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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G505 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 06/09/2016 |
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| NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 333 TREELINE DR TERRE HAUTE, IN 47802 |
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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 |
|------------------------|---|---------------|---|----------------------|
| W 0000 Bldg. 00 | <p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: June 6, 7, 8 and 9, 2016.</p> <p>Provider Number: 15G505 Aims Number: 100235280 Facility Number: 001019</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 6/16/16 by #09182.</p> | W 0000 | | |
| W 0130 Bldg. 00 | <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed to ensure privacy during the observed medication pass for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8), residing in the group home, when they received their medication from facility staff.</p> <p>Findings include:</p> <p>An observation was done at the group</p> | W 0130 | <p>The facility will ensure the rights of all clients. All staff receive training on the individual rights upon hire and annually thereafter.</p> <p>All staff at the residence will receive training on client's right to privacy and the provision of privacy when receiving medication, treatment and care of personal needs. The QIDP/Program Coordinator will be responsible for providing and</p> | 07/08/2016 |

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>home on 6/6/16 from 4:02p.m. to 6:28p.m. At 4:07p.m., staff #4 began the medication pass for clients #1, #2, #3, #4, #5, #6, #7 and #8. Staff #4 passed the clients' medications from the kitchen counter. The clients that were not receiving their medication were seated at the dining room table located next to the kitchen counter. All conversations between staff #4 (medication names/if client had bowel movement) and the client receiving medication could be heard by all clients. Staff #4 asked each client if they had "pooped today" at day service and the size of the bowel movement. Staff #4 (in the kitchen) asked client #8 (seated at the dining room table, not in medication area) if he had a bowel movement. During the medication pass at 4:12p.m., client #5 brought her laundry basket through the medication pass area, to get to the laundry room.</p> <p>Staff #1 was interviewed on 6/8/16 at 10:48a.m. Staff #1 indicated the client medication pass should be done in a private area. Staff #1 indicated she was not aware the medication pass had been done on the kitchen counter and in the presence of other clients. Staff #1 indicated this practice could also create more medication errors due to added distractions during the medication pass..</p> | | <p>documenting this training.</p> <p>The QIDP and/Residential Manager will complete daily observations at the home for 30days during the medication administration and other at various times to assure staff are meeting expectations with assuring privacy during personal hygiene care and active treatment. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations. The Program Manager will be responsible for ensuring the visits and observations are being completed.</p> <p>Additionally, the medication pass will be moved from the kitchen into the adjacent office area to prevent further issues and to ensure consumers have privacy during treatment and care of personal needs.</p> | | |

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| | 9-3-(a) | | | | |