DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G610	A. BUILDING 00 B. WING	10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	2727 N DUNN BLOOMINGTON, IN 47408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for the investigation of complaint #IN00135018. Complaint #IN00135018: Substantiated. Federal/state deficiencies related to the allegation are cited at W149 and W331. Unrelated deficiencies cited. Survey Dates: September 30, October 1, 2, 3, and 4, 2013. Facility Number: 001172 Provider Number: 15G610 AIM Number: 100240110 Surveyor: Steven Schwing, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/9/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.			
	Based on observation, record review and interview for 4 of 4 clients living in the group home (A, B, C and D), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) corrective action was taken addressing the fire alarms activating due to staff's cooking and 2) client B's room did not smell of urine and his mattress and box springs were protected from enuresis (bed wetting). Findings include: 1) An observation was conducted at the group home on 9/30/13 from 3:25 PM to 4:52 PM. At 3:55 PM, the Program Director (PD) turned on the back left burner on the stove. Once the burner heated up, the burner started smoking. The PD indicated the elements and pans needed to be cleaned. A review of the facility's incident/investigative reports was conducted on 9/30/13 at 1:24 PM. -On 8/21/13 at 1:00 AM, the overnight staff cleaned the oven during the shift. The Bureau of Developmental Disabilities	W000104	In reviewing the various incidences of the smoke alarm goingoff, it has been determined that often the reason for the alarms going off isdue to improper ventilation above the stove, and not due to staff's poorcooking skills. To address the fire alarms being activated, the pots and pansin the home have been replaced. The stove coils/ drip pans have been cleaned,and staff will be re-trained on thoroughly cleaning the coils to ensure allresidue is removed, and how often this should be done. The range hood will be replaced with a hoodthat will more effectively draw any smoke up, instead of out into the livingroom. In order to ensure this deficient practice does not happenin the future, the Network Director will review all instances of the smokealarm being activated to determine the cause for the activation, and develop aplan to address the cause. All follow up action taken will be documented on theUnusual Incident Report Form and forwarded to the Director of ResidentialServices for review. The Director ofSupport Services reviews all agency BDDS incident reports, and will ensure allongoing monitoring by	11/03/2013

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	Services (BDDS) reports, dated 8/21/13, for clients A, B, C and D indicated, in part, "He wanted to ensure he had thoroughly cleaned it and set the oven to preheat. The oven began to smoke some from oven cleaner residue and set off the fire system sensor. Staff evacuated the individuals in the home and called the fire system company and made them aware of the situation. The fire department sent a truck to the home just to verify there was no problem." The BDDS Follow-up Report, dated 8/27/13, indicated future incidents of this nature would be prevented by, "Management will discuss proper cleaning of the stove and oven at the next staff meeting, including making sure all oven cleaner residue is correctly cleaned out of the oven." The facility did not complete a drill report for the fire alarm. -On 7/18/13 at 12:05 PM, staff were preparing lunch and were cooking bratwurst. Smoke from the food cooking set off the fire alarm system. The BDDS report, dated 7/18/13, indicated, "Will talk with staff about the importance of watching the flame while cooking and cooking with a lower heat setting." This affected clients B, C and D (client A was at an appointment). This Drill Report, dated 7/18/13, did not include corrective action to be taken. The section was		requesting follow up and monitoring status for anyincidences of the smoke alarm being activated. The mattress and box springs for client B have been replacedand covered with a full waterproof mattress cover. Client B was tested for atUTI after the incidences of enuresis confirm there was not a medicalcause. Since enuresis has not been anissue in the past, tracking will be put in place to help identify the reasonfor the enuresis. The QDDP will completean updated Functional Assessment for Client B and develop a plan to address hisnighttime enuresis .In order to identify other individuals that may have beenaffected by the deficient practice, the QDDP will review all customerFunctional Assessments at the next staff meeting to ensure they are accurate.If any amendments are made, Support Plans will be updated to reflect thosechanges. To ensure the deficient practicedoes not recur, all staff in the home will be re-trained on when to inform theQDDP regarding changes in customer behavior or status so that appropriateactive treatment plans can be developed and implemented. The corrective action will bemonitored through the Team Manager weekly audits that identify if there is anodor present in the home and a place todocument resolution to deficient	

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	blank. -On 7/3/13 at 8:30 AM, staff reported melting butter in a pan on the stove while cooking breakfast. The smoke from the melting butter set off the fire alarm system. This affected clients A, B, C and D. The Drill Report, dated 7/3/13, indicated, "This was a false alarm. I was beginning to cook pancakes and had just sprayed spray butter into the pan. While assisting a consumer, the pan got hot causing the butter to smoke. The fire alarm was triggered." The form's section for corrective action to be taken was blank. -On 5/13/13 at 11:30 AM (reported to BDDS on 5/18/13), staff were cooking bacon for lunch. The smoke from the frying bacon set off the fire alarm system when there was no actual fire. The report indicated, "Company maintenance is working with [name of fire system maintenance company] to see if we can get a different sensor in the kitchen area. Will also discuss with maintenance the possibility of the overhead fan not being powerful enough to keep smoke from cooking going up the exhaust." The facility did not complete a drill report for the fire alarm. This affected clients A, B, C and D.		practices.	

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	-On 4/23/13 at 6:30 PM, staff were frying hamburgers for dinner and had the heat too high. The pan produced some smoke and set off the fire alarm system. The report indicated, "Maintenance is going to check with [name of fire system maintenance company] and see if there is a different type of system/sensor to use in the kitchen to help prevent further false alarms from occurring." The facility did not complete a drill report for the fire alarm. This affected clients A, B, C and D. -On 3/15/13 at 6:50 PM, staff were baking a cake that had marshmallows on top. The marshmallows began to melt and fell to the bottom of the stove. This caused the stove to smoke as the marshmallows burned onto the bottom of the oven. The smoke alarms went off and the fire system sent the firetrucks to the home. The facility did not complete a drill report for the fire alarm. This affected clients A, B, C and D. -On 12/22/12 at 11:25 AM, staff were preparing lunch and set a pan on the stove. When the stove burner heated up, the pan appeared to have not been cleaned completely on the outside and began to smoke while on the burner. Staff removed the pan to the sink and reported there was no fire, just smoke. The fire			

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	alarms went off and staff removed the individuals from the home to a safe area outside with no concerns. The BDDS report, dated 12/22/12, indicated, "QDDP (Qualified Developmental Disabilities Professional) and Network Director will review proper dish cleaning procedures and double checking dishes for leftover residue at the next staff meeting." The facility did not complete a drill report for the fire alarm. This affected clients B, C and D. On 9/30/13 at 3:28 PM, the PD indicated maintenance staff were in contact with the fire alarm maintenance company. The PD indicated there was discussion about moving the sensor. The PD indicated new burners and pans were installed on the stove. The PD indicated the incidents were with different staff each time a false alarm occurred. A review of an email, dated 7/18/13, was conducted on 10/2/13 at 4:38 PM. The Qualified Intellectual Disabilities Professional (QIDP) indicated in her email, "Over the past 7 months, we have had 6 fire alarm issues that resulted in a fire truck visit at [name of group home]. I have talked with [maintenance] concerning the sensitivity of the system in the kitchen. He spoke with [name of fire alarm maintenance company] and they			

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said there was nothing that can be done. Staff have reported that the overhead fan does not really work well on the stove. I shared this with [maintenance] also a few months ago and he said [name of Chief Operating Officer] won't okay it to be fixed as he doesn't think there is a problem (pretty sure that's what he said). I'm not sure how to respond to the BDDS report about what is being done about it anymore, I've used 'Will re-train staff on cooking safety' for about 4-5 of them. But honestly, I'm not sure it's all staff, I have older ladies who know how to cook working here today (and the last alarm - which was melting butter) and this happened while cooking bratwurst for lunch. Any suggestions?"

On 10/1/13 at 12:56 PM, the QIDP indicated the facility should complete fire drill reports for the false alarms due to staff cooking/cleaning. The QIDP indicated she has asked others at the facility for assistance with addressing the issue however she had not received any assistance. The QIDP indicated there was a heat sensor in the kitchen area and a smoke detector in the living room. The QIDP indicated the smoke was drifting over to the living room smoke detector and setting off the alarm. The QIDP indicated the maintenance staff spoke to the alarm system maintenance company

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	and there was nothing they could do. The QIDP stated, "nothing has been done." On 10/2/13 at 10:51 AM, the Maintenance Staff (MS) indicated he had the fire alarm system maintenance company to the home to assess the alarm system. The MS indicated there was nothing wrong with the system. The MS indicated sensor in the kitchen area was a heat sensor. The smoke detector was located in the living room. The MS indicated the staff were burning food causing the system to go off. The staff complained the hood vent was not removing the smoke. The MS indicated the hood vent was not designed to remove smoke. The MS indicated the staff did not seem to understand the fire alarm system alarming while cooking was not normal. The MS indicated he had heard talk of the facility providing staff training on cooking but he was not sure if it was implemented or not. The MS indicated the pans under the burners and the burners needed to be cleaned regularly. The MS indicated he had replaced the pans on a regular basis. 2) On 10/1/13 at 2:17 PM while visiting the group home to conduct record reviews and interviews, staff #2 was observed to have moved client B's mattress and box springs outside to the back porch. Upon			

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	inspection, the mattress and box springs were soaked with urine. The underside of the box spring was rusted in the areas where the wet cloth of the box spring bottom was touching the metal coils of the box spring. Client B's bedroom smelled of urine even though the mattress and box springs were on the back porch. On 10/2/13 at 2:17 PM, staff #2 indicated she moved the mattress and box springs outside to air out. Staff #2 indicated client B had wet the bed causing both to be soaked with urine. Staff #2 indicated client B had an on-going issue with wetting the bed. On 10/2/13 at 2:17 PM, the QIDP indicated she was not aware of client B's issue of wetting the bed. The QIDP indicated she contacted the Program Director who was going to bring another mattress and box spring to the home for client B to use. The QIDP indicated the bed and box spring needed to be replaced. On 10/3/13 at 8:26 AM, staff #9 indicated client B's bed and pajamas were wet when client B woke up on 10/3/13. Staff #9 indicated she had worked at the group home for 9 months and the bed wetting started, to her knowledge, last week. 9-3-1(a)			

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W000149	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 16 of 34 incident/investigative reports reviewed affecting clients A, B, C and D, the facility neglected to implement its policies and procedures to prevent abuse and neglect of the clients and conduct investigations of client to client abuse at school. Findings include: A review of the facility's incident/investigative reports was conducted on 9/30/13 at 1:24 PM. 1) On 6/26/13 at 5:04 PM, the Bureau of Developmental Disabilities Services (BDDS) report, dated 6/27/13 indicated, in part, "[Client A] had been having a rough day and was having SIB (self-injurious behavior) (hitting himself with open palm on his jaw line) throughout the day. He generally has the behavior on and off through the day, but this particular day was non-stop. Staff had tried keeping him busy, redirection, active ignoral, and blocking his blows, as according to his behavior plan. Staff report that any interaction just made it worse. The previous day (6/25/13) his	W000149	Investigations will be completed for the 9/16/13 and 9/17/13incidents at school involving client B. In order to identify others that mayhave been affected by the deficient practice, the Quality Assurance Directorwill review incident reports for all individuals in the home to ensure aninvestigation was completed for all instances of alleged abuse, including peerto peer abuse in all environments. Systemically, the LifeDesigns policy oninvestigations has been revised to clarify that all reports of alleged abuse,neglect or exploitation will be forwarded to the Director of Support Services, who will assign theinvestigation to an available investigator (this could include the QualityAssurance Director, any Director of Services, Network Director, the ChiefOperating Officer, or Chief Executive Officer). All residential supervisory staff have beentrained on the policy, as revised. Additionally,the Director of Support Services receives all notifications of BDDS reportsfiled directly from BDDS, and will ensure an investigation is completed for allallegations. To ensure the deficient practice does not recur, the Director ofSupport Services and Quality Assurance	11/03/2013

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	mom had come to visit and he had been missing her and living at her home since he moved in to the group home in March. It is believed by the team that this was the cause of the severe SIB on this incident date. [Client A] normally had an SIB 'aggravated' spot on his jawline. As the day went on and the SIB continued, the spot grew larger. Staff notified the nurse and it was decided to take him to the emergency room (ER) to have the spot checked." 2) On 6/27/13 at 5:40 PM, the BDDS report, dated 6/28/13, indicated the following, in part, "[Client A] had a several (sic) SIBs the previous day. He was taken to the ER. On this incident date, the SIB's continued when he woke up for the day. [Client A] hits himself on the face at his jawline. Staff minimized the behavior with redirection throughout the day while a plan for the PRN (as needed) medication was developed by the nurse and emergency approval was obtained from HRC (Human Rights Committee). Team will meet on 7/1/13 to discuss the new occurrence of this behavior. The behavior had been present since [client A] moved into the group home in March, but it was not as frequent and the hits were not as hard to his face... A more precise plan will be developed by the team at the meeting on 7/1/13."		Director will review monthly the BDDSreport tracking, in comparison with the investigation tracking, to ensure allinvestigations have been completed.	

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	3) On 6/28/13 at 7:15 AM, the BDDS report, dated 6/28/13, indicated the following, "[Client A] has been participating in severe SIB behavior for the past few days. Staff are constantly making attempts to redirect and keep his hands busy." A PRN of Ativan 1 milligram (mg) was administered. 4) On 6/28/13 at 8:15 PM, the BDDS report, dated 6/29/13, indicated the following, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." A PRN of Ativan 1 mg was administered. 5) On 6/29/13 at 7:30 AM, the BDDS report, dated 6/29/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. [Client A] began having SIB after he awakened for the day. Staff tried keeping			

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	him busy but could not get him to calm." A PRN of Ativan 1 mg was administered. 6) On 6/29/13 at 8:15 PM, the BDDS report, dated 6/29/13, indicated the following, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. [Client A's] stepdad stopped for a visit today and took him out of the home for awhile to spend a little time away. This seemed to help for most of the remainder of the day. SIB's were down to every 2-5 minutes instead of every minute. Behavior picked back up again towards evening." A PRN of Ativan 1 mg was administered. 7) On 6/30/13 at 10:30 AM, the BDDS report, dated 6/30/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." A PRN of Ativan 1 mg was administered.			

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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
	8) On 7/2/13 at 5:45 PM, the BDDS report, dated 7/3/13, indicated, in part, "[Client A] has been having severe self-injurious behavior since 6/26/13. As part of an IDT (interdisciplinary team) meeting concerning this behavior, an appt (appointment) to see his PCP (primary care physician) was made due to the nature of the injuries to his face. Due to his psychiatrist being out of the office for the next week and a neuro (neurologist) appt scheduled in September (cannot get a closer date) and the level of the SIB, his PCP wanted him to be seen at the [name of hospital] emergency room. [Name of hospital] ER did not wish to perform an MRI (magnetic resonance imaging) to check him neurologically due to him needing an extensive MRI. He is needing an extensive MRI due to this behavior at the same time last year. Last year he had a regular MRI that showed the results as normal, but due to concerns with his change in gait, speech, and using his left hand instead of his right (after years of being right handed) his mom disputed the normal diagnosis with his past neurologist. The neuro decided to do a more extensive MRI, but did not schedule it due to [client A] moving into the group home in March and changing neurologists after the move. The new neurologist did not have any available appts until			

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	15G610	A. BUILDING 00 B. WING	10/04/2013

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	September 2013. [Name of ER] referred us to their pediatric neurologist and his appt date has been set for ASAP (as soon as possible). He will be getting an extensive MRI to see if he has suffered any neurological damage from his severe SIB." The follow-up BDDS report, dated 7/3/13, indicated, "QDDP (Qualified Developmental Disabilities Professional) forgot to mention in the original report that the [name of ER] gave [client A] an order for Haldol mg (no amount indicated) twice a day, or as needed. This med can be given routinely or as a behavior PRN, for the next 7 days. QDDP is obtaining HRC approval before this med is introduced." A second follow-up report, dated 7/5/13, indicated, in part, "[Client A] has a small red spot on the right side of his cheek and a 3-4 inch abrasion on his left cheek." 9) On 7/4/13 at 8:00 AM, the BDDS report, dated 7/5/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. [Client A] has been to the [name of ER] for an evaluation and saw his PCP on			

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	both (sic) on 7/2/13. [Name of ER] set him up with their pediatric neurology department to evaluate his injuries from the face-slapping and determine if he is doing neurological damage to himself. While at [name of ER], [client A] was prescribed Haldol 5 mg BID (twice per day), as needed, to assist with minimalizing the SIB until he can be seen by the psychiatrist." A PRN of Haldol 5 mg was given on this date and time. The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med passes. QDDP is aware of this pre-authorization." 10) On 7/4/13 at 8:00 PM, the BDDS report, dated 7/5/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." A PRN of Haldol 5 mg was given on this date and time. The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med			

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	passes. QDDP is aware of this pre-authorization." 11) On 7/5/13 at 8:00 AM, the BDDS report, dated 7/5/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. We have followed up with [client A's] PCP on 7/5/13. She increased his Zoloft from 100 mg to 150 mg." A PRN of Haldol 5 mg was given on this date and time. The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med passes. QDDP is aware of this pre-authorization." 12) On 7/5/13 at 8:00 PM, the BDDS report, dated 7/6/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." The			

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	report indicated, "5 mg Haldol was given at 7 pm on 7/5/13, 7 am on 7/6/13 and 3 pm on 7/6/13. The medication appears to be effective as [client A] has not had any episodes of severe SIBs." This medication was prescribed as needed, twice daily to see if it will be beneficial to [client A] and at least slow down the instances of SIB. So far this medication is being partially helpful in slowing down the SIB." 13) On 7/7/13 at 8:30 PM, the BDDS report, dated 7/8/13, indicated, in part, "[Client A] was prescribed a new medication (Haldol) for severe SIB on Friday, 7/5/13. On Saturday he was not acting right (drowsy, confusion) but it was thought to be just a change in medications. By Sunday afternoon the symptoms had increased so the nurse was called. She recommended that the 3 pm dose not be given, which he did not get. By 8:00 pm [client A] was not his usual self by not wanting to eat but had involuntary muscle movements. The nurse was called again and she said to take him to the emergency room, which staff did. The ER doctor said that [client A] was having a Dystonic Drug reaction to the Haldol and said to stop the Haldol and follow up with his primary care physician as soon as possible. An appointment was made and he had an			

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	appointment scheduled for 2:15 (no am or pm) today (7/8/13)." The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7am and 8pm med passes. QDDP is aware of this pre-authorization." 14) On 7/20/13 at 12:30 PM, a parent (client B's guardian) came to visit the group home. When she arrived, she observed what appeared to be a male staff (former staff #11) asleep on the couch. The incident was reported to the QIDP on 7/24/13. At the time of the incident, another staff (#5) was on shift and all individuals were safe and accounted for during the incident. This affected clients A, B, C and D. The investigative report, dated 7/26/13, indicated in the Findings section, "It is confirmed that [staff #11] was sleeping while on shift. [Client B's] mother and staff (#5) confirmed the allegation. [Staff #5] did not immediately notify the administrator on-call of the incident." The facility substantiated (the findings support the alleged event as described) the allegation of neglect. 15) On 9/16/13 at 10:50 AM, client B, while at school, was sitting listening to music on an iPad when another student was walking around the room. The other			

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student walked behind client B and hit him on the right side of his face. Client B was given an ice pack by the school nurse due to a red mark observed on his right cheek. The facility did not provide documentation the incident was investigated.

16) On 9/17/13 at 10:00 AM, client B, while at school, was heading back to the classroom from gym class and saw a bottle of water another student was holding. Client B approached the student. Client B was too close and the other student struck him on his right shoulder. No injury was found. The facility did not provide documentation the incident was investigated.

A review of client A's record was conducted on 10/1/13 at 12:58 PM. There was no documentation in client A's record indicating the group home nurse or Director of Nursing conducted an assessment of client A's injuries from 6/26/13 to 7/7/13. The record contained a monthly assessment completed on 7/8, 12, and 14 of 2013. The monthly assessment indicated, in part, "Periodic SIB every few minutes or so. Large open area now resolving of L (left) side of face along jawline. Has antibiotics for this and being treated. Still presses on face a lot." There was no documentation in client A's record

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	of the program the school sent for the group home to implement over the summer break. A review of the facility's policy and procedure for abuse/neglect, titled Investigative Incident Report Process, dated 2/6/12, was reviewed on 9/30/13 at 1:17 PM. The policy indicated, in part, "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: 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. Upon receiving the verbal allegation the Christole Administrator will: Complete a thorough review of all incident investigations, make necessary recommendations, sign off and close out all investigations." The policy indicated, "Ensure safety of person receiving services during the investigation. g.			

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	Complete a comprehensive report utilizing the approved format within 72 hours (3 days), of the incident, h. Submit the Report to the Administrators for review, i. If recommendations are approved by Administrators. j. Ensure all recommendations are carried out and documentation is in file. k. Complete all investigations/incident reviews within five (5) working days." An interview with the nurse (LPN) was attempted on 10/2/13 at 10:07 AM however the nurse was on leave during the survey. On 10/2/13 at 3:04 PM, the Director of Nursing Services (DON) indicated she did not conduct an assessment of client A. On 9/30/13 at 3:28 PM, the Program Director (PD) indicated from 6/28/13 until when school started client A engaged in SIB. The PD indicated the SIB could have been caused by a lack of structure client A gets while in school. The PD attributed the reduction of SIB to client A starting back to school. The PD stated client to client aggression at school "should be looked in to." On 10/2/13 at 3:03 PM, client A's guardian indicated the group home may have prevented the self-injurious behavior			

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	client A engaged in by implementing the summer school program the school created and provided to the group home at the end of the school year. The guardian indicated she provided information to the group home regarding the SIB client A engaged in last year during the summer in order to not have a repeat of the incidents this summer. The guardian indicated client A needed to have a structured day with clear expectations in his schedule with no down time. On 10/3/13 at 10:04 AM, client A's stepfather stated the "group home was negligent" for failing to keep client A safe from harming himself. Client A's stepfather stated, "The group home failed to protect him." He indicated client A needed to have a plan in place for the summer when school was out. He indicated the group home did not put the plan in place or attempt to put the plan in place until client A was engaging in SIB. He indicated the group home was not proactive in getting the plan in place. On 10/1/13 at 11:08 AM, an interview with client A's teacher was conducted. The teacher indicated when client A returned to school from the summer break, it looked like he had had a stroke. Client A's verbal communication had regressed. Client A required two on one			

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	staffing to stop the SIB. The teacher indicated client A had bruises all over his body including a large open wound on his left jawline. The teacher indicated she provided the group home with activities to do over the summer for 2 hours per day. The teacher indicated she was told by the group home the materials were not received until 3 weeks into the summer break however she was unsure when the materials were delivered. The teacher indicated the SIB stopped once client A was back into a consistent routine with a schedule. On 10/1/13 at 12:56 PM, the QIDP indicated the IDT scheduled to be held on 6/2813 (as indicated in the 6/26/13 BDDS report) was rescheduled and held on 7/1/13. The QIDP indicated once client A started back to school, his SIB dropped suddenly at home. The QIDP indicated client A's guardian did not want restraint for client A's SIB. The guardian thought restraint would encourage the behavior and make the SIB worse. The QIDP indicated blocking was added to the plan. The QIDP stated the facility "struggled" with keeping client A safe and what the guardian wanted. The staff attempted to keep a strict schedule however client A refused to participate. Client A was difficult to get out of his room. Most behaviors occurred while in the common			

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	areas of the home. Client A rarely hit himself when in his room unless staff prompted him to do something or gave him attention. The QIDP indicated she did not observe the facility nurse at the home during the time of his SIB conducting an assessment. The QIDP indicated she looked for nursing notes but was unable to locate any with the exception of the monthly assessments. The QIDP indicated she had not seen the Director of Nursing at the group home conducting an assessment. The QIDP indicated she had never seen the DON at the group home. The QIDP indicated when the guardian observed the injury, the guardian indicated it was nothing compared to the injuries he caused last year when he lived at home. When the stepdad observed client A and his behavior, the stepdad indicated on a scale of 1 to 10, what the group home was seeing was a 2. The QIDP indicated the materials from the school were not received from the school until school had been out for 3 weeks. The QIDP stated the incidents at school involving client B "should be looked into." The QIDP indicated she spoke to the teacher about the incidents involving client B but did not have documentation of their conversation. This federal tag relates to complaint			

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W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.			
	Based on record review and interview for 2 of 34 incident/investigative reports reviewed affecting client B, the facility failed to conduct investigations of client to client abuse at school. Findings include: A review of the facility's incident/investigative reports was conducted on 9/30/13 at 1:24 PM. 1) On 9/16/13 at 10:50 AM, client B, while at school, was sitting listening to music on an iPad when another student was walking around the room. The other student walked behind client B and hit him on the right side of his face. Client B was given an ice pack by the school nurse due to a red mark observed on his right cheek. The facility did not provide documentation the incident was investigated. 2) On 9/17/13 at 10:00 AM, client B, while at school, was heading back to the classroom from gym class and saw a bottle of water another student was holding. Client B approached the student. Client B was too close and the other	W000154	Investigations will be completed for the 9/16/13 and 9/17/13incidents at school involving client B. In order to identify others that mayhave been affected by the deficient practice, the Quality Assurance Directorwill review incident reports for all individuals in the home to ensure aninvestigation was completed for all instances of alleged abuse, including peerto peer abuse in all environments. To ensure this does not occur going forward,the LifeDesigns' policy on investigations has been revised to clarify that allreports of alleged abuse, neglect or exploitation will be forwarded to theDirector of Support Services, who will assign the investigation to an available investigator (thiscould include the Quality Assurance Director, any Director of Services, NetworkDirector, the Chief Operating Officer, or Chief Executive Officer). Additionally, the Director of Support Servicesreceives all notifications of BDDS reports filed directly from BDDS, and willensure an investigation is completed for all allegations. All residentialsupervisory staff have been trained on the policy, as revised. To ensure the deficient practice does notrecur, the	11/03/2013

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	student struck him on his right shoulder. No injury was found. The facility did not provide documentation the incident was investigated. On 9/30/13 at 3:28 PM, the Program Director (PD) stated client to client aggression at school "should be looked in to." On 10/1/13 at 12:56 PM, the QIDP stated the incidents at school involving client B "should be looked into." The QIDP indicated she spoke to the teacher but did not have documentation of their conversation. 9-3-2(a)		Director of Support Services and Quality Assurance Director willreview quarterly the BDDS report tracking, in comparison with the investigationtracking, to ensure all investigations have been completed.	

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W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.			
	Based on observation, interview and record review for 1 of 2 clients in the sample (A), the facility failed to ensure the staff implemented client A's Replacement Skills Plan (RSP) as written. Findings include: An observation was conducted at the group home on 9/30/13 from 3:25 PM to 4:52 PM. Client A did not have picture exchange communication cards (PEC) in his bedroom. A review of client A's record was conducted on 10/1/13 at 12:58 PM. Client A's RSP, dated 7/10/13, indicated, in part, in the Proactive Measures section: "[Client A] will be encouraged to follow a very structured daily routine. **This is of the upmost** (sic) **importance.** a. [Client A's] morning schedule is located on his wall next to his bed. This schedule should always have his morning routine PEC cards. Staff should ensure this is set up correctly before [client A] starts his	W000249	To correct the deficient practice, Client A's PEC cards willbe implemented as written in his RSP. All staff will be re-trained at the nextstaff meeting. The TeamManager will observe staff at least 5 times per week for a period of 2 weeks toensure PEC cards are being used as described in the RSP. The Manager will provide coaching/re-training to staff if any issues are noted. If staff appear to beimplementing the PEC system successfully after 2 weeks, the Team Manager mayreduce observations of that specific activity to twice per week for a period of1 month. The Team Manager will continue to conduct observations of DSPinteractions with individuals, and implementation of all RSP strategies,through ongoing staff supervisions as part of the Quality Assurance process. In order to identify others who may beaffected by the deficient practice, the Director of Residential Services willreview all RSPs for the other individuals in the home to ensure that	11/03/2013

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	day. b. If there is no school, staff should have [client A] assist in setting up his next set of scheduled activities, as soon as he is finished with his morning routine. c. It should hold 6 activities/tasks and when these are finished, staff should assist [client A] in setting up another round of scheduled activities." A review, conducted on 10/1/13 at 3:14 PM, of an email, dated 9/13/13 at 11:16 AM, indicated the facility's Behavior Specialist sent an email to the Qualified Intellectual Disabilities Professional (QIDP). The email indicated, in part, "I think it would be beneficial for [client A] to choose his schedule for the day in order to make him feel more empowered and provide him with some consistency." On 10/3/13 at 8:43 AM, the QIDP indicated the PEC cards should be in client A's bedroom in order for the RSP to be implemented. 9-3-4(a)		allstrategies are being implemented as written. To ensure the deficient practice does not recur, the QDDP will bere-trained on her responsibilities in regards to implementation of the RSP andensure all elements of the RSP are in place and being implemented as written.Implementation of the RSP will be monitored on an ongoing basis as part of theagency Quality Assurance process through the Network Director quarterlychecklist and reported on at each customer's quarterly review.	

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W000259	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on observation, interview and record review for 1 of 2 non-sampled clients (B), the facility failed to ensure the client's comprehensive functional assessment (CFA) was reviewed and updated as needed. Findings include: On 10/1/13 at 2:17 PM while visiting the group home to conduct record reviews and interviews, staff #2 was observed to have moved client B's mattress and box springs outside to the back porch. Upon inspection, the mattress and box springs were soaked with urine. The underside of the box spring was rusted in the areas where the wet cloth of the box spring bottom was touching the metal coils of the box spring. Client B's bedroom smelled of urine even though the mattress and box springs were on the back porch. On 10/2/13 at 2:17 PM, staff #2 indicated she moved the mattress and box springs outside to air out. Staff #2 indicated client B had wet the bed causing both to be soaked with urine. Staff #2 indicated client B had an on-going issue with	W000259	To address the deficient practice, The QDDP will complete anupdated Functional Assessment for Client B and develop a plan to address hisnighttime enuresis .In order to identify other individuals that may have beenaffected by the deficient practice, the QDDP will review all customerFunctional Assessments at the next staff meeting to ensure they are accurate.If any amendments are made, Support Plans will be updated to reflect thosechanges. To ensure the deficientpractice does not recur, all staff in the home will be re-trained on when toinform the QDDP regarding changes in customer behavior or status so thatappropriate active treatment plans can be developed and implemented. Thecorrective action will be monitored through Team Manager weekly audits thatidentify if there is an odor present in the home and a place to documentresolution to any practices. Thecompleteness and accuracy of Functional Assessments is also reviewed by theNetwork Director as part of the regular LifeDesigns Quality Assurance process.	11/03/2013

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wetting the bed.

On 10/2/13 at 2:17 PM, the QIDP indicated she was not aware of client #2's issue of wetting the bed. The QIDP indicated she left a note in the staff communication log indicating the staff needed to inform her of issues such as client B wetting the bed. The QIDP indicated she had not assessed client B in the area of wetting the bed to address the issue. During the phone call with the QIDP, the QIDP asked the Medical Coordinator (MC) if he knew anything about client B having an issue of wetting the bed. The MC indicated he was not aware of the issue.

On 10/3/13 at 8:26 AM, staff #9 indicated client B's bed and pajamas were wet when he woke up on 10/3/13. Staff #9 indicated she had worked at the group home for 9 months and the bed wetting started, to her knowledge, last week. She indicated the issue may have been going on for longer however she worked 3 of the 7 overnights a week.

A review of client B's record was conducted on 10/3/13 at 8:35 AM. Client B's most recent CFA, dated 4/30/13, indicated "Yes I (independent) or initial cue only" for the following: has nighttime control, self initiates, indicates a need to

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	toilet, urinates in toilet, and demonstrates pattern of dryness. The CFA had not been updated since 4/30/13. 9-3-4(a)			

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 2 clients in the sample (A), the facility's nursing services failed to conduct an assessment of client A after incidents of self-injurious behavior resulting in emergency medical treatment. Findings include: A review of the facility's incident/investigative reports was conducted on 9/30/13 at 1:24 PM. 1) On 6/26/13 at 5:04 PM, the Bureau of Developmental Disabilities Services (BDDS) report, dated 6/27/13 indicated, in part, "[Client A] had been having a rough day and was having SIB (self-injurious behavior) (hitting himself with open palm on his jaw line) throughout the day. He generally has the behavior on and off through the day, but this particular day was non-stop. Staff had tried keeping him busy, redirection, active ignoral, and blocking his blows, as according to his behavior plan. Staff report that any interaction just made it worse. The previous day (6/25/13) his mom had come to visit and he had been missing her and living at her home since he moved in to the group home in March.	W000331	To address the deficient practice, the LifeDesigns healthcare coordination policy will be revised to state that if an individual has achange in medical status or condition requiring emergency medical attention, anagency nurse will complete an on-site assessment within 24 hours of theincident to ensure al medical orders are in place and being followed by staff.The Health Services Director (DON) will do a review of all customer medicalcharts and incident reports for the last 6 months for all other individualsliving in the home to ensure no other customers were affected by the deficientpractice. All agency nurses will betrained on the revised policy above and their related responsibilities toensure the deficient practice does not recur.. The Health Services Director (DON)will provide an analysis monthly of all emergency medical treatmentinterventions and related follow up to the Health & Safety Committee toreview to ensure ongoing monitoring	11/03/2013

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	It is believed by the team that this was the cause of the severe SIB on this incident date. [Client A] normally had an SIB 'aggravated' spot on his jawline. As the day went on and the SIB continued, the spot grew larger. Staff notified the nurse and it was decided to take him to the emergency room (ER) to have the spot checked." 2) On 6/27/13 at 5:40 PM, the BDDS report, dated 6/28/13, indicated the following, in part, "[Client A] had a several (sic) SIBs the previous day. He was taken to the ER. On this incident date, the SIB's continued when he woke up for the day. [Client A] hits himself on the face at his jawline. Staff minimized the behavior with redirection throughout the day while a plan for the PRN (as needed) medication was developed by the nurse and emergency approval was obtained from HRC (Human Rights Committee). Team will meet on 7/1/13 to discuss the new occurrence of this behavior. The behavior had been present since [client A] moved into the group home in March, but it was not as frequent and the hits were not as hard to his face... A more precise plan will be developed by the team at the meeting on 7/1/13." 3) On 6/28/13 at 7:15 AM, the BDDS report, dated 6/28/13, indicated the			

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	following, "[Client A] has been participating in severe SIB behavior for the past few days. Staff are constantly making attempts to redirect and keep his hands busy." A PRN of Ativan 1 milligram (mg) was administered. 4) On 6/28/13 at 8:15 PM, the BDDS report, dated 6/29/13, indicated the following, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." A PRN of Ativan 1 mg was administered. 5) On 6/29/13 at 7:30 AM, the BDDS report, dated 6/29/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. [Client A] began having SIB after he awakened for the day. Staff tried keeping him busy but could not get him to calm." A PRN of Ativan 1 mg was administered.			

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	6) On 6/29/13 at 8:15 PM, the BDDS report, dated 6/29/13, indicated the following, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. [Client A's] stepdad stopped for a visit today and took him out of the home for awhile to spend a little time away. This seemed to help for most of the remainder of the day. SIB's were down to every 2-5 minutes instead of every minute. Behavior picked back up again towards evening." A PRN of Ativan 1 mg was administered. 7) On 6/30/13 at 10:30 AM, the BDDS report, dated 6/30/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." A PRN of Ativan 1 mg was administered. 8) On 7/2/13 at 5:45 PM, the BDDS report, dated 7/3/13, indicated, in part,			

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	"[Client A] has been having severe self-injurious behavior since 6/26/13. As part of an IDT (interdisciplinary team) meeting concerning this behavior, an appt (appointment) to see his PCP (primary care physician) was made due to the nature of the injuries to his face. Due to his psychiatrist being out of the office for the next week and a neuro (neurologist) appt scheduled in September (cannot get a closer date) and the level of the SIB, his PCP wanted him to be seen at the [name of hospital] emergency room. [Name of hospital] ER did not wish to perform an MRI (magnetic resonance imaging) to check him neurologically due to him needing an extensive MRI. He is needing an extensive MRI due to this behavior at the same time last year. Last year he had a regular MRI that showed the results as normal, but due to concerns with his change in gait, speech, and using his left hand instead of his right (after years of being right handed) his mom disputed the normal diagnosis with his past neurologist. The neuro decided to do a more extensive MRI, but did not schedule it due to [client A] moving into the group home in March and changing neurologists after the move. The new neurologist did not have any available appts until September 2013. [Name of ER] referred us to their pediatric neurologist and his appt date has been set for ASAP (as soon			

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	as possible). He will be getting an extensive MRI to see if he has suffered any neurological damage from his severe SIB." The follow-up BDDS report, dated 7/3/13, indicated, "QDDP (Qualified Developmental Disabilities Professional) forgot to mention in the original report that the [name of ER] gave [client A] an order for Haldol mg (no amount indicated) twice a day, or as needed. This med can be given routinely or as a behavior PRN, for the next 7 days. QDDP is obtaining HRC approval before this med is introduced." A second follow-up report, dated 7/5/13, indicated, in part, "[Client A] has a small red spot on the right side of his cheek and a 3-4 inch abrasion on his left cheek." 9) On 7/4/13 at 8:00 AM, the BDDS report, dated 7/5/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. [Client A] has been to the [name of ER] for an evaluation and saw his PCP on both (sic) on 7/2/13. [Name of ER] set him up with their pediatric neurology department to evaluate his injuries from			

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	the face-slapping and determine if he is doing neurological damage to himself. While at [name of ER], [client A] was prescribed Haldol 5 mg BID (twice per day), as needed, to assist with minimalizing the SIB until he can be seen by the psychiatrist." A PRN of Haldol 5 mg was given on this date and time. The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med passes. QDDP is aware of this pre-authorization." 10) On 7/4/13 at 8:00 PM, the BDDS report, dated 7/5/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." A PRN of Haldol 5 mg was given on this date and time. The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med passes. QDDP is aware of this pre-authorization."			

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	11) On 7/5/13 at 8:00 AM, the BDDS report, dated 7/5/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day. We have followed up with [client A's] PCP on 7/5/13. She increased his Zoloft from 100 mg to 150 mg." A PRN of Haldol 5 mg was given on this date and time. The PRN section of the BDDS report indicated, in part, "Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med passes. QDDP is aware of this pre-authorization." 12) On 7/5/13 at 8:00 PM, the BDDS report, dated 7/6/13, indicated, in part, "[Client A] has been having SIB's approximately every minute since mom's visit on 6/26/13. It is believed the anxiety of moving into the group home in March and missing home started extreme anxiety. Staff are trying to keep [client A] on a very structured schedule and keep his hands busy throughout the day." The report indicated, "5 mg Haldol was given at 7pm on 7/5/13, 7am on 7/6/13 and 3p on 7/6/13. The medication appears to be			

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	effective as [client A] has not had any episodes of severe SIBs." This medication was prescribed as needed, twice daily to see if it will be beneficial to [client A] and at least slow down the instances of SIB. So far this medication is being partially helpful in slowing down the SIB." 13) On 7/7/13 at 8:30 PM, the BDDS report, dated 7/8/13, indicated, in part, "[Client A] was prescribed a new medication (Haldol) for severe SIB on Friday, 7/5/13. On Saturday he was not acting right (drowsy, confusion) but it was thought to be just a change in medications. By Sunday afternoon the symptoms had increased so the nurse was called. She recommended that the 3pm dose not be given, which he did not get. By 8:00pm [client A] was not his usual self by not wanting to eat but had involuntary muscle movements. The nurse was called again and she said to take him to the emergency room, which staff did. The ER doctor said that [client A] was having a Dystonic Drug reaction to the Haldol and said to stop the Haldol and follow up with his primary care physician as soon as possible. An appointment was made and he had an appointment scheduled for 2:15 (no am or pm) today (7/8/13)." The PRN section of the BDDS report indicated, in part,			

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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

"Nurse [name of nurse] pre-authorized the use of Haldol 5 mg to be given twice daily for the next 7 days at 7 am and 8 pm med passes. QDDP is aware of this pre-authorization."

A review of client A's record was conducted on 10/1/13 at 12:58 PM. There was no documentation in client A's record indicating the group home nurse or the Director of Nursing conducted an assessment of client A's injuries from 6/26/13 to 7/7/13. The record contained a monthly assessment completed on 7/8, 12, and 14 of 2013. The monthly assessment indicated, in part, "Periodic SIB every few minutes or so. Large open area now resolving of L (left) side of face along jawline. Has antibiotics for this and being treated. Still presses on face a lot."
Client A's Nursing Care Plan, dated 7/1/13, indicated the following in regard to self injurious behavior in the Nursing Responsibilities section, "Nurse to assess for injuries due to SIB or aggression to other/from others."

On 10/1/13 at 12:56 PM, the QIDP indicated she did not observe the facility nurse at the home during the time of his SIB conducting an assessment. The QIDP indicated she looked for nursing notes but was unable to locate any with the exception of the monthly assessment.

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	15G610	A. BUILDING 00 B. WING	10/04/2013

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	The QIDP indicated she had not seen the Director of Nursing at the group home conducting an assessment. The QIDP indicated she had never seen the DON at the group home. An interview with the nurse (Licensed Practical Nurse - LPN) was attempted on 10/2/13 at 10:07 AM however the nurse was on leave during the survey. On 10/2/13 at 3:04 PM, the Director of Nursing Services (DON) indicated she did not conduct an assessment of client A. The DON indicated she did not have documentation from the LPN indicating he conducted an assessment of client A between 6/26/13 and 7/7/13. On 10/3/13 at 12:33 PM, the DON indicated client A was being monitored by physicians and other professionals. The DON indicated the LPN was monitoring client A by reviewing the documents from appointments. The DON indicated the LPN was involved and aware of what was going on with client A. The DON indicated the LPN received nightly voicemails from staff. The DON stated, "[LPN] was on top on it." This federal tag relates to complaint #IN00135018. 9-3-6(a)			

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W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, interview and record review for 1 of 2 clients in the sample (A), the facility failed to ensure his recommended adaptive equipment was purchased and installed for client A's use. Findings include: An observation was conducted at the group home on 9/30/13 from 3:25 PM to 4:52 PM. During the observation, client A's cocoon swing was stored in a locked office. The installation hardware was stored in the Medical Coordinator's desk. There were no Christmas lights in client A's bedroom. On 10/1/13 at 3:14 PM, the QIDP forwarded an email from the Behavior Specialist. On 9/13/13 at 11:16 AM, the facility's Behavior Specialist sent an email to the Qualified Intellectual Disabilities Professional (QIDP). The email indicated, in part, "I just wanted to inform everyone of the recommendations and observations I have made regarding	W000436	Since, the agency administration had concerns related to thesafety of the swing, the OT has made a new recommendation for a glider chairand weighted blanket in order to meet client A's sensory needs. To address thedeficient practice, the chair and blanket will be purchased, and a protocoldeveloped for the use of the chair in accordance with OT recommendations. Allstaff will be trained on the plan. Christmas lights have been purchased andhung in client A's bedroom. The Director of Residential Services will review allcustomer charts to ensure all recommendations have been implemented. If anyitems are identified that are not currently in place, the DORS will work withthe QDDP to implement those recommendations within 1 week of identification. Toensure the deficient practice does not recur, the Medical Coordinators will bere-trained on their responsibilities regarding ensuring all appointmentrecommendations are followed and implemented in a timely manner. A system	11/03/2013

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	[client A] so that everyone is on the same page... I do recommend that we purchase some Christmas lights for his room to provide visual sensory stimulation." A review of client A's record was conducted on 10/1/13 at 12:58 PM. Client A's Team Meeting Record, dated 7/1/13, indicated in the TM (team meeting) Recommendations by priority section: 1) swing. The Team Meeting Notes section indicated, "Maintenance to put up swing." The Medical Appointment Record for an OT/PT (Occupational Therapy/Physical Therapy) evaluation, dated 7/24/13, indicated, "Recommended use of suspended swing and weighted blanket for vestibular (spacial awareness) and proprioceptive (touch) sensory input calming strategies. Provided handouts for safety tips with suspended equipment and weighted blanket options." The report indicated, "Swing recommendations: See handouts for 'Safety tips for suspended equipment.' Follow recommended guidelines for set-up and installation of purchased swing. Use swing as tolerated for vestibular sensory input with supervision." On 10/3/13 at 8:43 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated Christmas lights had not been installed in client A's bedroom. The		toclearly document appointment follow up will be developed, and nurses, MCs andTMs will be trained on this process. The nurses will review all medicalappointments and related follow up on at least monthly. Ongoing monitoring will be done as part of theagency Quality Assurance process through the Network Director quarterlychecklist.	

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	QIDP indicated the lights still needed to be obtained and installed. The QIDP indicated the swing was recommended by client A's team, including the guardian who supplied the swing, and the OT. On 10/2/13 at 1:50 PM, the QIDP indicated the COO (Chief Operating Officer) would not allow the swing to be installed due to potential for injury. The QIDP indicated the swing needed hooks to be drilled into the ceiling to hang the swing. On 10/3/13 at 8:41 AM, the Medical Coordinator (MC) indicated the swing was not installed due to the COO having concerns about installing the swing on the joists. The MC indicated there was an OT recommendation which the COO was provided with. The MC indicated the group home had all the installation hardware and the instructions to install the swing. The MC indicated the OT also provided instructions about how to safely use the swing. On 10/2/13 at 3:03 PM, client A's guardian indicated she provided the swing to the group home. The guardian indicated, last year when client A was engaged in self injurious behavior, the swing was beneficial in calming down client A. The guardian indicated she wanted the swing installed and available for client A to use. The guardian			

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	indicated the swing can be taken down when not in use and when it was being used, staff should be monitoring client A. 9-3-7(a)			