318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview for 3 of 3 clients in the sample (#2, #4 and #6) and 3 of 3 non-sampled clients (#1, #3 and #5), the facility failed to meet the Condition of Participation: Health Care Services. The facility's Health Care Services failed to ensure the facility's nursing services met the nursing needs of client #1 by failing to employ a consulting RN, failed to ensure direct care staff implemented client #1's Insulin Routine, Ketone Testing Protocol, Protocol for when to call Options' nurse, and his Hyperglycemia/Hypoglycemia Protocol. The nurse failed to ensure client #1's Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia (high blood sugar)/Hypoglycemia (low blood sugar) Protocol were reviewed and revised as needed based on the facility's policy. The nurse failed to ensure direct care staff received training on the Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol. The nurse failed to ensure the direct care staff documented their actions when client #1's blood sugar was greater than 300. The nurse failed to review and revise client #1's Nursing Care Plan quarterly based on the facility's policy. The nurse failed to ensure client #4 had an annual	W000318	W240 Group Home nurse will revise client #1's plans/protocols regarding how and when to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar is above 300. Group home staff will be trained on these revised plans. Copies of these plans and the training sheet will be on file at the LifeDesigns, Inc office. Continued monitoring will be through routine nursing assessments at the home. W249 Group home staff will be trained on implementing medication goals at all times, not just defined medicatoin passes and they will be trained on implementation of client #5's goal for mealtimes. Continued monitoring of implementation will be through routine observationsby supervisory staff W322 Group Home Medical Coordinator will schedule the needed appointment(s) and ensure documentation of the appointments is filed in the clients chart. Documentation of doctor contacts will be on file in the clients file and at the LifeDesigns, Inc office. Monitoring of continued compliance will be through ND-R audits submitted to DORS and routine nursing assessments. W323 Group Home Medical Coordinator will schedule the	05/29/2013

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	physical exam. The nurse failed to ensure client #2 had a hearing exam and client #4 had hearing and vision exams. The nurse failed to ensure staff locked the medications except when being prepared for administration which affected clients #1, #2, #3, #4, #5 and #6. Findings include: 1. Please refer to W240. For 1 of 3 non-sampled clients (#1), the facility's Health Care Services failed to ensure client #1's protocols for diabetes contained information on how and when staff were to test his urine for ketones (Source, American Diabetes Association, Burning ketones: ketones are a sign the body is burning fat instead of glucose for energy because not enough insulin is available to use the glucose for energy in body cells. Dangerously high levels of ketones can lead to coma or death. Range of blood glucose before a meal is 70 to 130 mg/dl.-milligrams per deciliter), when staff should contact the nurse, and the information staff should document when client #1's blood sugar was greater than 300. 2. Please refer to W249. For 3 of 6 clients living in the group home (#1, #4		needed appointment(s) and ensure documentation of the appointments is filed in the clients chart. Documentation of doctor contacts will be on file in the clients file and at the LifeDesigns, Inc office. Monitoring of continued compliance will be through ND-R audits submitted to DORS and routine nursing assessments. W331 Group Home nurse will revise client #1's plans/protocols regarding how and when to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar is above 300. Group home staff will be trained on these revised plans. Copies of these plans and the training sheet will be on file at the LifeDesigns, Inc office. Continued monitoring will be through routine nursing assessments at the home. Group Home Medical Coordinator will schedule the needed appointment(s) and ensure documentation of the appointments is filed in the clients chart. Documentation of doctor contacts will be on file in the clients file and at the LifeDesigns, Inc office. Monitoring of continued compliance will be through ND-R audits submitted to DORS and routine nursing assessments. QDDP will contact client #4's neurologist for copies of past appointment records and/or see if a new appointmetn needs to be scheduled at the doctors recommendation. A copy of this	

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	and #5), the facility failed to ensure staff implemented the clients' individual support plans (ISP) as pertaining to medical goals/skills. 3. Please refer to W322. For 1 of 3 clients in the sample (#4), the facility's Health Care Services failed to ensure client #4 had an annual physical exam. 4. Please refer to W323. For 2 of 3 clients in the sample (#2 and #4), the facility's Health Care Services failed to ensure client #2 had a hearing exam and client #4 had hearing and vision exams. 5. Please refer to W331. For 3 of 3 clients in the sample (#1, #2 and #4), the facility's nursing services failed to ensure: 1) there was documentation in client #4's record indicating he was seen by his neurologist and 2) client #1's protocols for diabetes were implemented and included specific instructions to staff on when to contact the nurse. The facility's Health Care Services failed to ensure the facility's nursing services met the nursing needs of client #1 by failing to ensure direct care staff implemented client #1's Insulin Routine, Ketone Testing Protocol, Protocol for when to call Options' nurse, and his Hyperglycemia/Hypoglycemia Protocol. The nurse failed to ensure client #1's Insulin Routine, Ketone		communication as well as any neurologist recommendations will be on file at the LifeDesigns, Inc office. Client #1's updated NCP will be placed in his chart. Director of Support Services will give group home nurse a counseling memorandum regarding ensuring that updated NCPs are filed in the clients chart. A copy of this memorandum will be on file at the LifeDesigns off. Ongoing monitoring of the will be through routine ND-R audits submitted to the DORS. W340 Group Home nurse will revise client #1's plans/protocols regarding how and when to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar is above 300. Group home staff will be trained on these revised plans. Copies of these plans and the training sheet will be on file at the LifeDesigns, Inc office. Continued monitoring will be through routine nursing assessments at the home. W346 Current Contract RN's contract has been revised to include consultation when needed to group home LPNs. Newly hired RN will begin availability of consultation services to group home LPNS upon start date. Ongoing monitoring of this will be by Director of Support Services. W382Staff #2 and #4 will recieve counseling memorandums from group home TM regarding ensuring medications are lock	

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	Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol were reviewed and revised as needed and based on the facility's policy. The nurse failed to ensure direct care staff received training on the Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol. The nurse failed to ensure the direct care staff documented their actions when client #1's blood sugar was greater than 300. The nurse failed to review and revise client #1's Nursing Care Plan quarterly based on the facility's policy. The nurse failed to ensure client #4 had an annual physical exam. The nurse failed to ensure client #2 had a hearing exam and client #4 had hearing and vision exams. 6. Please refer to W340. For 1 of 3 non-sampled clients (#1), the facility's nursing services failed to ensure staff received continuing, competency-based training to implement client #1's nursing plans for diabetes. 7. Please refer to W346. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure there was a Registered Nurse (RN) available to the group home Licensed Practical Nurse (LPN) for consultation. 8. Please refer to W382. For 6 of 6		except when being prepared for administrations. Copies of these memos will be on file at the LifeDesigns, Inc office. Group Home TM will train all staff on ensuring that medications remain locked except when being prepared for administration. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	

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	clients living at the group home (#1, #2, #3, #4, #5 and #6), the facility's Health Care Services failed to ensure staff locked the medications except when being prepared for administration. 9-3-6(a)			

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W000322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 3 clients in the sample (#4), the facility failed to ensure client #4 had an annual physical. Findings include: A review of client #4's record was conducted on 4/23/13 at 9:45 AM. There was no documentation in client #4's record indicating he had an annual physical. There was no documentation of a physical examination in his record. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated client #4 should have an annual physical. An interview with the Licensed Practical Nurse was conducted on 4/24/13 at 12:00 PM. The nurse indicated client #4 went to his primary care physician quarterly and the documentation should be in the record. The nurse indicated client #4 should have an annual physical. 9-3-6(a)	W000322	Group Home Medical Coordinator will schedule the needed appointment(s) and ensure documentation of the appointments is filed in the clients chart. Documentation of doctor contacts will be on file in the clients file and at the LifeDesigns, Inc office. Monitoring of continued compliance will be through ND-R audits submitted to DORS and routine nursing assessments.	05/29/2013

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W000323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 2 of 3 clients in the sample (#2 and #4), the facility failed to ensure client #2 had a hearing exam and client #4 had hearing and vision exams. Findings include: A review of client #2's record was conducted on 4/23/13 at 8:50 AM. There was no documentation in his record indicating client #2 had a hearing exam by an audiologist. Client #2's annual physical, dated 7/19/12, did not include an assessment of his hearing. A review of client #4's record was conducted on 4/23/13 at 9:45 AM. There was no documentation in his record indicating client #4 had a hearing exam by an audiologist and a vision exam by an ophthalmologist. Client #4's record did not contain documentation of an annual physical with vision/hearing screenings. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/23/13 at 10:25 AM. The QIDP indicated hearing	W000323	Group Home Medical Coordinator will schedule the needed appointment(s) and ensure documentation of the appointments is filed in the clients chart. Documentation of doctor contacts will be on file in the clients file and at the LifeDesigns, Inc office. Monitoring of continued compliance will be through ND-R audits submitted to DORS and routine nursing assessments.	05/29/2013

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	exams should be conducted every three years. The QIDP indicated vision exams should be conducted every two years. An interview with the Network Director (ND) was conducted on 4/23/13 at 10:20 AM. The ND indicated vision exams should be conducted every two years. An interview with the Licensed Practical Nurse was conducted on 4/24/13 at 12:00 PM. The nurse indicated the clients should have a hearing exam completed every three years. The nurse indicated the clients should have a vision exam every two years. The nurse indicated the documentation of the exams should be in the record. 9-3-6(a)			

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 clients in the sample (#4) and 1 of 3 non-sampled clients (#1), the facility's nursing services failed to ensure: 1) there was documentation in client #4's record indicating he was seen by his neurologist and 2) client #1's protocols for diabetes were implemented and included specific instructions to staff on when to contact the nurse. The facility's Health Care Services failed to ensure the facility's nursing services met the nursing needs of client #1 by failing to ensure direct care staff implemented client #1's Insulin Routine, Ketone Testing Protocol (Burning ketones: ketones are a sign the body is burning fat instead of glucose for energy because not enough insulin is available to use the glucose for energy in body cells. Dangerously high levels of ketones can lead to coma or death. Range of blood glucose before a meal is 70 to 130 mg/dl.), Protocol for when to call Options' (Life Designs) nurse, and his Hyperglycemia (high blood sugar)/Hypoglycemia (low blood sugar) Protocol. The nurse failed to ensure client #1's Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol	W000331	Group Home nurse will revise client #1's plans/protocols regarding how and when to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar is above 300. Group home staff will be trained on these revised plans. Copies of these plans and the training sheet will be on file at the LifeDesigns, Inc office. Continued monitoring will be through routine nursing assessments at the home. Group Home Medical Coordinator will schedule the needed appointment(s) and ensure documentation of the appointments is filed in the clients chart. Documentation of doctor contacts will be on file in the clients file and at the LifeDesigns, Inc office. Monitoring of continued compliance will be through ND-R audits submitted to DORS and routine nursing assessments. QDDP will contact client #4's neurologist for copies of past appointment records and/or see if a new appointmetn needs to be scheduled at the doctors recommendation. A copy of this communication as well as any neurologist recommendations will be on file at the LifeDesigns, Inc office. Client #1's updated NCP will be placed in his chart. Director of Support Services will	05/29/2013

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	were reviewed and revised as needed and based on the facility's policy. The nurse failed to ensure direct care staff received training on the Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol. The nurse failed to ensure the direct care staff documented their actions when client #1's blood sugar was greater than 300. The nurse failed to review and revise client #1's Nursing Care Plan quarterly based on the facility's policy. Findings include: 1) A review of client #4's record was conducted on 4/23/13 at 9:45 AM. There was no documentation in his record indicating client #4 had an exam by the neurologist. Client #4's Nursing Care Plan (NCP), dated 3/26/13, indicated he had a diagnosis of seizure disorder and was prescribed Tegretol. In the Neurological section of the NCP, the plan indicated, "Nurse to review all lab work obtained and consult neurologist as needed. Nurse to contact neurologist for any change/increase in seizure activity. Nurse to develop seizure protocol in conjunction with team/neurologist, review quarterly and update as needed." Client #4's Seizure Management Protocol, dated January 2012, indicated he had a neurologist. The plan indicated client #4		give group home nurse a counseling memorandum regarding ensuring that updated NCPs are filed in the clients chart. A copy of this memorandum will be on file at the LifeDesigns off. Ongoing monitoring of the will be through routine ND-R audits submitted to the DORS.	

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	was to see his neurologist for annual visits or sooner if needed. An interview with the Licensed Practical Nurse (LPN) was conducted on 4/24/13 at 12:00 PM. The nurse indicated client #4 had a neurologist he went to every 6 months. The nurse indicated the documentation for the visits should be in client #4's record. 2) An observation was conducted at the group home on 4/23/13 from 6:20 AM to 8:49 AM. At 6:54 AM, staff #4 tested client #1's blood sugar. The blood sugar reading was 312. Staff #4 administered 19 units of Novolog (insulin) in client #1's right tricep based on client #1's sliding scale for diabetes. Staff #4 left the medication area. Staff #4 was called back into the medication area to ask if he was going to test client #1's Ketones. Staff #4 stated, "I forgot to check." Staff #4 used a urine test strip and indicated the testing was negative for Ketones at 7:05 AM. The staff at the group home did not encourage or prompt client #1 to drink two 8 ounce glasses of water or engage in vigorous physical activity. A review of client #1's Insulin Routine, dated 10/19/12, was conducted on 4/23/13 at 6:55 AM. The plan indicated, "Check Ketones (Source, American Diabetes			

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	Association, Burning ketones: ketones are a sign the body is burning fat instead of glucose for energy because not enough insulin is available to use the glucose for energy in body cells. Dangerously high levels of ketones can lead to coma or death. Range of blood glucose before a meal is 70 to 130 mg/dl-milligrams per deciliter). if blood sugar is 300 or over." On 4/24/13 at 2:43 PM, Client #1's Hyperglycemia (high blood sugar)/Hypoglycemia (low blood sugar) Protocol, dated 1/20/12, was reviewed. The protocol indicated, in part, "If [client #1's] blood sugar is above 300 encourage him to drink extra water, at least two 8 ounce glasses per hour. Space these drinks out over the hour; do not have him drink them all at one time. If his blood sugar is above 300 check for ketones in the blood with his Ketone Monitor (if this is not available for some reason use the Ketostix to check for ketones in his urine). If [Client #1's] blood sugar is above 300 and the ketones are negative, encourage [client #1] to engage in some vigorous physical activity, such as a rapid walk, riding the stationary bike, playing basketball, etc. for 15 - 30 minutes in			

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	addition to the increased water intake." The plan indicated, "If the blood ketone level is above 0.6 but below 1.0, or the urine ketones are 'low' continue to encourage water intake but do not encourage exercise. Notify the nurse via phone." The Insulin Routine, Hyperglycemia/Hypoglycemia Protocol, and Nursing Care Plan did not indicate staff were to contact the nurse if his blood sugar was over 300. Client #1's Ketone Testing Protocol, not dated, was reviewed on 4/25/13 at 1:02 PM. The protocol indicated, in part, "[Client #1] has a blood ketone tester. It looks very similar to his Glucometer and works similarly as well. Put a lancet in the lancing device and a test strip in the monitor. Prick his finger and touch the blood drop to the white area on the test strip. The monitor will count down and display the result on the display window with the word KETONE." There was no documentation of staff using a urine ketone testing procedure. The Protocol for when to call Options nurse, dated May 2011, was reviewed on 4/25/13 at 1:02 PM. The protocol indicated, in part, "Per Options' policy, the agency nurse should be contacted when any of the following apply to a			

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	customer: Any unusual medical activity or significant change in medical condition." The protocol indicated for client #1, "Blood sugar (greater than) 300 or anytime Ketones are positive." An untitled and undated sheet in client #1's glucose monitoring binder at the group home was reviewed on 4/25/13 at 1:02 PM. The sheet indicated, in part, "Blood sugar d/t (due to) dx (diagnosis) of Type 1 diabetes: Call nurse if (greater than) 375 or (less than) 60." The facility's policy on Customer Risk Plan Development, dated 1/1/12, was reviewed on 4/25/13 at 12:43 PM. The policy indicated, in part, "Each person receiving services from Life Designs will have potential risks assessed on an annual basis, and as appropriate, a risk plan developed." The policy indicated, "The risk plan will be reviewed by the team on a quarterly basis, and revised as necessary." The facility's policy titled 3.5.1 Health, dated 1/1/12, was reviewed on 4/25/13 at 12:43 PM. The policy indicated, in part, "Customer medical information must be readily available to any staff working with an individual. Individuals receiving health care coordination by an agency nurse, including all individuals living in			

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	group home settings, will have a Nursing Care Plan that identifies the individual's specific health related issues, as well as staff and nursing responses. The Nursing Care Plan will be updated annually, and reviewed quarterly. Staff in group homes and staff of customers receiving health care coordination will have a protocol for when to contact the agency nurse." A review of client #1's Nursing Care Plan (NCP), dated 12/10/12, was reviewed on 4/25/13 at 12:12 PM. The NCP, written by the Licensed Practical Nurse, indicated client #1 was at risk for hypo/hyperglycemia with multiple system involvement due to Type 1 diabetes. The NCP indicated, "Review and update Hyper/Hypoglycemia Protocol quarterly and as needed. Outcome Goal: Blood sugar regulated; [Client #1] will no more than 4 blood sugar reading above 300, or more than 2 below 70 per month." The NCP indicated in the Endocrine section, "Precision Xtra Ketone Monitor strips: Use to check blood for ketones if blood sugar (greater than) 300." There was no documentation in the NCP regarding using urine test strips to test for ketones. A review of client #1's blood sugar readings for March and April 2013 (the form indicated 2012) was conducted on 4/25/13 at 1:42 PM and indicated staff did not follow the nursing protocol to test			

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	ketones when indicated . On 3/2/13 at 12:05 PM (form indicated 2012 and had an "m" on it with no actual documentation what month and year it was), his blood sugar was 308. There was no documentation ketones were tested. On 3/3/13 at 9:00 PM, his blood sugar was 389. There was no documentation ketones were tested. On 3/4/13 at 7:45 AM, his blood sugar was 323. There was no documentation ketones were tested. On 3/5/13 at 6:30 AM, his blood sugar was 325. The form indicated, "Ketones negative." On 3/6/13 at 7:35 AM, his blood sugar was 364. There was no documentation his ketones were tested. On 3/8/13 at 7:30 PM, his blood sugar was 389. The form indicated, "Neg (negative) keytones (sic)." On 3/8/13 at 9:00 PM, his blood sugar was 359. There was no documentation his ketones were tested. On 3/9/13 at 9:30 AM, his blood sugar was 381. The form indicated, "Neg (negative)." On 3/10/13 at 9:30 AM, his blood sugar was 381. There was no documentation his ketones were tested. On 3/11/13 at 5:30 PM, his blood sugar was 304. There was no documentation his ketones were tested.			

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	On 3/12/13 at 5:06 PM, his blood sugar was 319. There was no documentation his ketones were tested. On 3/12/13 at 7:00 PM, his blood sugar was 401. There was no documentation his ketones were tested. On 3/12/13 at 9:00 PM, his blood sugar was 331. There was no documentation his ketones were tested. On 3/15/13 at 9:00 PM, his blood sugar was 328. There was no documentation his ketones were tested. On 3/23/13 at 8:58 PM, his blood sugar was 315. There was no documentation his ketones were tested. On 3/24/13 at 9:15 AM, his blood sugar was 354. There was no documentation his ketones were tested. On 3/25/13 at 7:00 AM, his blood sugar was 300. The form indicated, "Neg (negative) ket (ketones)." On 3/26/13 at 5:22 PM, his blood sugar was 326. There was no documentation his ketones were tested. On 3/27/13 at 6:30 AM, his blood sugar was 367. There was no documentation his ketones were tested. On 3/27/13 at 9:00 PM, his blood sugar was 351. There was no documentation his ketones were tested. On 4/5/13 at 9:00 PM, his blood sugar was 344. The form indicated, "Neg (negative) ketones." On 4/7/13 at 9:00 PM his blood sugar was			

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	359. At 10:00 PM, his blood sugar was 345. On 4/7/13, there was no documentation his ketone test was conducted. On 4/19/13 at 9:00 PM, his blood sugar was 329. The form indicated he had 0.2 ketones. On 4/23/13 at 7:00 AM, his blood sugar was 314. On 4/25/13 at 6:30 AM, his blood sugar was 302. The form indicated, "Keytones (sic) negative." In March and April 2013 on client #1's Blood Sugar Logs, there was no documentation what interventions were implemented when his blood sugar was greater than 300. The form did not indicate how the ketones were tested (blood or urine). The form did not indicate if two 8 ounces glasses of water were encouraged or if client #1 was prompted to engage in 15-30 minutes of vigorous exercise. The form did not indicate if the nurse was notified. An interview with the Network Director (ND) was conducted on 4/24/13 at 1:53 PM. The ND initially indicated it was not a medication error since the staff did check client #1's Ketones. The ND stated, "Not doing a test would be the same as not passing a medication." The ND indicated he was not sure if it was a			

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	medication error or not. The ND indicated the staff did not follow protocol since the nurse was not contacted. An interview with the Licensed Practical Nurse (LPN), nurse in charge of the group home, was conducted on 4/24/13 at 1:39 PM. The nurse indicated the staff did not contact her regarding client #1's blood sugar being over 300. The nurse indicated the staff were to contact her when client #1's blood sugar was over 300. The nurse indicated the staff were to check for Ketones when client #1's blood sugar was over 300. The nurse indicated it was a medication error since there was a medication order for Ketone testing when his blood sugar was over 300. The nurse indicated client #1's Ketones should have been tested prior to receiving his Novolog. On 4/25/13 at 2:32 PM, the nurse indicated the staff could use either the blood test using the monitor or the urine test strips. The nurse indicated both tests were the same. The nurse indicated the blood test monitor was added when client #1 did not need to urinate or refused to urinate on the test strips. The nurse indicated she should be contacted when his blood sugar was greater than 300. The nurse indicated it was in his protocol. The nurse indicated it should be in his protocol of when staff should contact the nurse. The nurse indicated all			

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	the plan should match of when staff were to contact the nurse. The nurse indicated staff should implement the plan to encourage two 8 ounce glasses of water and rigorous physical activity for 15-30 minutes. The nurse indicated new staff received training on diabetes management during initial orientation. The nurse indicated since taking over the home approximately 5 months ago she had not training the staff. The nurse indicated there was no form or documentation standard for staff to document their interventions when client #1's blood sugar was greater than 300. The LPN indicated the Hyperglycemia/Hypoglycemia Protocol should be updated annually. The nurse indicated the Nursing Care Plan was reviewed in March 2013 and should be in client #1's record for staff to have access to it. The nurse stated when asked if a new plan for diabetes management was needed, "It sounds like we do." 9-3-6(a)			

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W000340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. Based on observation, record review and interview for 1 of 3 non-sampled clients (#1), the facility's nursing services failed to ensure staff and client #1 received continuing, competency-based training to implement client #1's nursing plans for diabetes. Findings include: An observation was conducted at the group home on 4/23/13 from 6:20 AM to 8:49 AM. At 6:54 AM, staff #4 tested client #1's blood sugar. The blood sugar reading was 312. Staff #4 administered 19 units of Novolog (insulin) in client #1's right tricep based on client #1's sliding scale for diabetes. Staff #4 left the medication area. Staff #4 was called back into the medication area to ask if he was going to test client #1's Ketones. Staff #4 stated, "I forgot to check." Staff #4 used a urine test strip and indicated the testing was negative for Ketones at 7:05 AM. The staff at the group home did not encourage or prompt client #1 to drink two 8 ounce glasses of water or engage in	W000340	Group Home nurse will revise client #1's plans/protocols regarding how and when to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar is above 300. Group home staff will be trained on these revised plans. Copies of these plans and the training sheet will be on file at the LifeDesigns, Inc office. Continued monitoring will be through routine nursing assessments at the home.	05/29/2013

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	vigorous physical activity. A review of client #1's Insulin Routine, dated 10/19/12, was conducted on 4/23/13 at 6:55 AM. The plan indicated, "Check Ketones (Burning ketones: ketones are a sign the body is burning fat instead of glucose for energy because not enough insulin is available to use the glucose for energy in body cells. Dangerously high levels of ketones can lead to coma or death. Range of blood glucose before a meal is 70 to 130 mg/dl milligrams per deciliter. Source: American Diabetes Association) if blood sugar is 300 or over." There was no documentation the direct care staff received training on client #1's Insulin Routine. On 4/24/13 at 2:43 PM, Client #1's Hyperglycemia (high blood sugar)/Hypoglycemia (low blood sugar) Protocol, dated 1/20/12, was reviewed. The protocol indicated, in part, "If [client #1's] blood sugar is above 300 encourage him to drink extra water, at least two 8 ounce glasses per hour. Space these drinks out over the hour; do not have him drink them all at one time. If his blood sugar is above 300 check for ketones in the blood with his Ketone Monitor (if this is not available for some reason use the			

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	Ketostix to check for ketones in his urine). If [Client #1's] blood sugar is above 300 and the ketones are negative, encourage [client #1] to engage in some vigorous physical activity, such as a rapid walk, riding the stationary bike, playing basketball, etc. for 15 - 30 minutes in addition to the increased water intake." The plan indicated, "If the blood ketone level is above 0.6 but below 1.0, or the urine ketones are 'low' continue to encourage water intake but do not encourage exercise. Notify the nurse via phone." The Insulin Routine, Hyperglycemia/Hypoglycemia Protocol, and Nursing Care Plan did not indicate staff were to contact the nurse if his blood sugar was over 300. There was no documentation staff and client #1 received training since February 2012. Client #1's Ketone Testing Protocol, not dated, was reviewed on 4/25/13 at 1:02 PM. The protocol indicated, in part, "[Client #1] has a blood ketone tester. It looks very similar to his Glucometer and works similarly as well. Put a lancet in the lancing device and a test strip in the monitor. Prick his finger and touch the blood drop to the white area on the test strip. The monitor will count down and display the result on the display window with the word KETONE." There was no documentation of staff using a urine			

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	ketone testing procedure. There was no documentation staff and client #1 received training on this protocol. The Protocol for when to call Options nurse, dated May 2011, was reviewed on 4/25/13 at 1:02 PM. The protocol indicated, in part, "Per Options' policy, the agency nurse should be contacted when any of the following apply to a customer: Any unusual medical activity or significant change in medical condition." The protocol indicated for client #1, "Blood sugar (greater than) 300 or anytime Ketones are positive." There was no documentation client #1 and staff received training on this protocol. An untitled and undated sheet in client #1's glucose monitoring binder at the group home was reviewed on 4/25/13 at 1:02 PM. The sheet indicated, in part, "Blood sugar d/t (due to) dx (diagnosis) of Type 1 diabetes: Call nurse if (greater than) 375 or (less than) 60." There was no documentation client #1 and staff received training. A review of client #1's Nursing Care Plan (NCP), dated 12/10/12, was reviewed on 4/25/13 at 12:12 PM. The NCP indicated client #1 was at risk for hypo/hyperglycemia with multiple system involvement due to Type 1 diabetes. The			

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	NCP indicated, "Review and update Hyper/Hypoglycemia Protocol quarterly and as needed. Outcome Goal: Blood sugar regulated; [Client #1] will no more than 4 blood sugar reading above 300, or more than 2 below 70 per month." The NCP indicated in the Endocrine section, "Precision Xtra Ketone Monitor strips: Use to check blood for ketones if blood sugar (greater than) 300." There was no documentation in the NCP regarding using urine test strips to test for ketones. There was no documentation staff received training on the NCP. A review of client #1's blood sugar readings for March and April 2013 (the form indicated 2012) was conducted on 4/25/13 at 1:42 PM and indicated the nursing interventions were not implemented by staff: On 3/2/13 at 12:05 PM (form indicated 2012 and had an "m" on it with no actual documentation what month and year it was), his blood sugar was 308. There was no documentation ketones were tested. On 3/3/13 at 9:00 PM, his blood sugar was 389. There was no documentation ketones were tested. On 3/4/13 at 7:45 AM, his blood sugar was 323. There was no documentation ketones were tested. On 3/5/13 at 6:30 AM, his blood sugar was 325. The form indicated, "Ketones			

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	negative." On 3/6/13 at 7:35 AM, his blood sugar was 364. There was no documentation his ketones were tested. On 3/8/13 at 7:30 PM, his blood sugar was 389. The form indicated, "Neg (negative) keytones (sic)." On 3/8/13 at 9:00 PM, his blood sugar was 359. There was no documentation his ketones were tested. On 3/9/13 at 9:30 AM, his blood sugar was 381. The form indicated, "Neg (negative)." On 3/10/13 at 9:30 AM, his blood sugar was 381. There was no documentation his ketones were tested. On 3/11/13 at 5:30 PM, his blood sugar was 304. There was no documentation his ketones were tested. On 3/12/13 at 5:06 PM, his blood sugar was 319. There was no documentation his ketones were tested. On 3/12/13 at 7:00 PM, his blood sugar was 401. There was no documentation his ketones were tested. On 3/12/13 at 9:00 PM, his blood sugar was 331. There was no documentation his ketones were tested. On 3/15/13 at 9:00 PM, his blood sugar was 328. There was no documentation his ketones were tested. On 3/23/13 at 8:58 PM, his blood sugar was 315. There was no documentation his ketones were tested.			

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	On 3/24/13 at 9:15 AM, his blood sugar was 354. There was no documentation his ketones were tested. On 3/25/13 at 7:00 AM, his blood sugar was 300. The form indicated, "Neg (negative) ket (ketones)." On 3/26/13 at 5:22 PM, his blood sugar was 326. There was no documentation his ketones were tested. On 3/27/13 at 6:30 AM, his blood sugar was 367. There was no documentation his ketones were tested. On 3/27/13 at 9:00 PM, his blood sugar was 351. There was no documentation his ketones were tested. On 4/5/13 at 9:00 PM, his blood sugar was 344. The form indicated, "Neg (negative) ketones." On 4/7/13 at 9:00 PM his blood sugar was 359. At 10:00 PM, his blood sugar was 345. On 4/7/13, there was no documentation his ketone test was conducted. On 4/19/13 at 9:00 PM, his blood sugar was 329. The form indicated he had 0.2 ketones. On 4/23/13 at 7:00 AM, his blood sugar was 314. On 4/25/13 at 6:30 AM, his blood sugar was 302. The form indicated, "Keytones (sic) negative." In March and April 2013, there was no documentation of what interventions were implemented. The form did not indicate			

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	how the ketones were tested (urine or blood). The form did not indicate if two 8 ounces glasses of water were encouraged or if client #1 was prompted to engage in 15-30 minutes of vigorous exercise. The form did not indicate if the nurse was notified. An interview with the Network Director (ND) was conducted on 4/24/13 at 1:53 PM. The ND indicated there was no documentation the staff received training on client #1's Hyperglycemia/Hypoglycemia Protocol since February 2012. The ND indicated there was no documentation staff received training on client #1's other protocols. An interview with the Licensed Practical Nurse was conducted on 4/24/13 at 1:39 PM. The nurse indicated newly hired staff receive training on diabetes during initial orientation. The nurse indicated the other facility nurse conducted the training. The nurse did not provide documentation the direct care staff at the group home received training on client #1's protocols. 9-3-6(a)			

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W000346	483.460(d)(4) NURSING STAFF If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse. Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure there was a Registered Nurse (RN) available to the group home Licensed Practical Nurse (LPN) for consultation. Findings include: On 4/26/13 at 4:13 PM, the contract with the facility RN was reviewed. The contact indicated, in part, "Review and advise Life Designs in matters of documentation and care of Supported Living customers, as assigned by the Director of Support Services, to include, but not be limited to: Medication Administration Plans, High Risk Plans, Medication Administration Records and Inventory, Side Effects Tracking and Physician Consults." The contract did not include clients living in group homes. This affected clients #1, #2, #3, #4, #5 and #6. There was no RN available to ensure the	W000346	Current Contract RN's contract has been revised to include consultation when needed to group home LPNs. Newly hired RN will begin availability of consultation services to group home LPNS upon start date. Ongoing monitoring of this will be by Director of Support Services.	05/29/2013

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	LPN ensured client #1's protocols for diabetes contained information on how and when staff were to test his urine for ketones, when staff should contact the nurse, and the information staff should document when client #1's blood sugar was greater than 300. There was no RN to supervise the LPN to ensure: 1) there was documentation in client #4's record indicating he was seen by his neurologist and 2) client #1's protocols for diabetes were implemented and included specific instructions to staff on when to contact the nurse. The facility's Health Care Services failed to ensure the facility's nursing services met the nursing needs of client #1 by failing to ensure direct care staff implemented client #1's Insulin Routine, Ketone Testing Protocol, Protocol for when to call Options' (Life Designs') nurse, and his Hyperglycemia/Hypoglycemia (high/low blood sugar) Protocol. The LPN failed to ensure client #1's Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol were reviewed and revised as needed and based on the facility's policy. The LPN failed to ensure direct care staff received training on the Insulin Routine, Ketone Testing Protocol, and the Hyperglycemia/Hypoglycemia Protocol. The LPN failed to ensure the direct care			

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	staff documented their actions when client #1's blood sugar was greater than 300. The LPN failed to review and revise client #1's Nursing Care Plan quarterly based on the facility's policy. The LPN failed to ensure client #4 had an annual physical exam. The LPN failed to ensure client #2 had a hearing exam and client #4 had hearing and vision exams. There was no RN to ensure the LPN provided staff continuing, competency-based training to implement client #1's nursing plans for diabetes. An interview with the Director of Support Services (DSS) was conducted on 4/26/13 at 1:14 PM. The DSS initially indicated the group home LPN had a contract RN available for consultation. The DSS indicated the RN was available to the LPNs for consultation. On 4/26/13 at 2:04 PM, the DSS indicated in an email, "In re-reviewing our RN contract with [name of contract RN], I realized it indicates consultation with Supported Living individuals, so I did not attach it. Our previous RN was reviewing all nursing care plans prior to her departure in December, and as I said on the phone, we do have a new RN beginning in May and she will be reviewing care plans, as well as assuming supervision of the LPNs."			

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	9-3-6(a)			

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W000382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 6 of 6 clients living at the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure staff locked the medications except when being prepared for administration. Findings include: An observation was conducted at the group home on 4/23/13 from 6:20 AM to 8:49 AM. From 6:29 AM to 6:31 AM, the medication cabinets for client #1 and client #6 were unlocked when staff #4 left the medication room. From 6:43 AM to 6:45 AM, the medication cabinet was unlocked with no staff in the medication room. Staff #4 left the medication room with the cabinets unlocked. At 7:49 AM when client #4 entered the medication room without a glass of water, staff #2 initially prompted client #4 to get his water. Staff #2 then left the medication room to go to the kitchen to get client #4's water. During this period of time (20 seconds), client #4 was unsupervised in the medication room with his medications sitting on the counter. This affected clients #1, #2, #3, #4, #5 and #6.	W000382	Staff #2 and #4 will recieve counseling memorandums from group home TM regarding ensuring medications are lock except when being prepared for administrations. Copies of these memos will be on file at the LifeDesigns, Inc office. Group Home TM will train all staff on ensuring that medications remain locked except when being prepared for administration. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	05/29/2013

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	An interview with the Network Director (ND) was conducted on 4/23/13 at 10:16 AM. The ND indicated the medications should be locked unless staff were preparing the medications for administration. An interview with the Licensed Practical Nurse was conducted on 4/24/13 at 12:00 PM. The nurse indicated the medications should be unlocked when staff were preparing and administering medications. The nurse indicated the medication cabinets should be locked in between medication passes. The nurse indicated the medications should be locked when staff leave the medication room. 9-3-6(a)			

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W000440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to conduct quarterly evacuation drills for each shift. Findings include: A review of the facility's evacuation drills was conducted on 4/22/13 at 3:52 PM. There were no evacuation drills conducted during the day shift (6:00 AM to 2:00 PM) from 9/30/12 to 2/24/13. During the night shift (10:00 PM to 6:00 AM), there were no drills conducted from 6/1/12 to 10/6/12. This affected clients #1, #2, #3, #4, #5 and #6. An interview with the Network Director (ND) was conducted on 4/23/13 at 10:20 AM. The ND indicated there should be one drill per shift every 90 days. 9-3-7(a)	W000440	ND-R will thoroughly train new, current group home TM on requirements regarding evacuation drills. A copy of this training sheet will be on file at the LifeDesigns, Inc office. Ongoing compliance will be monitored through routine ND-R audits submitted to DORS.	05/29/2013