

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G405	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2012
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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 0999 N 250 W LAGRANGE, IN46761
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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
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 3, 4, 5, 6, 2012.</p> <p>Facility number: 000919 Provider number: 15G405 AIM number: 100244400</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/13/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0217	<p>The comprehensive functional assessment must include nutritional status.</p> <p>Based on interview and record review for 1 of 3 sampled clients (client #1), the facility failed to assess client #1's current dietary needs and/or the reason for the continued use of medication to increase the client's appetite.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 1/5/12 at 1:05 PM. Client #1's Medication Administration Record dated 12/11 indicated she received Mirtazapine (Remeron) 30 mg (milligrams), an antidepressant daily. Client #1's nutritional</p>	W0217	<p>It will be the responsibility of the C.E.O. to schedule new nutritional assessments with the Registered Dietician for all clients of the facility. The new assessments will reflect current nutritional requirements clarify any/all discrepancies and clarify the rationale for any/all medications and/or supplements related to dietary requirements for each individual. It will be the responsibility of the QDDP to see that the current assessment(s) are included in the</p>	02/05/2012

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>assessment dated 7/25/11 indicated she received a modified weight watchers diet (weight loss diet), and weighed 152 pounds. The assessment indicated client #1 "says that her appetite is good,...this lady has good intakes, weight has been stable over the past 6 months,..." and had "potential for alteration in nutrition/hydration related to self help deficit associated with MRDD (mental retardation developmental disability) advancing age, perhaps chewing difficulty, polypharmacy, psych (psychiatric) dx (diagnosis)...." The assessment established goals of weight less than 160 pounds, prevent weight loss to below 115 pounds, no s/s (signs and symptoms) of dehydration, no spontaneous fractures." Approaches included the use of Mirtazapine (Remeron), but did not indicate its purpose. Client #1's Individual Support Plan (ISP) dated 4/11/11 did not address the use of the medication. A quarterly review of the ISP dated 10/10/11 included nursing notes dated September, 2011 that indicated Remeron 30 mg at bedtime was for appetite stimulant. Client #1's annual physical dated 7/7/11 did not include a psychiatric diagnosis as referenced in the nutritional assessment.</p> <p>The QDDP (Qualified Developmental Disabilities Professional) was interviewed on 1/5/12 at 1:25 PM and stated client #1 was prescribed Remeron to stimulate her appetite as she was a "picky eater" and did not like to eat vegetables. The QDDP indicated client #1 was prescribed the medication on 2/4/06 and client #1 did not have a psychiatric diagnosis to her knowledge.</p> <p>9-3-4(a)</p>		comprehensive funtional assesment for each client. In the future it will be the responsibility of the QDDP to proof reaqd current nutritional assessments for accuracy and include them in the coprehensive functional assessment for each client.		