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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G421 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/29/2016 |
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| NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 935 E OLMSTEAD AVE EVANSVILLE, IN 47711 |
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| W 0000 Bldg. 00 | <p>This visit was for an investigation of Complaint #IN00186904 survey.</p> <p>Complaint #IN00186904: Substantiated. Federal/state deficiencies related to the allegation are cited at W153 and W154.</p> <p>Dates of Survey: 3/24, 3/28 and 3/29, 2016.</p> <p>Facility Number: 000935 Provider Number: 15G421 AIM Number: 100235180</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 4/1/16 by #09182.</p> | W 0000 | | |
| W 0153 Bldg. 00 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 5 allegations of abuse, neglect, and/or mistreatment, the facility failed to</p> | W 0153 | -The facility has a policy regarding abuse, neglect, and mistreatment, which has been reviewed and remains | 04/28/2016 |

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>immediately report former client F's physical aggression involving injury and property damage toward client B to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>Review of the facility's internal incident reports, BDDS (Bureau of Developmental Disabilities Services (BDDS) reportables and investigations was completed on 3/24/16 at 11:45 AM.</p> <p>An incident report dated 11/8/15 indicated at "7:45 PM, [client B] and [client F] had got into fighting (sic). [Client F] started hitting [client B]. [Client B] started hitting back. [Client B] had got (sic) scratched on his right side of his neck. The scratches is (sic) long as a big paper clip." A Behavior Report dated 11/8/15 indicated at "7:45 PM, [former client F] displayed attention seeking behaviors including verbal and physical aggression as well as property damage." A BDDS report submitted late on 11/11/15 indicated on "11/8/15, a physical altercation occurred between [client B] and [client F] (former client) which caused [client F] to display physically aggressive behavior, damaging property and he locked himself in his</p> | | <p>appropriate. - Staff will be retrained regarding the reporting of all incidents, specifically abuse, neglect, and mistreatment, through incidents reports and by contacting the Residential Manager. - Quality Assurance Coordinator will review all incidents daily to assure they are reported to the Executive Director in a timely manner, as well as, assuring that all incidents are investigated thoroughly and assure review within 5 days of the incident. - Quality Assurance Manager will assure Quality Assurance Coordinator reviews all incidents daily and that they are reported to the Executive Director in a timely manner, as well as, assuring that all incidents are investigated thoroughly and assure review within 5 days of the incident. -The Executive Director shall assure through review of incidents to assure proper documentation and review occurs within 5 days. Any issues shall be dealt with through ResCare policy and procedure. Persons Responsible: Staff, Residential Manager, Quality Assurance Coordinator, Quality Assurance Manager, Executive Director</p> | | | | |

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| | <p>room. Staff called 911. All clients are safe. [Client F] allowed the police in his room to talk and in approximately 5 minutes he was calm. [Client B] has scratches on right side of his neck and antibiotic ointment applied. [Client F] had no apparent injuries and refused a body observation. Per P&P (policy and procedure) an investigation has been initiated."</p> <p>Interview with [client B] was completed at the day program on 3/28/16 at 10:15 AM. He stated "I do not really remember exactly why [client F] got so mad but he ended up breaking my clock radio. [Name of the Facility] moved him to [Name of another Group Home]. I have not had any problems with any other clients since he was moved. My new clock radio has an auxiliary adapter and I can play songs on my I-Pod (portable media player) through the clock radio."</p> <p>The Associate Executive Director was interviewed on 3/24/16 at 3:50 PM. She stated "[client F] got mad and first started hitting [client B] causing several scratches requiring minor first aid and [client F] also broke [client B's] clock radio. [Client F] has since been transferred to [Name of other Group Home] due to a personality conflict between the two clients. [Name of the</p> | | | |

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| | <p>Facility] has replaced the clock radio. [Name of the QIDP] (Qualified Intellectual Disabilities Professional) was instructed to report the incident immediately to BDDS. I have no idea why it was reported late."</p> <p>This federal tag relates to Complaint #00186904.</p> <p>9-3-1-(b)(5) 9-3-2(a)</p> | | | |
| W 0154 Bldg. 00 | <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> | | | |

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| | <p>Based on record review and interview for 1 of 3 sampled clients (B) and 1 additional client (former client F), the facility failed to complete an investigation in regards to the 11/8/15 incident of client to client abuse including property damage between client B and client F.</p> <p>Findings include:</p> <p>Review of the facility's internal incident reports, BDDS (Bureau of Developmental Disabilities Services) reportables and investigations was completed on 3/24/16 at 11:45 AM.</p> <p>An incident report dated 11/8/15 indicated at "7:45 PM, [client B] and [client F] had got into fighting (sic). [Client F] started hitting [client B]. [Client B] started hitting back. [Client B] had got (sic) scratched on his right side of his neck. The scratches is (sic) long as a big paper clip." A Behavior Report dated 11/8/15 indicated at "7:45 PM, [former client F] displayed attention seeking behaviors including verbal and physical aggression as well as property damage. A BDDS report submitted late on 11/11/15 indicated on "11/8/15, a physical altercation occurred between [client B] and [client F] (former client) which caused [client F] to display physically aggressive behavior, damaging property and he locked himself in his room. Staff called 911. All clients are safe. [Client F] allowed the police in his room to talk and in approximately 5 minutes he was calm. [Client B] has scratches on right side of his neck and antibiotic ointment applied. [Client F] had no apparent injuries and refused a body observation. Per P&P (policy and procedure) an investigation has been initiated."</p> <p>During review of the facility's internal incident reports, BDDS reports and investigations, no</p> | W 0154 | <p>- Quality Assurance Coordinator will be retrained on conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>- Quality Assurance Manager will be retrained on ensuring the Quality Assurance Coordinator is conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>-The Executive Director shall assure through review of incidents and investigations to assure proper documentation and review occurs within 5 days. Any issues shall be dealt with through ResCare policy and procedure.</p> <p>Persons Responsible: QIDP, Quality Assurance Manager, and Executive Director</p> | 04/28/2016 |

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| | <p>investigation was available regarding the 11/8/15 incident involving client to client abuse of client F towards client B.</p> <p>Interview with client B was completed at the day program on 3/28/16 at 10:15 AM. He stated "I do not really remember exactly why [client F] got so mad but he ended up breaking my clock radio. [Name of the Facility] moved him to [Name of another Group Home]. I have not had any problems with any other clients since he was moved. My new clock radio has an auxiliary adapter and I can play songs on my I-Pod (portable media player) through the clock radio."</p> <p>The Associate Executive Director was interviewed on 3/24/16 at 3:50 PM. She stated "[client F] got mad and first started hitting [client B] causing several scratches requiring minor first aid and [client F] also broke [client B's] clock radio. [Client F] has since been transferred to [Name of other Group Home] due to a personality conflict between the two clients. [Name of the Facility] has replaced the clock radio. [Name of the QIDP] (Qualified Intellectual Disabilities Professional) was instructed to initiate an investigation regarding the 11/8/15 incident involving [client F] and [client B]. I have checked all the records and even though [Name of the QIDP] indicated on the BDDS report that he was initiating an investigation, one was never completed. I have no idea why it wasn't done. He should have done one (investigation)."</p> <p>This federal tag relates to complaint #IN00186904.</p> <p>9-3-2(a)</p> | | | |

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

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