

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G704	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2012
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6630 RHINESTONE DR ELLETTSVILLE, IN 47429		
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: July 9, 10, 11 and 12, 2012.</p> <p>Facility Number: 003773 Provider Number: 15G704 AIM Number: 200447340</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 7/13/12 by Tim Shebel, Medical Surveyor III.</p>	W0000			

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the governing body failed to exercise operating direction over the facility by not ensuring: 1) repairs to the home were conducted timely, dining room chairs were cleaned or replaced, bath tub was repaired or replaced, walls were repaired and painted and a heat vent cover fit properly, 2) monthly audits of the clients' finances were conducted per the facility's policies and procedures and 3) inventories of the clients' personal possessions was conducted.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 7/9/12 from 10:42 AM to 12:54 PM and 7/10/12 from 6:55 AM to 9:12 AM. During the observations, the following issues were noted which affected clients #1, #2, #3, #4 and #5:</p> <p>a) The dining room chairs, wood covered with cloth, were stained and soiled with food on the cloth. The corners of the chairs where the back of the chair met the seat of the chair were soiled with food.</p> <p>b) A circular hole, 3 inches in diameter,</p>	W0104	<p>1.A.) A maintenance request was submitted on 7/10/12 for the cleaning, repair, or replacement of the chairs. This will be completed prior to 8/11/12. A copy of this request will be on file at the LifeDesigns, Inc office.B.) A maintenance request was submitted on 7/10/12 for the patching of a hole in the wasll to the left of the office door. This will be completed prior to 8/11/12. A copy of this request will be on file at the LifeDesigns, Inc office.C.) A maintenance request was submitted on 7/10/12 for the walls, specifically in the dining room and kitchen, needing new paint. This will be completed prior to 8/12/12. A copy of this request will be on file at the LifeDesigns, Inc office.D&E.) A maintenance request will be submitted for cleanings, repairs, or replacements for issues in both bathrooms. PD will submit these requests by 7/27/12. Copies of these request and their progress will be on file at the LifeDesigns, Inc office.2.IDORS will train all PDs on documenting an audit being completed on the Individual Petty Cash Ledger each month and on ensuring current Personal Property Inventories are completed for all individuals at least quarterly and more often if</p>	08/11/2012	

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	<p>in the wall to the left of the group home office door where the door knob hit the wall.</p> <p>c) The walls in the group home were scuffed and dirty.</p> <p>d) The bathroom across the hall from the office smelled of urine. The floor around the toilet had urine on it. The tiles in the shower area were stained and discolored. The toilet, when flushed, moved. The toilet was not secured to the floor. The vent behind the bathroom door did not fit the opening; the vent was too small and when stepped on, sank into the floor.</p> <p>e) The bathroom near client #1's bedroom had a 5 inch crack in the side of the bathtub 4 inches from the bottom. The wall above the sink had two areas where a soap and paper towel dispensers were torn off the wall. The wall was missing paint and part of the dry wall was missing.</p> <p>A review of a Maintenance/Repair Request Form, dated 7/10/12, was conducted on 7/10/12 at 9:52 AM. The request indicated, "1. The dining room chairs need replaced or fabric cleaned on them. 2. The walls need new paint or touched up. Specifically in the dining room and kitchen."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The</p>		needed. This training will be on file at the LifeDesigns, Inc office.				

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	<p>QMRP indicated the heat vent cover did not fit properly and if one of the clients stepped on the vent they might get hurt. On 7/10/12 at 9:07 AM, the QMRP indicated the walls of the group home needed to be painted. On 7/9/12 at 12:45 PM, the QMRP indicated she was unaware of the hole in the wall near the office door.</p> <p>An interview with the Program Director (PD) was conducted on 7/11/12 at 9:21 AM. The PD indicated the home needed a good cleaning and the toilet needed to be repaired and the bathtub needed to be replaced. The PD indicated the bathroom near client #1's bedroom was going to receive a "face lift" once the new tub was installed. The PD indicated the group home's walls were painted "about 1 1/2 years ago" and he could look into getting the walls repainted. On 7/9/12 at 12:05 PM, the PD indicated the chairs either needed to be cleaned or replaced. On 7/9/12 at 12:45 PM, the PD indicated he was not aware of the hole in the wall near the office door.</p> <p>2) A review of the clients' finances were conducted on 7/9/12 at 12:20 PM. There was no documentation on clients #1, #2 and #5's Individual Petty Cash Ledger's the Program Director (PD) conducted monthly audits in May, June and July</p>						

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	<p>2012.</p> <p>A review of the facility's Procedures For Management of Individual Funds, dated 6/1/12, was conducted on 7/9/12 at 1:38 PM. The procedure indicated, "8. The CLM (Community Living Manager) must always be present during the monthly audit by the PD."</p> <p>An interview with the PD was conducted on 7/9/12 at 12:33 PM. The PD indicated the clients' finances should be audited at least monthly by a PD.</p> <p>3) A review of client #1's record was conducted on 7/10/12 at 10:47 AM. There was no documentation in client #1's record indicating an inventory of his personal possessions was conducted.</p> <p>A review of client #3's record was conducted on 7/10/12 at 11:46 AM. There was no documentation in client #3's record indicating an inventory of his personal possessions was conducted.</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. There was no documentation in client #5's record indicating an inventory of his personal possessions was conducted.</p> <p>A review of the facility's Procedures For</p>						

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	<p>Management of Individual Funds, dated 6/1/12, was conducted on 7/9/12 at 1:38 PM. The procedure indicated, "12. The CLM/PD/designee will be responsible for maintaining a Personal Property Inventory for each individual. This Inventory will be updated at least quarterly, more frequently if needed when purchases are made. This Inventory will be kept in Sections 5-7 of each individual's chart."</p> <p>An interview with the QMRP was conducted on 7/11/12 at 9:21 AM. The QMRP indicated the inventories were not in the clients' records and were unable to be located. The QMRP indicated the inventories should be reviewed annually and whenever someone purchases items.</p> <p>An interview with the PD was conducted on 7/11/12 at 9:21 AM. The PD indicated he was not able to locate the inventories.</p> <p>9-3-1(a)</p>				

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W0124	<p>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.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#5), the facility failed to inform the clients' guardian of medical appointments.</p> <p>Findings include:</p> <p>An interview with client #5's guardian was conducted on 7/11/12 at 1:21 PM. The guardian indicated she was not being informed of client #5's medical appointments and wanted to be notified of the dates and times of the appointments.</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. Client #5's Replacement Skills Plan dated 5/8/12, indicated he had a guardian.</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 7/12/12 at 12:50 PM. The QAC indicated the guardian should be notified of whatever they want to be notified of including medical appointments.</p>	W0124	<p>IDORS will train all QDDPs on the importance of communication with guardians before and after appointments, as well as documenting all attempts to communicate even if guardian can not be reached. QDDPs will train all Medical Coordinators on these things prior to 8/11/12. Copies of these training sheets will be on file at the LifeDesigns, Inc office.</p>	08/11/2012	

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility failed to ensure the clients had the right to due process in regard to: 1) food being locked, 2) use of door and window alarms and 3) bungee cords on the gates and 4) client #2 had access to his client funds and the facility ensured he was receiving funds to access.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/9/12 from 10:42 AM to 12:54 PM and 7/10/12 from 6:55 AM to 9:12 AM. During the observations, the following issues were noted which affected clients #1, #2, #3, #4 and #5:</p> <p>1) Food was being locked in a cabinet (located in an adjacent room to the kitchen) with two pad locks. The cabinet contained crackers, bread, boxes of cereal, potato chips, Fudge Rounds and other food items. The items locked in the cabinets were not accessible to the clients.</p>	W0125	<p>1. PD will retrain all Rhinestone staff on ensuring any food that is locked up, has a identical item unlocked in the home. A copy of this training sheet will be on file at the LifeDesigns, Inc office. 2. A maintenance request will be filed to disengage all door and window alarms in the home. PD will train all staff that no window or door alarms are to be used. Copies of the maintenance request will be on file at the LifeDesigns, Inc office.3. All bungee cords will be removed from the gates. PD will train all staff that no bungee cords are to be used on the gates. A copy of this training sheet will be on file at the LifeDesigns, Inc office.4. At this time, Client #2 recieves no Social Security or other funds. LifeDesigns, Inc will document on Client #2's Petty Cash Ledger all or any agency money that is given to Client #2 for him to pay for purchases. PD will train all Rhinestone staff on this needed documentation. A copy of this training sheet will be on file at the LifeDesigns, Inc office. QAC will follow up with the fiscal department regarding additional effort to obtain Social Security for Client #2.</p>	08/11/2012			

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	<p>The kitchen cabinets did not contain any of the items locked in the cabinet. On 7/9/12 at 11:14 AM, staff #3 accessed the locked cabinet to get out bread for lunch. Staff #3 relocked the cabinet. On 7/10/12 at 7:00 AM, staff #7 accessed the locked cabinet to get cereal out for client #3. Staff #7 then relocked the cabinet. On 7/10/12 at 8:28 AM, staff #5 accessed the locked cabinet for client #1 to get food. Client #1 picked crackers and a fudge round chocolate cake snack. Staff #5 then relocked the cabinet.</p> <p>A review of client #1's record was conducted on 7/10/12 at 10:47 AM. There was no documentation in his record indicating the food needed to be locked.</p> <p>A review of client #2's record was conducted on 7/10/12 at 1:42 PM. There was no documentation in his record indicating the food needed to be locked.</p> <p>A review of client #3's record was conducted on 7/10/12 at 11:46 AM. There was no documentation in his record indicating the food needed to be locked.</p> <p>A review of client #4's record was conducted on 7/10/12 at 1:47 PM. There was no documentation in his record indicating the food needed to be locked.</p>		Documentation of this follow up will be on file at the LifeDesigns, Inc office.				

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	<p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. There was no documentation in his record indicating the food needed to be locked.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The QMRP indicated the food being locked should be extra food. The QMRP indicated if the food was locked, there should be the same food in the kitchen accessible to the clients. The QMRP indicated the food was being locked due to client #5's behavior. At the end of the interview with the QMRP, the QMRP indicated none of the food should be locked. The QMRP indicated there was nothing in any of the clients' plans indicating the food needed to be locked.</p> <p>An interview with the Program Director (PD) was conducted on 7/9/12 at 11:09 AM. The PD indicated the items locked in the cabinet were extras. The PD indicated the food locked in the cabinet was also available in the kitchen cabinets. The PD indicated the food locked in the cabinet was high calorie items. The PD indicated the food was locked due to client #5's behavior of food seeking. On 7/11/12 at 9:21 AM, the PD indicated the food being locked should be extra food. The PD indicated similar food to the food</p>						

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	<p>being locked should be in the cabinets and accessible to the clients in the kitchen cabinets. At the end of the interview with the PD, the PD indicated none of the food should be locked. The PD indicated there was nothing in any of the clients' plans indicating the food needed to be locked.</p> <p>2) During the observations at the group home, the exit doors to the home had audible alarms which required a key to turn on and off. The bedroom windows of clients #1, #4 and #5 had alarms; client #5's alarm (stick on) was not functioning. The PD did not want to test the alarms on client #1 and #4's windows (hard wired to alarm system) due to not knowing how to turn them off. On 7/9/12 at 11:04 AM, the alarm to the back door was not turned on. The PD indicated the alarm was turned off due to client #4 being outside (client #4 was not outside). At 11:05 AM, the PD indicated to staff #3 to turn on the alarm as client #4 goes in and out of the back door. Staff #3 indicated to the PD client #4 had his own key to turn the alarm on and off. At 11:12 AM, client #5 went out the back door and the alarm sounded. Staff #5 responded to the alarm, turned it off and then outside with client #5. At 12:18 PM, client #4 went outside and the alarm sounded. On 7/10/12 at 8:46 AM, client #5 walked out the door to the driveway and the alarm did not sound.</p>						

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	<p>Staff #4 observed client #5 exit and redirected him back inside the home. At 8:50 AM, the back door alarm sounded. At 8:58 AM, client #5 opened the door to the driveway and the alarm sounded. The PD and staff #6 responded and redirected client #5 back inside the home.</p> <p>A review of client #1's record was conducted on 7/10/12 at 10:47 AM. There was no documentation in his record indicating the need for door or window alarms.</p> <p>A review of client #2's record was conducted on 7/10/12 at 1:42 PM. There was no documentation in his record indicating the need for door or window alarms.</p> <p>A review of client #3's record was conducted on 7/10/12 at 11:46 AM. There was no documentation in his record indicating the need for door or window alarms.</p> <p>A review of client #4's record was conducted on 7/10/12 at 1:47 PM. There was no documentation in his record indicating the need for door or window alarms.</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. There</p>						

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	<p>was no documentation in his record indicating the need for door or window alarms.</p> <p>An interview with the QMRP was conducted on 7/11/12 at 9:21 AM. The QMRP indicated there was no plan or need for the door or window alarms since none of the clients had the restriction in their plans.</p> <p>An interview with the PD was conducted on 7/11/12 at 9:21 AM. The PD indicated there was no plan or need for the door or window alarms since none of the clients had the restriction in their plans.</p> <p>3) During the observations at the group home, the back yard gate had bungee cords on the gates to slow the clients' exit from the yard.</p> <p>A review of client #1's record was conducted on 7/10/12 at 10:47 AM. There was no documentation in his record indicating the need for bungee cords on the gates to the fence.</p> <p>A review of client #2's record was conducted on 7/10/12 at 1:42 PM. There was no documentation in his record indicating the need for bungee cords on the gates to the fence.</p>						

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	<p>A review of client #3's record was conducted on 7/10/12 at 11:46 AM. There was no documentation in his record indicating the need for bungee cords on the gates to the fence.</p> <p>A review of client #4's record was conducted on 7/10/12 at 1:47 PM. There was no documentation in his record indicating the need for door bungee cords on the gates to the fence.</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. There was no documentation in his record indicating the need for bungee cords on the gates to the fence.</p> <p>4) A review of client #2's finances was conducted on 7/9/12 at 12:20 PM. His Petty Cash Ledger dated 1/25/11 to 6/7/12 indicated he had \$.64. There was no change in the amount. There were no withdrawals and no deposits. Client #2's balance in his savings account had not changed from 1/12/10 to 7/9/12; there were no withdrawals or deposits.</p> <p>A review of client #2's record was conducted on 7/10/12 at 1:42 PM. There was no documentation in his record indicating the reason client #2 was not receiving any money into his accounts.</p>						

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	<p>An interview with the Program Director (PD) was conducted on 7/9/12 at 12:33 PM. The PD did not know why client #2 was not receiving any deposits into his accounts. On 7/11/12 at 9:21 AM, the PD indicated client #2 was not receiving any benefits due to not being eligible. The PD did not know why client #2 was not eligible.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The QMRP did not know the reason client #2 was not receiving money.</p> <p>An interview with the Staff Accountant (SA) was conducted on 7/12/12 at 11:25 AM. The SA indicated she had called Medicaid and the Social Security office twice since client #2 had been at the group home attempting to find out why he was not receiving benefits. The SA indicated she was told he was not eligible. The SA indicated her last attempt to find out about client #2's benefits was one year ago. The SA indicated he had not received benefits since he moved in (11/17/05). The SA indicated the facility pays for his clothes, outings and medical bills. The SA indicated his savings balance had been the same for over the past year. The SA indicated client #2 was not given cash for spending, the group</p>						

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	home pays for on a debit card. 9-3-2(a)			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 8 of 26 incident/investigative reports reviewed affecting clients #1, #2, #3, #4, #5 and #6, the facility failed to implement its policies and procedures to prevent abuse and neglect of the clients.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 7/9/12 at 9:01 AM.</p> <p>-On 1/3/12 at 11:00 AM, client #1 hit client #5 while at school. Client #5 was not injured. The facility substantiated client to client abuse.</p> <p>-On 2/20/12 at 9:40 PM, staff #10 arrived to do the overnight shift. Staff #10 found staff #11 asleep on the couch. Staff #10 observed staff #11's socks and shoes on the floor. Staff #11 was lying face down on the couch snoring. Staff #11 indicated he "dozed off" at the end of his shift and "made a mistake." Staff #11 was terminated. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>-On 3/4/12 at 12:00 PM, staff discovered</p>	W0149	<p>Copies of all training sheets, program plans, and other supporting documentation will be on file at the LifeDesigns, Inc office.</p> <p>The Medical Coordinator will have Rhinestone Group Home staff complete a 2 person medication count of all controlled substances during each medication pass. The second staff person will initial the Controlled Substances Record next to the signature of the person counting/administering the medication. Staff will be reminded to report any discrepancies immediately. Mike Bowling was released from employment for substantiated sleeping.</p> <p>The QDDP will revise TB's Aggression RSP to include measures stating how staff can prevent a bbehavior when TB's Playstation is not working properly. Also Revise the RSP to include antecedents to TB's aggressive behavior. 2. Rebecca Chambers will create or revise a Coping Social Story or program. This is to help Tristan learn how to handle difficult situations that may arise. QDDP will retrain all group home staff on peer monitoring and proximity. Due to an incident of client to client aggression involving Tristan</p>	08/11/2012			

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	<p>four .5 milligrams of Ativan missing from client #2's noon medication cards. The pills were punched out of the package randomly and from different cards. The investigation was unable to determine where the medication went. The investigation determined there were 7 to 9 pills missing. The Medical Coordinator had conducted a med count on 3/2/12 and the count was accurate. The investigation determined, "It is confirmed that there are missing Lorazepam tabs for [client #2]. It is not clear where the medications have gone or who took them. Three staff had access to the medications from Saturday March 3rd to Sunday March 4th."</p> <p>-On 5/10/12 at 6:40 AM, client #3's video game was not working. He threw the television on the floor. He ran to the living room and hit clients #4 and #5. The Determination section of the investigative report indicated, "Based on the above interviews it is found that [client #3] did aggress on [client #4 and #5]. It was found that all staff reacted appropriately just not quick enough to block [client #3] from hitting other individuals. The Aggressive RSP (Replacement Skills Plan) will need to be revised to include reactive measures in case the [game system] is not working, and antecedents for aggressive behaviors."</p>		<p>Benham. Rebecca Chambers (QDDP) will add Shopping for a Video Game or choice item to Tristan's already existing "China Star Earning Program." This is so Tristan can know exactly when he can go buy a new game, and also that he must earn this by behaving appropriate. A copy of the revised earning plan criteria will be forwarded to Stephanie Bryant upon completion. After completing a full investigation of this incident it was found that Tristan became upset over having a picture laminated in the office. Rebecca Chambers QDDP will create a "Picture Laminating program" for TB. This should include how often, how many pictures, and what time Tristan can earn having a picture laminated. CLM will train staff to lock the med room door when passing meds. As medication passes should be uninterrupted so the passer can do a proper med pass, and this should be private for anyone receiving medication. The investigation team recommends that the QDDP will create a "waiting" program or story for Tristan.</p>				

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	<p>-On 5/13/12 at 5:00 PM, client #1 hit client #4 when he walked behind him for dinner. Client #4 was not injured. The investigative report, dated 5/16/12, substantiated client to client abuse. The report indicated, "It was also found that staff were not in the proper position when an individual appears upset per Monitoring Peer Interaction and Proximity Training."</p> <p>-On 6/11/12 at 12:35 PM, client #3 hit client #4 one time in the head after being directed to put his dirty clothes in the laundry area. The facility substantiated client to client abuse.</p> <p>-On 6/16/12 at 8:45 AM, client #3 hit client #4 after being told he needed to wait to get a picture laminated. Client #4's face was red after being hit. The facility substantiated client to client abuse.</p> <p>-On 6/22/12 at 4:30 PM, client #3 smacked client #2 on the back and hit client #5 two times. The determination section of the investigative report indicated, "After review of the interviews, BDDS (Bureau of Developmental Disabilities Services) report, and Plans it can be found that [client #3] had a (sic) aggressive behavior Friday the 22nd</p>						

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	<p>20012 (sic) resulting in him striking two other clients while they were being redirect (sic) from the situation. It was found that [client #3's] behavior started by not immediately getting his preferred item (gum) that day." Neither client was injured.</p> <p>A review of the facility's policy and procedure for abuse/neglect, titled Investigative Incident Report Process, dated 2/6/12, was reviewed on 7/9/12 at 1:32 PM. The policy indicated, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." The policy indicated, "Any person who suspects abuse/neglect or other reportable incident involving staff-to-person receiving services, any person to person receiving services, or person receiving services to person receiving services will: 1. Immediately contact Christole Administrator giving a verbal report of the incident. The reporting person will submit a written report of the allegation to the Christole Administrator within 24 hours of the verbal report." The policy defined neglect as the "failure of staff to provide goods or services necessary to avoid physical or psychological harm." Abuse was defined as the "ill treatment, violation, revilement,</p>				

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	<p>exploitation and/or otherwise disregard of an individual with willful intent to cause harm."</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 7/9/12 at 9:57 AM. The QAC indicated the facility prohibited and should prevent abuse and neglect of the clients. The QAC indicated client #3's increase of aggression could be attributed to staffing changes, going to high school next year, or not being able to go on home visits due to his mom moving recently.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/10/12 at 10:39 AM. The QMRP indicated client #3's increase in aggression started toward the end of the school year. The QMRP indicated client #3 was changing schools next year to go to high school. The QMRP indicated the staff who had been doing the overnight shift since client #3 moved in recently switched to work in another home. The QMRP indicated client #6 moved out. The QMRP indicated the facility prohibited abuse and neglect and should prevent it.</p> <p>An interview with the Program Director (PD) was conducted on 7/11/12 at 9:21 AM. The PD indicated client #3's</p>				

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	<p>increase in aggression could be due to staffing changes, not being able to visit his mother as often as he was used to and the change from school to summer break. The PD indicated client to client aggression was considered abuse.</p> <p>9-3-2(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility failed to ensure staff implemented the clients' plans for mealtime observation (client #1) and medication administration training (clients #2, #3, #4 and #5).</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 7/10/12 from 6:55 AM to 9:12 AM. At 8:25 AM, client #1 sat down at the dining room table to eat his breakfast. Client #1 sat at the table alone. At 8:28 AM, client #1 got up to get more food and he returned to eat at the table. At 8:34 AM, client #1 finished eating. Client #1 did not have a staff sit next to him while he ate his breakfast.</p> <p>A review of client #1's record was conducted on 7/10/12 at 10:47 AM. Client #1's Eating Protocol, attached to his Replacement Skills Plan, dated 12/16/11, indicated the following,</p>	W0249	1.) PD will give verbal counseling to Staff #7 and other staff on shift regarding following plans as written. Written documentation of these counselings will be on file at the LifeDesigns, Inc office.	08/11/2012			

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	<p>"[Client #1] will sometimes throw food on the floor while eating at the table. Staff should take the following proactive steps to combat this behavior. 1. Sit next to [client #1] as he eats."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The QMRP indicated the plan should be implemented as written.</p> <p>2) An observation was conducted at the group home on 7/10/12 from 6:55 AM to 9:12 AM. The medications were administered by staff #7. Staff #7 did not implement medication training objectives during the medication pass.</p> <p>-At 7:32 AM, client #3 received his medications (Clonidine for reactive aggression and Risperidone for impulse control disorder).</p> <p>-At 7:43 AM, client #4 received his medications (Chlorhexidine for mouth rinse, Dovenex cream for eczema, Elidel cream for eczema, Ketoconazole cream for acne, Abilify for anxiety and obsessive compulsive disorder, and Escitalopram for anxiety and obsessive compulsive disorder).</p> <p>-At 7:57 AM, client #2 received his</p>						

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	<p>medications (Amoxicillin for acne, Divalproex for mood stabilizer, Haloperidol for aggression, Latuda for mood stability, Lithium Carbonate for mood stabilizer, and Lorazepam for relaxation).</p> <p>-At 8:10 AM, client #5 received his medications (Carmex ointment for chapped lips, Tretinoin cream for acne, Abilify for aggression, Cetirizine for allergies, Child chew for nutritional supplement, Intuniv for attention deficit hyperactivity disorder, and Fluticasone nasal spray for allergies).</p> <p>An interview with staff #7 was conducted on 7/10/12 at 8:15 AM. Staff #7 indicated client #5 had evening medication training objective to pick out Abilify. Staff #7 indicated client #2 had a training objective to sign his med sheet for Depakote in the evening. Staff #7 could not recall clients #3 and #4's med goals but indicated they were implemented in the evening.</p> <p>A review of client #3's record was conducted on 7/10/12 at 11:46 AM. His Individual Program Plan (IPP), dated 12/16/11, indicated he had the following medication training objective: enter the med room and state the medications that he is about to take, state what it is for, and</p>						

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	<p>tell at least one side effect.</p> <p>A review of client #4's record was conducted on 7/10/12 at 1:45 PM. His Individual Program Plan (IPP), dated 7/22/11, indicated he had the following medication training objective: retrieve his medication box, pull out the cards for Lexapro and Abilify and pop out the pill for the correct day and take the medication.</p> <p>A review of client #2's record was conducted on 7/10/12 at 1:55 PM. His Individual Program Plan (IPP), dated 12/21/11, indicated he had the following medication training objective: read his copy of the Medication Administration Record (MAR), state the name, rationale and side effects of the medications and initial the MAR after the first 3 medications.</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. His Individual Program Plan (IPP), dated 5/8/12, indicated he had the following medication training objective: get out his medication box and pull his Abilify card and Intuniv card and hand it to staff during morning med pass.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was</p>						

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	<p>conducted on 7/11/12 at 9:21 AM. The QMRP indicated the clients' medication training objectives should be implemented at each med pass.</p> <p>9-3-4(a)</p>			

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W0312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #3 and #5), the facility failed to ensure there was a plan of reduction for each psychotropic medication.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 7/10/12 at 10:47 AM. His Replacement Skills Plan (RSP), dated 12/18/11, indicated he took Revia, Prozac, Depakote and Zyprexa Zydis as psychotropic medications. The plan of reduction indicated, "If behaviors fall to 3Xs a month for 6 consecutive months, an IDT will be called to discuss the possibility of a medication reduction." There was not a plan of reduction for each psychotropic medication. The plan did not identify which med would be targeted for reduction first and the amount of reduction.</p> <p>A review of client #3's record was conducted on 7/10/12 at 11:46 AM. His RSP, dated 12/16/11, indicated he took</p>	W0312	<p>QAC will train all QDDPs on medication plan of reductions based on information received from the ISDH surveyor at the time of the survey. A copy of this training will be on file at the LifeDesigns, Inc office. QDDP for Rhinestone group home will revise med reductions plans for individuals in the home. Copies of these revieed plans will be on file at the LifeDesigns, Inc office.</p>	08/11/2012

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	<p>the following psychotropic medications: Clonidine and Risperdal. The plan of reduction indicated, "If occurrences of targeted behavior decrease to 3x per month for 6 consecutive months an IDT will be called to discuss a possible medication reduction. There was no plan of reduction for each psychotropic medication. The plan did not identify which med would be targeted for reduction first and the amount of reduction.</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. His RSP, dated 5/8/12, indicated he took the following psychotropic medications: Abilify and Intuniv. The plan of reduction indicated, "If behaviors fall to 3Xs a month for 6 consecutive months, an IDT will be called to discuss the possibility of a medication reduction." There was no plan of reduction of each psychotropic medication. The plan did not identify which med would be targeted for reduction first and the amount of reduction.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The QMRP indicated there should be a plan of reduction for each psychotropic medication.</p>						

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#5), the facility failed to ensure he had an annual physical.</p> <p>Findings include:</p> <p>A review of client #5's record was conducted on 7/10/12 at 12:17 PM. Client #5's most recent annual physical was conducted on 4/29/11.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/10/12 at 12:38 PM. The QMRP indicated client #5 was overdue to his annual physical.</p> <p>An interview with the nurse was conducted on 7/11/12 at 1:26 PM. The nurse indicated client #5 had not had his annual physical. The nurse indicated he informed the staff to schedule the appointment. The nurse indicated the physical should be conducted annually.</p> <p>9-3-6(a)</p>	W0322	Client #5's annual physical will be completed on 7/26/12. A copy of the 450B will be on file at the LifeDesigns, Inc office. QDDPs and MCs will be retrained on maintaining routine preventative care as recommended by physicians. This training will be completed by the nurses. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	08/11/2012

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 of 3 clients in the sample (#3 and #5), the nurse failed to ensure client #3 had a audiological exam and client #5 had quarterly psychiatric appointments.</p> <p>Findings include:</p> <p>1) A review of client #3's record was conducted on 7/10/12 at 11:46 AM. Client #3's record did not have documentation of an audiological exam.</p> <p>An interview with the nurse was conducted on 7/11/12 at 1:26 PM. The nurse indicated client #3 had issues with participating in physician appointments. The nurse indicated the most recent audiological exam was conducted in April 2009. The nurse indicated client #3 was having on-going issues with his ears however client #3 was refusing to participate or cooperate with appointments. The nurse indicated the medical issues with client #3's ears must be addressed prior to a hearing exam being conducted.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was</p>	W0331	<p>QDDPs and MCs will be retrained on maintainting routine preventative care as recommended by physicians. This training will be completed by the nurses. A copy of this training sheet will be on file at the LifeDesigns, Inc office. Client #3's ear issues are being addressed. Client #3 is having tubes put in his ears on 7/27/12. The audiology exam will be scheduled after healing is completed from this procedure. Client #5's psych appointment has been scheduled for 8/9/12. Copies of the consults and doctors orders will be on file at the LifeDesigns, Inc office</p>	08/11/2012

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	<p>conducted on 7/11/12 at 9:21 AM. The QMRP indicated a hearing test should be conducted every 3 years.</p> <p>2) A review of client #5's record was conducted on 7/10/12 at 12:17 PM. Client #5 was seen by the psychiatrist on 8/2/11, 11/3/11 and 2/2/12. There was no documentation in his record indicating client #5 had been seen by his psychiatrist since 2/2/12.</p> <p>An interview with the QMRP was conducted on 7/10/12 at 12:39 PM. The QMRP stated the appointment in May 2012 was "overlooked."</p> <p>An interview with the nurse was conducted on 7/11/12 at 1:26 PM. The nurse indicated an appointment for May 2012 was not scheduled but should have been scheduled. The nurse indicated the staff who went to the appointment in February 2012 should have scheduled an appointment for May 2012 and did not communicate this information to the QMRP.</p> <p>9-3-6(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 2 of 4 clients observed to receive their medications from staff #7, the facility failed to ensure staff administered medications according to the physician's orders.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 7/10/12 from 6:55 AM to 9:12 AM.</p> <p>-At 7:43 AM, client #4 received his medications from staff #7. Client #4 received Chlorhexidine (mouth rinse) in a small cup. Client #4 put the liquid into his mouth and then immediately spit it out into the trash can. Staff #7 did not prompt client #4 to swish the rinse or keep it in his mouth for any length of time.</p> <p>An interview with the nurse was conducted on 7/11/12 at 1:26 PM. The nurse indicated the staff should have prompted client #4 to swish the liquid in his mouth prior to spitting it out.</p> <p>-At 8:10 AM, client #5 received Tretinoin</p>	W0369	Staff #7 will recieve verbal counseling on appropriately following instructions for medication administration. All group home staff will be retrained by the MC on appropriate administration of mouth rinse, nasal sprays, and creams. Documentation of this verbal counseling and training will be on file at the LifeDesigns, Inc office.	08/11/2012	

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	<p>cream (acne) to his face. Staff #7 did not apply the cream to his chest and back. Client #5 also received Fluticasone Prop nasal spray (allergies). Staff #7 did not prompt client #5 to sniff during/after the medication was sprayed into his nostrils.</p> <p>An interview with the nurse was conducted on 7/11/12 at 1:26 PM. The nurse indicated the staff should have followed the physician's orders and applied the cream to his chest and back. The nurse indicated the staff should have prompted client #5 to take a deep breath through his nose while he was spraying the nasal spray into his nose. The nurse indicated if the client did not sniff then he would not get the benefit of the medication.</p> <p>9-3-6(a)</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 2 of 5 clients living in the group home (#1 and #5), the facility failed to ensure the clients ate a nutritious meal following the posted menu.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/9/12 from 10:42 AM to 12:54 PM and 7/10/12 from 7:05 AM to 9:12 AM. On 7/9/12 at 11:44 AM, client #5 handed his banana he was served for lunch to staff #3. Client #5 was not offered and substitute fruit for his lunch.</p> <p>A review of the lunch menu was conducted on 7/9/12 at 11:55 AM. The menu, week 2 with no date, indicated the following was on the lunch menu: 2 ounces of roast turkey, 2 slices of wheat bread, 1 cup of tossed salad, 2 tablespoons of salad dressing, 1 fresh fruit, 1 cup of a beverage, and 1 tablespoon of mayonnaise.</p> <p>On 7/10/12 at 8:25 AM, client #1 was given 3 slices of raisin bread by staff #5. At 8:26 AM, client #1 smacked himself on the head six times with his left hand.</p>	W0460	<p>QDDP will retrain all group home staff of following menus and providing appropriate substitutions. A copy of this training will be on file at the LifeDesigns, Inc. Proper menus and use of substitutions will be documented on the monthly PD audit. These audits will be on file with the IDORS.</p>	08/11/2012

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	<p>Staff #3 redirected client #1. Staff #3 and client #1 then went into the room adjacent to the kitchen, staff #3 unlocked a locked food cabinet, and client #1 chose crackers and a fudge round for breakfast. Staff #3 and #5 did not redirect client #1 to eat the items from the menu. Client #1 ate the crackers and fudge round and finished eating.</p> <p>A review of the breakfast menu was conducted on 7/10/12 at 7:05 AM. The menu, week 2 with no date, indicated the following was on the breakfast menu: 1/3 cup cranberry juice, 1 scrambled egg, 1/2 cup of hot or 3/4 cup cold cereal, 1 slice of raisin toast, 1 cup of skim milk, 1 cup of coffee, 1 teaspoon of margarine and 2 teaspoons of jelly.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The QMRP indicated the staff should offer the clients the items on the menu.</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 7/11/12 at 9:21 AM. The QAC indicated the staff should offer the clients a nutritionally equivalent substitution for items from the menu.</p> <p>9-3-8(a)</p>						

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 5 clients living in the group home (#1, #2, #3 and #5), the facility failed to ensure staff prompted the clients to participate in meal preparation.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 7/9/12 from 10:42 AM to 12:54 PM. At 11:26 AM, staff #3 filled a pitcher of water and gave to client #1 to take to the table. At 11:28 AM, staff #3 prepared sandwiches for the clients while the clients sat at the dining room table. All the clients were in the area and available to assist staff #3. Staff #5 opened a bag of salad and poured into a bowl. At 11:31 AM, the Program Director (PD) told staff #3 to have the clients assist with lunch prep. At 11:34 AM when staff #3 gave client #2 his sandwich, client #2 indicated he did not want mayonnaise on his sandwich. This affected clients #1, #2, #3 and #5.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 7/11/12 at 9:21 AM. The QMRP indicated the clients should have</p>	W0488	<p>QDDP will train Rhinestone staff on active treatment at all times, specifically focusing on meal times. A copy of this training sheet will be on file at the LifeDesigns, Inc office. Active treatment will be monitored through the monthly QDDP and PD observations. These observations will be on file.</p>	08/11/2012			

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	<p>made their own sandwiches.</p> <p>An interview with the PD (Program Director) was conducted on 7/10/12 at 10:26 AM. The PD indicated staff #2 prepped all the sandwiches. The PD indicated the clients should be involved in continual active treatment including meal prep.</p> <p>9-3-8(a)</p>				