

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G380	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WINSLOW RD BLOOMINGTON, IN 47401
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 5, 6 and 7, 2014</p> <p>Facility Number: 000894 Provider Number: 15G380 AIM Number: 100239710</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/14/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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. Based on record review and interview for 8 of 19 incident/investigative reports reviewed affecting clients #1, #2, #3 and #4, the facility neglected to implement its policies and procedures to prevent financial exploitation of clients #1, #2 and #3, client to client abuse, neglect of client #3 while at an outside services day</p>	W000149	<p>Investigations were completed for each of the above listed incidents, and the Director of Support Services (DOSS) 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</p>	12/05/2014

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>program, neglect of client #3 when staff failed to lock the medication refrigerator and to implement the corrective action recommended to address a medication error.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/5/14 at 11:34 AM and indicated the following:</p> <p>1. On 9/29/14 at 12:00 PM, client #3 did not receive his lunch while at the day program. His lunch box still contained all the items packed for lunch when client #3 returned home from the day program. The day program staff indicated the forgot to offer client #3 his lunch. The investigation, dated 10/6/14, indicated the Findings were substantiated (the finding support the alleged event as described). The investigation indicated, in part, "It was found that on 9-29-14 [client #3] was attending day program at [name of outside agency]. He was on an outing until 12pm. He came in to the building and went to the restroom. While in the restroom the 4 staff present continued on with usual routines. [Day program staff #1] was passing medications. [Day program staff #2] was toileting a customer and helping others</p>		<p>LifeDesigns policies related to abuse and neglect. Per LifeDesigns' policy 3.1.5.3 Investigations, each investigation will include recommendations that explicitly define who is to complete the recommendation and the timeframe for completion, and who is to receive and monitor the completed recommendations (Director of Services and Human Resources,if applicable). The person responsible for monitoring will ensure the actions are completed within the time frame, all concerns/ issues reported or discovered have been addressed, and documentation is forwarded to the employee personnel file and investigation file. Ongoing monitoring will be accomplished with the Services Leadership Team, which includes the CEO,Directors of Services, and Quality Assurance Director, who review investigations at least twice monthly to ensure all recommendations are completed.Additionally, the DOSS does a quarterly analysis of all agency investigations and makes recommendations for organizational improvements based on overall trends identified.</p>		

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	<p>eat. [Day program staff #3] was helping others eat. [Day program staff #4] was helping another customer. When [client #3] came out of the restroom he began to do his routines. While staff were busy they assumed that someone had helped [client #3] prepare his lunch. It was found that staff did not prepare [client #3's] food and he did not eat lunch on 9-29-14 due to staff negligence." The Recommendations section indicated, "[Name of day program manager] will be physically checking that [client #3] has eaten each day at the workshop. Life designs staff will complete weekly meal observations two times a week for 1 month. Then 1 time a week for one month to ensure [client #3] is eating routinely. [Name of LifeDesigns Home Manager] will ensure this is completed and documented."</p> <p>2. On 9/23/14 at 11:30 AM, client #3's peer at the outside services day program told client #3 he could not listen to music during lunch. Client #3 grabbed the peer by the shirt and scratched her chest. The investigation, dated 9/29/14, indicated it was undetermined if there was willful intent to cause harm.</p> <p>3. On 9/19/14 at 10:00 AM, client #2 went into the men's room while at the facility-operated day program. He came</p>			

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	<p>out and seemed upset. Staff checked client #2 and he had scratches on his right arm and hand. Staff cleaned the scratches. A peer who was in the restroom had scratches on his palm and neck. The investigation, dated 9/25/14, indicated it was undetermined if there was willful intent to cause harm. The investigation indicated, "It is speculated that [client #2] attempted to go into the stall that [name of peer] was in and [peer] possibly scratched [client #2] and [client #2] might have scratched back. Both customers have aggression behavioral support plans. However neither customer has a plan or protocol stating they are to be monitored in the restroom."</p> <p>4. On 7/30/14 at 2:10 PM, client #4 attempted to rip his clothes and staff stopped him. Client #4 punched the staff on the arm. Two staff held client #4's hands while he walked. Client #4 kicked a peer in the back of the leg causing her to fall into a trash can. The investigation, dated 8/6/14, indicated there was willful intent to cause harm.</p> <p>5. On 7/21/14 at 12:45 PM, client #4 pushed a peer. Client #4 broke his glasses and ripped his shirt off. He was given a second shirt and he ripped it off. Client #4 pushed a peer on the arm. The investigation, dated 7/25/14, indicated it</p>			

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	<p>was undetermined if client #4 had willful intent to cause harm.</p> <p>6. On 6/19/14 at 8:30 PM, staff finished the evening medication pass and went upstairs. Several minutes later, staff observed client #3 in the basement with something in his hand. Client #3 ran into the medication room. Staff found the medication refrigerator door open. Client #3 ate the remainder of the fruit butter (bowel aid) and drank the orange juice. The investigation, dated 6/26/14, indicated, the incident was substantiated (the findings support the alleged event as described). The investigation indicated, in part, "It was found that staff had left the 'Medication' refrigerator unlocked and accessible to the customers. It was also found that [client #3] got into the unlocked refrigerator and ate the rest of the fruit butter that is used for constipation, and orange juice. [Client #3] did not experience any adverse effects from the extra fruit butter he ate."</p> <p>7. On 5/11/14 at 8:00 PM, client #3 received 500 mg (milligrams) of Depakote (aggression and self injurious behavior). Client #3 was prescribed 1000</p>			

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	<p>mg of Depakote. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 5/12/14, indicated in the Plan to Resolve section, "Home Manager will received (sic) medication error corrective action as he was responsible for the medication pass while observing new hire." There was no documentation the Home Manager received corrective action as indicated in the BDDS report.</p> <p>8. On 1/15/14 the LifeDesigns fiscal staff noted there was an atypical expense with missing receipts. Fiscal staff contacted the former Home Manager (HM) who informed the fiscal staff the agency credit card was accidentally used by her mother to pay for a personal utility expense. Fiscal staff reported the concerns to the interim Director of Residential Services and the Network Director (ND). All house receipts were reviewed and additional concerns were noted. The ND reviewed the clients' (#1, #2 and #3) financial documentation and noted discrepancies on the petty cash ledgers. The HM was placed on administrative leave.</p> <p>The investigation, dated 1/22/14, indicated the allegation was substantiated</p>						

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	<p>(the findings support the alleged event as described). The investigation indicated, "The allegation of exploitation is substantiated. [HM] withdrew significant amounts of cash from each of the individual's accounts and kept the money. She also made a number of personal purchases using the LifeDesigns credit card, as well as kept gift cards from [name of retailer] that were given as a result of items purchased made using the LifeDesigns card. Additionally, [HM] violated several agency policies. She kept the agency credit card with her, and used agency funds for personal use. She did not turn receipts in to fiscal staff for all credit card expenditures. She failed to record banking transactions at the time that they occurred."</p> <p>The investigation's Recommendations indicated, "[HM's] employment with LifeDesigns should be terminated, effective immediately. LifeDesigns will request [HM] repay LifeDesigns the total amount of funds that she took from [clients #1, #2 and #3]. LifeDesigns will request [HM] repay LifeDesigns the total amount of funds she took from the agency, including all purchases made with the credit card during times that she was not working...".</p> <p>The HM was terminated on 1/27/14. The</p>			

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	<p>Termination documentation indicated, "During the monthly balancing of the [name of group home] credit card, it was discovered that the credit card had been used for personal use. This triggered an investigation of all [name of group home] finances. An investigation and audit was (sic) completed on the [name of group home] finances. The Team Manager is responsible for finances at the home. Many discrepancies were discovered, including checks written for cash for each customer's checking accounts, purchases outside working hours, purchases that were not required or necessary for the home, and missing receipts, check copies, and documentation. Policy or Procedure:</p> <ol style="list-style-type: none"> 1. Falsifying or altering any agency records, timesheets, check requests, or customer records. 2. Inappropriate/unauthorized use of company or customer funds. 3. Code of conduct. The employee completed orientation training, received and signed for an Employee Handbook with rules, policies, and procedures. Employee is terminated effective immediately." <p>On 1/30/14, LifeDesigns issued a check to client #1 in the amount of \$371.90. On 1/30/14, LifeDesigns issued a check to client #2 in the amount of \$680.00. On 1/30/14, LifeDesigns issued a check to client #3 in the amount of \$770.00.</p>						

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	<p>On 11/5/14 at 11:30 AM, the Network Director (ND) indicated client to client aggression was considered abuse and the facility should prevent abuse of the clients. The ND indicated the facility should prevent abuse, neglect and exploitation of the clients. The ND indicated the facility had a policy and procedure prohibiting abuse, neglect and exploitation of the clients. The ND indicated he was unable to locate the documentation verifying the corrective action taken with the Home Manager for the 5/11/14 medication error. The ND indicated the former Home Manager was terminated due to exploitation of the clients. On 11/5/14 at 11:28 AM, the ND indicated the former HM was stealing the clients' funds. The ND indicated the theft occurred within a 30 day timeframe. The ND indicated the police were notified and the former HM was terminated due to exploitation of the clients. The ND stated the former HM stole "thousands" of dollars.</p> <p>On 11/5/14 at 11:23 AM, the facility's policy, Individual Rights and Protections, dated 1/1/12, indicated, in part, "Customers have the right: To be free from all forms of discrimination, harassment, humiliation and cruel or unusual punishment, including forced</p>			

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	<p>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, "Physical Abuse: Knowingly or intentionally touching another person in a rude, insolent, or angry manner. Includes hitting, pinching, forced physical activity, willful infliction of injury, unnecessary physical or chemical restraints or isolation, practices that deny an individual of sleep, shelter, physical movement for extended periods of time and/or use of bathroom facilities, application of painful or noxious stimuli and punishment resulting in physical harm or pain. Neglect: Placing a customer in a situation that may endanger his or her life or health; abandoning or cruelly confining a customer; depriving a customer of necessary support including food, shelter, medical care, or technology. Exploitation: Unauthorized use of a customer or his or her resources for one ' s own profit or advantage. Includes any deliberate misplacement, exploitation, or wrongful temporary or</p>			

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W000157	<p>permanent use of an individual ' s belongings or money."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 19 incident/investigative reports reviewed affecting client #3, the facility failed to implement the corrective action recommended to address a medication error.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/5/14 at 11:34 AM and indicated the following: On 5/11/14 at 8:00 PM, client #3 received 500 mg (milligrams) of Depakote (aggression and self injurious behavior). Client #3 was prescribed 1000 mg of Depakote. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 5/12/14, indicated in the Plan to Resolve</p>	W000157	To correct the deficient practice, the Home Manager will receive corrective action, as recommended by the BDDS report dated 5/12/14. To ensure the deficient practice does not continue, the ND/Q will receive retraining on the importance of completing all corrective action, and will review LifeDesigns policies/ procedures related to medication errors and the necessary corrective action . Per LifeDesigns' policy 3.1.5.3 Investigations, each investigation will include recommendations that explicitly define who is to complete the recommendation and the timeframe for completion, and who is to receive and monitor the completed recommendations (Director of Services and Human Resources, if applicable). The person responsible for monitoring will ensure the actions are completed within the time frame, all concerns/ issues reported or discovered have been addressed,	12/05/2014

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W000249	<p>section, "Home Manager will received (sic) medication error corrective action as he was responsible for the medication pass while observing new hire." There was no documentation the Home Manager received corrective action as indicated in the BDDS report.</p> <p>On 11/5/14 at 11:30 AM, the Network Director (ND) indicated he was unable to locate the documentation verifying the corrective action was taken with the Home Manager for the 5/11/14 medication error.</p> <p>9-3-2(a)</p> <p>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.</p> <p>Based on observation, record review and interview for 1 of 2 clients in the sample (#4), the facility failed to ensure staff implemented his medication administration training objective as written.</p>	W000249	<p>and documentation is forwarded to the employee personnel file and investigation file. The Health Services Director will provide ongoing monitoring of all agency medication errors and completion of corrective action. She reports trends related to medication errors to the agency Health and Safety Committee on a monthly basis for recommendations on how to prevent future errors.</p> <p>To correct the deficient practice and prevent it's recurrence, all staff will be retrained on all customer's medication training objectives. The ND/Q will complete medication administration observations twice weekly for a period of one month</p>	12/05/2014			

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	<p>Findings include:</p> <p>An observation was conducted at the group home on 11/6/14 from 6:18 AM to 8:13 AM. At 7:25 AM, client #4 received his medications from the Home Manager (HM). During the medication pass to client #4, the HM did not prompt client #4 to read his copy of the Medication Administration Record (MAR). The HM informed client #4 of the medications, side effects and rationale he was administering but did not prompt client #4 to name his medications, rationale and side effects. The HM did not prompt client #4 to initial the MAR after the first three medications.</p> <p>A review of client #4's record was conducted on 11/6/14 at 11:04 AM. Client #4's Individual Support Plan (ISP), dated 7/10/14, indicated he had a medication training objective to read his copy of the MAR, state the name, rationale and side effects of the medications. He will initial the MAR after the first 3 medications.</p> <p>On 11/6/14 at 11:15 AM, the Network Director (ND) indicated client #4's medication training objective should be implemented as written at each medication pass. The ND indicated he</p>		to ensure staff are implementing plans as written. Ongoing monitoring will be accomplished through regular observations by the Team Manager, who works full time in the home and is responsible, along with all DSPS in the home, for ensuring that objectives are carried out during formal/information training opportunities. The Team Manager is responsible for working alongside staff to provide ongoing supervision and support. Additionally, the ND/Q is in the home no less than twice weekly.		

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W000259	<p>thought he had revised client #4's medication training objective but since it was still in the plan the objective should be implemented as written. The ND indicated the medication training objective should be to state the rationale at each medication pass but he did not revise the plan.</p> <p>On 11/6/14 at 10:50 AM, the Home Manager (HM) indicated client #4's medication training objective should be implemented during the evening medication pass. The HM indicated client #4's medication training objective was to indicate the side effects of his medications during the evening medication pass.</p> <p>9-3-4(a)</p> <p>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 1 of 2 clients in the sample (#4), the facility failed to review client #4's comprehensive functional assessment for relevancy and updated as needed, at least annually.</p>	W000259	Client #4's comprehensive functional assessment has now been updated. To ensure no others were affected by the deficient practice, the ND/Q will review records for all others living in the home, and complete functional assessments for any	12/05/2014

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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WINSLOW RD BLOOMINGTON, IN 47401
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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
W000323	<p>Findings include:</p> <p>A review of client #4's record was conducted on 11/6/14 at 11:04 AM. Client #4's most recent comprehensive functional assessment was dated 10/8/13. There was no documentation in client #4's record indicating client #4's assessment was reviewed for relevancy and updated as needed, at least annually.</p> <p>On 11/6/14 at 11:27 AM, the Network Director (ND) indicated client #4's assessment should be reviewed annually.</p> <p>9-3-4(a)</p> <p>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 1 of 2 clients in the sample (#1), the facility failed to ensure client #1's vision and hearing were evaluated annually.</p> <p>Findings include:</p> <p>On 11/6/14 at 11:49 AM, a review of client #1's record was conducted. Client</p>	W000323	<p>others who do not have a current one. To prevent the deficient practice from recurring, the ND/Q will be retrained on the annual process, which includes an update to the functional assessment. Ongoing monitoring will be accomplished through the completion of the Residential Services Monthly Report, which includes the date of the last functional assessment. The Monthly Report is completed by the ND/Q for each individual living in the home, and submitted to the DORS and CEO for review.</p> <p>Client #1's hearing and vision were evaluated at the most recent physical exam on 11/19/14, so documentation will be obtained from the physician to indicate this. The Nurse assigned to the home will review all other customer records to ensure no others were affected by the deficient practice. To prevent the deficient practice from recurring, the Medical Coordinator will be retrained on</p>	12/05/2014

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	<p>#1's most recent vision examination was dated 10/11/12. The Medical/Dental/Visit Consult, dated 10/11/12, indicated, "RTC (return to clinic): 1-2 years for complete eye exam." Client #1's most recent physical exam, dated 11/25/13, indicated client #1's vision was not evaluated. The section on the consult was blank. Client #1's most recent hearing examination was dated 4/26/13. Client #1's most recent physical exam, dated 11/25/13, indicated client #1's hearing was not evaluated. The section on the consult was blank.</p> <p>On 11/6/14 at 12:25 PM, the Network Director (ND) indicated the clients should have annual evaluations of their hearing and vision.</p> <p>9-3-6(a)</p>		<p>the requirements for appointments, and to ensure documentation is complete prior to leaving an appointment. Additionally, the monthly nursing notes now include a section that allows the nurse to keep track of all regular appointment requirements/ dates, to ensure all are current. Ongoing monitoring will be accomplished through the Residential Services Monthly Summary, which is completed by the ND/Q for each individual in the home, and includes the dates of all required appointments. The Monthly Summaries are forwarded each month to the DORS and CEO for review.</p>				
W000440	<p>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 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to conduct quarterly evacuation drills for each shift.</p> <p>Findings include:</p>	W000440	<p>To correct the deficient practice, a drill schedule has been posted. Staff will be provided additional training related to the timeframes in which drills must be completed. To ensure the deficient practice does not continue, the Team Manager will complete a weekly report that summarizes events for</p>	12/05/2014			

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	<p>On 11/5/14 at 6:59 PM a review of the facility's evacuation drills for clients #1, #2, #3 and #4 was conducted and indicated the following: There were no evacuation drills conducted during the day shift (6:00 AM to 2:00 PM) from 11/5/13 to 2/27/14 and 5/17/14 to 9/29/14. During the evening shift (2:00 PM to 10:00 PM), there were no evacuation drills conducted from 11/5/13 to 3/4/14.</p> <p>On 11/5/14 at 7:05 PM, the Network Director (ND) indicated the facility should conduct one drill per shift every 90 days.</p> <p>On 11/6/14 at 11:00 AM, the Home Manager indicated the facility should conduct one drill per shift per quarter.</p> <p>9-3-7(a)</p>		<p>each customer in the home, including completed drills, as well as any needed follow up. The Team Manager, ND/Q will meet weekly at the home to review current status of individuals living in the home, support needs of staff and to ensure follow up related to any identified issues or concerns. The ND/Q will complete a quarterly Quality Assurance Review to ensure all drills in the home are current. The QA review is submitted to the DRS, as well as the Quality Assurance Director for tracking and trending purposes. The QAD report is submitted to the CEO to be included as part of the monthly report to the LifeDesigns Board of Directors.</p>				