

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  05/18/2016
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NAME OF PROVIDER OR SUPPLIER  LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1826 S COVEY LANE BLOOMINGTON, IN 47401
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 16, 17 and 18, 2016</p> <p>Facility Number: 000788 Provider Number: 15G268 AIM Number: 100243600</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/20/16.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 10 incident/investigative reports reviewed affecting clients #1, #2 and #5, the facility neglected to implement its policies and procedures to prevent client to client abuse and ensure an incident of client to client abuse was reported to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p>	W 0149	Investigations were completed for each of the listed incidents, and the Director of Support Services (DSS) will review each investigation to ensure all recommendations have been completed and documented in the investigation file. To prevent the deficient practice from recurring, all staff will be retrained at the next staff meeting on	06/17/2016

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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	<p>Findings include:</p> <p>On 5/16/16 at 11:03 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 2/26/16 at 11:00 AM (reported to BDDS on 3/1/16) at the facility-operated day program, client #2 was shoved by a peer. Client #2 was not injured.</p> <p>2) On 12/19/15 at 8:15 AM, client #1 hit client #2 on the arm. Client #2 was not injured.</p> <p>3) On 11/30/15 at 8:45 AM, client #1 hit client #2 on the arm. Client #1 hit client #5 on the arm. Clients #2 and #5 were not injured.</p> <p>4) On 6/17/15 at 8:45 AM, client #1 hit client #2 twice before staff could separate the clients. Client #2 was not injured.</p> <p>On 5/16/16 at 11:26 AM, the Network Director (ND) indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The ND indicated the facility had a policy and procedure prohibiting abuse of the clients. The ND indicated incidents should be reported to BDDS within 24</p>		<p>LifeDesigns' policies related to abuse and neglect. Additionally, all staff will be re-trained on the requirement to report allegations immediately, and that the time frame for reporting to BDDS is 24 hours. Supervisory staff will receive a review of policy 3.1.5.3 Investigations. The DSS receives all BDDS reports and monitors for timeliness, and feedback is provided right away to anyone who submits a report outside of the 24-hour reporting period. Ongoing monitoring will be accomplished with the Services Leadership Team, which includes the CEO, Directors of Services, and Network Directors/ QIDPs, who review investigations at least twice monthly to ensure all recommendations are completed. Additionally, the DSS does a quarterly analysis of all agency investigations and makes recommendations for organizational improvements based on overall trends identified.</p>		

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W 0153 Bldg. 00	<p>hours.</p> <p>On 5/16/16 at 11:33 AM, the facility's policy, Individual Rights and Protections, dated May 2014, indicated, in part, "Customers have the right: To be free from all forms of discrimination, harassment, humiliation and cruel or unusual punishment, including forced physical activity and practices that deny an individual of sleep, shelter, physical movement for extended periods of time and/or use of bathroom facilities. To be treated with consideration and respect with recognition of his/her dignity and individuality. To be free from emotional, verbal, and physical abuse/neglect/exploitation including but not limited to hitting, pinching and application of painful or noxious stimuli." The policy indicated, in part, "...BDDS reports must be filed within 24 hours if the incident of suspected abuse, neglect or exploitation involves an adult or child who is residing in a community residential setting...."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as</p>				

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W 0369  Bldg. 00	<p>injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review for 1 of 10 incident reports reviewed affecting client #2, the facility failed to ensure a Bureau of Developmental Disabilities Services (BDDS) incident report was submitted within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>On 5/16/16 at 11:03 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 2/26/16 at 11:00 AM (reported to BDDS on 3/1/16) at the facility-operated day program, client #2 was shoved by a peer. Client #2 was not injured.</p> <p>On 5/16/16 at 11:26 AM, the Network Director indicated incidents should be reported to BDDS within 24 hours.</p> <p>9-3-2(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered</p>	W 0153	<p>To correct the deficient practice and prevent recurrence, all staff will be retrained at the next staff meeting on LifeDesigns' policies related to abuse and neglect. Additionally, all staff will be re-trained on the requirement to report allegations immediately, and that the timeframe for reporting to BDDS is 24 hours. Supervisory staff will receive a review of policy 3.1.5.3 Investigations. The DSS receives all BDDS reports and monitors for timeliness, and feedback is provided right away to anyone who submits a report outside of the 24-hour reporting period. Ongoing monitoring will be accomplished with the Services Leadership Team, which includes the CEO, Directors of Services, and Network Directors/ QIDPs, who review investigations at least twice monthly to ensure all recommendations are completed. Additionally, the DSS does a quarterly analysis of all agency investigations and makes recommendations for organizational improvements based on overall trends identified.</p>	06/17/2016	

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	<p>without error.</p> <p>Based on observation, record review and interview for 2 of 2 clients (#3 and #5) observed to receive their medications during the morning observation at the group home, the staff failed to administer the clients' medications as ordered by the physician.</p> <p>Findings include:</p> <p>On 5/17/16 from 6:00 AM to 8:02 AM, an observation was conducted at the group home.</p> <p>1) At 6:22 AM, client #3 received his medications from staff #3. During the medication pass to client #3, staff #3 did not administer Flonase nasal spray. At the conclusion of the medication pass to client #3, the surveyor asked staff #3 if there were any additional medications or treatments for client #3. Staff #3 indicated there were no additional medications or treatments to administer.</p> <p>On 5/17/16 at 7:13 AM, a review of client #3's 2/22/16 Physician's Orders was conducted. The orders indicated client #3's physician ordered Fluticasone 50 micrograms 0.05% for 7:00 AM daily. The order indicated, "Flonase 0.05% nasal spray instill 2 sprays into each nostril once daily. DX (diagnosis:</p>	W 0369	To correct the deficient practice and prevent it from continuing, all staff in the setting will be re-trained on LifeDesigns' policies and procedures related to medication administration, with an emphasis on the importance of treatments and topicals. The nurse, Team Manager and/ or ND/QIDP will complete medication administration observations no less than twice weekly for the next 2 months to ensure all staff are consistently administering medications as prescribed. Supervisory staff will complete regular monthly medication pass observations on an ongoing basis, and address any identified issues immediately.	06/17/2016			

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	<p>Eustachian tube dysfunction)."</p> <p>On 5/17/16 at 7:17 AM after the surveyor reviewed client #3's 2/22/16 Physician's Order and informed the Network Director that client #3 did not receive Flonase nasal spray, staff #3 administered client #3's nasal spray.</p> <p>On 5/17/16 at 7:17 AM, staff #3 indicated he did not administer client #3's nasal spray at 6:22 AM. Staff #3 indicated he was waiting to administer client #3's nasal spray until after client #3 shaved.</p> <p>2) At 6:35 AM, client #5 received his medications from staff #3. During the medication pass to client #5, staff #3 did not administer Artificial Tears. At the conclusion of the medication pass to client #5, the surveyor asked staff #3 if there were any additional medications or treatments for client #5. Staff #3 indicated there were no additional medications or treatments to administer.</p> <p>On 5/17/16 at 7:14 AM, a review of client #5's 5/5/16 Physician's Orders was conducted. The orders indicated client #5 had Artificial Tears at 7:00 AM. The order indicated, "Artificial Tears Drops instill 1 drop into both eyes 4 times daily for dry eyes."</p>			

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	<p>On 5/17/16 at 7:25 AM after the surveyor reviewed client #5's 5/5/16 Physician's Order and informed the Network Director that client #5 did not receive Artificial Tears, staff #3 administered client #5's Artificial Tears.</p> <p>On 5/17/16 at 7:19 AM, staff #3 indicated he forgot to administer client #5's eye drops.</p> <p>On 5/17/16 at 12:47 PM, the Licensed Practical Nurse indicated the staff should administer the clients' medications as ordered by the physician.</p> <p>9-3-6(a)</p>						