

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G391	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2013
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1144 SHEFFIELD DR EVANSVILLE, IN 47710
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/28 and 8/29/13</p> <p>Facility number: 000905 Provider number: 15G391 AIM number: 100249280</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/10/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#3), the facility failed to obtain a guardian for a client who is not able to make decisions in regard to his health and finances due to the client's Dementia.</p> <p>Findings include:</p> <p>During the 8/28/13 observation periods between 5:00 AM and 7:30 AM and 3:30 PM and 5:00 PM, at the group home, client #3 required physical assistance to get into the van and to complete a task of carrying his dishes to the kitchen. Specifically during the 3:30 PM to 5:00 PM observation period, after eating a snack, client #3 was prompted to take his dishes to the kitchen. Client #3 did not move and/or respond. Client #3 looked at his dish and looked at staff. Client #3 appeared to be confused on what he was to do. Also during the same observation period, at 5:00 PM when the clients were leaving to go out to eat, client #3 was verbally prompted to load/get in the van. Client #3 looked into the van and turned</p>	W000125	<p>W125: -The facility will ensure the rights of all clients. Therefore, the facility will allow and encourage individual clients to exercise their rights as clients of the facility and as citizens of the United States, including the right to file complaints and the right to due process. - The Facility will conduct an IDT to discuss and assess the need for client #3 to have a guardian to help client #3 in making decisions including issues in regard to client #3's health and or finances. - The team will meet and complete a CFA to discuss client #3 capabilities in completing task and decisions making skills. - A grievance policy and bill of rights will be completed with client #3. Persons Responsible: Staff, Residential Manger & Program Manager. Addendum: W125: -The e facility will ensure the rights of all clients. Therefore, the facility will allow and encourage individual clients to exercise their rights as clients of the facility and as citizens of the United States, including the right to file complaints and the right to due process. - The facility has a</p>	09/25/2013			

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	<p>and looked at staff with a confused look. Client #3 was verbally prompted to place his foot on the lower runner of the van. Client #3 stood still and did not move. Staff #2 and #3 physically assisted client #3 to lift each leg to step onto the lower runner on the van. Staff #2 and #3 had to physically hoist/lift client #3 up into the van once the client stepped up on the second runner on the van. During the 5:00 AM to 7:30 AM observation period, staff #4 physically assisted the client to place food on his plate. Client #3 sat and looked at his food. Staff #5 placed client #3's fork in his hand and physically assisted the client to take a bite of his food to get the client to start eating.</p> <p>Client #3's record was reviewed on 8/29/13 at 1:07 PM. Client #3's 8/9/13 signed physician's orders indicated client #3's diagnoses included, but were not limited to, Severe Intellectual Disability, Downs' Syndrome, Spinal Stenosis, Heart Murmur, Bradycardia, Pacemaker and Dementia.</p> <p>Client #3's Medical consult notes indicated the following (not all inclusive):</p> <p>-5/21/13 Client #3 was seen by his doctor for "Altered Mental Status." The sheet indicated "Increased confusion since his last OV (office visit) in December. No</p>		<p>policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -Staff responsible for assuring that client's rights is always a foremost consideration will be trained regarding this policy as well as, the policy regarding the grievance procedure. - A complete review of all rights restrictions will be conducted for each individual residing at the facility quarterly. Any issues that should be addressed shall be brought to the IDT team for further review and changes made if needed. - The Facility will conduct an IDT to discuss and assess the need for client #3 to have a guardian to help client #3 in making decisions including issues in regard to client #3's health and or finances. - Specifically for Clients #3 the Residential Manager shall be responsible for completing thorough assessment capabilities regarding the need for a guardian for client #3. -The interdisciplinary team shall meet to review the assessments for all clients residing in the home who do not currently have a guardian to see if the team feels that a guardian is needed. - Any changes shall be reviewed by the Human Rights Committee to assure that no rights are being violated for all</p>		

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	<p>problems with bladder or bowels. Pt (patient) does not know where his bedroom is at home. Undresses and puts pajamas on after getting up and getting dressed in the am." The consult also indicated client #3 "Can't follow simple commands such as taking plate into kitchen, (sic) Fork has to be placed into his hand to eat. Can't find his bedroom at the group home. This confusion is getting progressive (sic) worse. No falls. Balance may be off. Can't perceive he can step over a painted white line...Can't follow commands always. He will get dressed and in a few moments will undress himself and put his pajamas on. no (sic) seizures. no (sic) Physical (sic) complaints (sic) Doesn't think he is in pain (sic)." The consult indicated client #3 was referred to a Neurologist and lab work was ordered.</p> <p>-6/18/13 "Found on floor. No h.o. (history of) falls. Confusion about same. Bedrails -pt (patient) safety. Wait for neurology consult. Labs reviewed."</p> <p>-6/18/13 Client #3 saw his doctor for a 6 month recheck/follow-up. The consult sheet indicated "He is here today for follow. Unfortunately, has not been able to see the neurologist yet. He still having the same kind of confusion problems. His caregiver is with him today and reports</p>		<p>clients. -The Residential Manager will train staff on the updates to each individuals ISP as needed. -Residential manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately and no clients' rights are being violated. -Program Manager will oversee through monthly visits in the home to assure programs and objectives are implemented and no clients' rights are being violated. Persons Responsible: Staff, Residential Manger, Program Manager & Executive Director.</p>		

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	<p>this. Refer to last office visit for exact details. The note indicated "...1. Confusion...3. Down Syndrome..." The note further indicated "...We'll wait neurologic opinion to see what he thinks about confusion. No evidence of infection. Does not appear to be delirium. I wonder if this is an early form of dementia..."</p> <p>-7/3/13 Client #3 saw the Neurologist. The consult sheet indicated the Neurologist ordered an EEG and CT scan to be done. The report indicated the Neurologist diagnosed the client with Dementia.</p> <p>Client #3's 4/10/13 Comprehensive Functional Assessment (CFA) indicated client #3 required staff assistance with bathing and grooming. The CFA indicated client #3 had no verbal comprehension, sense of time, used money but was not able to make change of money, required assistance to put on shoes and could dress with verbal prompts. The CFA did not assess client #3's abilities to give informed consent in regard to his health care and/or finances.</p> <p>Client #3's 5/1/13 Individual Support Plan (ISP) indicated client #3 had a Health Care Representative (HCR) to assist the client to make decisions.</p>						

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	<p>Client #3's 6/18/13 Interdisciplinary Team (IDT) notes indicated client #3's IDT met in regard to the doctor's recommendation to obtain bedrails. The IDT note indicated "Team met to decide on bed rails if needed in case [client #3] starts to fall out of bed due to Dementia or confusion. Team agrees." The IDT note indicated client #3 was present at the meeting but client #3's HCR was not present and/or did not participate in the discussion.</p> <p>Interview with staff #3 on 8/28/13 at 6:45 AM stated client #3 was "more forgetful." When asked if client #3 would be able to make decision in regard to his health, staff #3 stated "Oh no. He would need help."</p> <p>Interview with the Director of Health Services (DHS) and administrative staff #2 on 8/29/13 at 3:40 PM indicated client #3 had been diagnosed with Dementia. Administrative staff #2 indicated she could not locate an informed consent assessment to determine if client #3 could give consent and/or was in need of a guardian. Administrative staff #2 and the DHS indicated client #3 would not be able to make any informed decisions in regard to the client's health and/or finances.</p>						

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	<p>Interview with staff #1 on 8/29/13 at 3:50 PM by phone, indicated client #3 had Dementia. Staff #1 indicated staff #1 was still trying to reach client #3's HCR. When asked if the HCR was a family member, staff #1 indicated client #3's HCR was a former staff person from another group home. Staff #1 indicated the HCR did not have much contact with client #3 except for on Thanksgiving. Staff #1 indicated client #3 did not have any family involvement as client #3 had been institutionalized at a young age. Staff #1 indicated client #1 would not be able to make decisions in regard to his health. When asked if the client's IDT had discussed and/or assessed client #3 for need of a guardian, staff #1 stated "No."</p> <p>9-3-2(a)</p>			
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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on interview and record review for 1 of 4 sampled clients, (#2), the facility's nursing services failed to develop a specific risk/care plan for client #2's recurrent Urinary Tract Infections (UTI).</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 8/28/13 at 11:11 AM. "[Client #2] was not feeling well. [Client #2] was taken to [name of hospital] ER (emergency room) to be evaluated. [Client #2] is safe. [Client #2] was admitted with a diagnosis of UTI (Urinary Tract Infection)."</p> <p>Client #2's record was reviewed on 8/29/13 at 11:30 AM. Client #2's 2/5/13 physician's order indicated "Standing order for U/A (urinalysis) DX (diagnosis): Recurrent UTI's."</p> <p>Client #2's Medical Consult Reports indicated the following (not all inclusive):</p> <p>-6/30/13 "X (times) 1-2 days, (with) fever, and change of behavior and no voiding urine today. Unable to void and give a urine sample today. Prescribing Bactrim-DS (antibiotic) BID (two times a</p>	W000331	<p>W331 - The facility will provide clients with nursing services in accordance with their needs. - The facility will develop a high risk plan for client #2's recurrent UTI's. - Client #2's ISP will be updated to include the diagnosis of recurrent UTI's. - The nurse will be trained on developing and implementing a high risk plan for recurrent UTI's. - The nurse will be trained on making sure that the diagnosis of recurrent UTI's is included on the physician orders. - Staff will be trained on updates to client #2's ISP & High Risk Plans. - Residential Manager will be trained on updates to client #2's ISP & High Risk Plans Persons Responsible: Staff, Residential Manger, Program Manger, Nurse & Nursing Manager. Addendum: W331 -The facility must provide clients with nursing services in accordance with their needs. -Staff responsible for ensuring nursing services are provided for each client in accordance with their needs will be trained on clients #2 high risk plan for diagnosis of recurrent UTI's, to ensure proper nursing services are provided at all time for all clients. -A complete audit of high risk plans & physicians orders will be completed to ensure that all</p>	09/25/2013			

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	<p>day) x 10 days. Increase fluids/water daily. (Unable to do urine drop u/a today due to not able to void)."</p> <p>-3/13/13 "Re (check) UTI from Hosp (hospital) - Pt (patient) (with) Sepsis- f/u (follow up) U/A in Hosp neg (negative)...."</p> <p>-10/14/12 "F/U UTI & (and) Pneumonia...Cranberry tablets (4 tablets) every AM...."</p> <p>Client #2's 7/30/13 lab report indicated client #2's red blood cells and white blood cells in the client's "Urine Microscopic" labs were high. A handwritten note at the bottom of the lab sheet indicated "7/31/13 [Name of doctor] requests culture and [client #2] needs to start Omicef (antibiotic) 300mg (milligrams) (1) tablet po (by mouth) BID for 5 days # (number) 10."</p> <p>Client #2's 8/1/13 physician's orders indicated client #2 received Azo Cranberry 4 tablets every morning for history of UTI's.</p> <p>Client #2's 9/8/12 Nursing Assessment Quarterly/Annual indicated client #2 was sent to the the ER on 8/23/12 and was diagnosed with a UTI and Cipro (antibiotic) 500 milligrams was ordered</p>		<p>medical diagnosis are addressed in the client's high risk plan.</p> <p>-Residential Manager will monitor through daily observations to ensure that high risk plans are being followed and that all clients' physician's orders are being implemented appropriately. - Residential Manager will update client #2's ISP to include the diagnosis of recurrent UTI's and ensure that all staff are trained on the updates to client #2's ISP. -Program Manager will monitor through monthly observations to ensure that high risk plans are being followed and that all clients' physician's orders are being implemented appropriately. -Nursing will complete a monthly summary to ensure that new medical diagnosis have a high risk plan and that all clients' physician's orders are being implemented appropriately. -Nurse will complete quarterly chart reviews to ensure all high risk plans remain appropriate. Persons Responsible: Staff, Residential Manager, Program Manager, Nurse, Nursing Manager & Executive Director.</p>		

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	<p>for 14 days.</p> <p>Client #2's Nursing Monthly Summaries indicated the following (not all inclusive):</p> <p>-July 2013 monthly indicated on 6/30/13 client #2's physician ordered Bactrim DS (antibiotic) two times a day "for possible UTI."</p> <p>-February 2013 indicated on 1/23/13 client #2 had a UTI where Cipro 500 milligrams two times a day for 10 days was ordered.</p> <p>-October 2012 monthly indicated client #2 was admitted to the the hospital on 9/16/12 for an UTI and Pneumonia. The monthly indicated client #2 was discharged on 9/24/12.</p> <p>Client #2's Nursing notes indicated the following (not all inclusive):</p> <p>-8/25/13 "Client (client #2) (with) temp (temperature) of 101.7 & lethargic. 911 called and transported to [name of hospital]. Admitted with a UTI."</p> <p>-6/30/13 "Seen at [name of medical facility]. Fever/chilling and change of behavior and decreased voiding. N.O. (new order) Bactrim DS (1 tablet) x 10 days. Increase fluid/water daily."</p>				

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	<p>-2/5/13 "PCP (primary care physician) [name of doctor] wrote a standing lab order for U/A d/t diagnosis of recurrent UTI's...."</p> <p>-1/23/13 At the day program, client #2 had "...blood in urine today...." The note indicated client #2 was taken to a medical facility to be evaluated.</p> <p>Client #2's 2/17/13 Individual Support Plan (ISP) indicated client #2 had a risk plan for "Urinary Incontinence." Client #2's 2/17/13 risk plan indicated the following:</p> <p>"1.) Staff will administer Oxybutynin 5mg PO TID (three times a day) for urinary incontinence as per physician's orders.</p> <p>2.) Staff will encourage individual to empty bladder when urgency first occurs to avoid episodes of incontinence and possible bladder spasms.</p> <p>3.) Staff will encourage client to complete good personal hygiene should accidents occur and assist when needed.</p> <p>4.) Staff will schedule routine examinations with physician as physician's orders (sic).</p>			

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	<p>5.) Staff will monitor for, and encourage individual to voice complaints of urinary infection i.e. (example), polyuria (excessive volume of urine) with small amounts, dysuria (painful urination), low back pain, hematuria (blood in urine), concentrated, foul smelling urine, etc. Complaints will report (sic) to nurse.</p> <p>6.) Staff will encourage and provide fluid intake."</p> <p>Client #2's 2/17/13 risk plan did not specifically address the client's recurrent UTI's and/or did not specifically indicate when staff were to offer/provide client #2 fluids to ensure the client received an adequate amount of fluids to help prevent the UTI's. Client #2's 2/17/13 risk indicated the facility's nursing services did not include Azo Cranberry treatment as part of the client's risk plan. Client #2's 2/17/13 ISP and/or current physician's orders did not include the diagnosis of Recurrent UTI's.</p> <p>Interview with the Director of Health Care Services and administrative staff #2 on 8/29/13 at 3:10 PM indicated client #2 had a history of UTI's with hospitalizations. The DHS indicated client #2 was currently in the hospital with a UTI and was to be discharged on</p>			

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	<p>8/29/13 (today). When asked if client #2 had a risk plan for recurrent UTI's, the DHS indicated the client had a risk plan for urinary incontinence. Administrative staff #2 stated client #2 was encouraged to drink water/fluids but he "was not always cooperative." The DHS indicated client #2's risk plan for urinary incontinence did not specifically address the client's recurrent UTI's. The DHS stated client #2's risk plan "needs to be more specific." The DHS indicated the risk plan did not specifically indicate when staff should offer/encourage client #2 to drink fluids to assist with the prevention of the recurrent UTI's as ordered on 6/30/13.</p> <p>9-3-6(a)</p>				