

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G441	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 29 EAST LONGRIDGE TERRE HAUTE, IN 47802
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 11, 12, 13, 14, 17, 2014</p> <p>Provider Number: 15G441 Aims Number: 100235230 Facility Number: 000955</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/25/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview, the facility failed for 3 of 4 sampled clients (#1, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring clients #1, #3 and #4's individual communication books were available to the clients when</p>	W000159	<p>The individual communication books for client's #1, #3, and #4 have been implemented at the facility run day service. All staff assigned to these clients at the day service have received training on the use of the communication books and related training objectives. The QIDP is responsible for providing this training to day service staff. The QIDP is responsible for monthly</p>	03/21/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>attending the facility run day service.</p> <p>Findings include:</p> <p>An observation was done on 2/14/14 from 10:04a.m. to 11:03a.m. at the facility run day service. Clients #1, #3 and 4 were at the day program. There were no communication books in their training area at the day service. Day service staff #3 was interviewed on 2/14/14 at 11a.m. Staff #3 indicated clients #1, #3 and #4 did not have communication books at the day service. Staff #3 indicated the clients do not bring communication books to the day program.</p> <p>Record review for client #1 was done on 2/13/14 at 2:52p.m. Client #1's 11/26/13 individual support plan (ISP) indicated client #1 was non-verbal and had a communication book to help identify wants and needs.</p> <p>Record review for client #3 was done on 2/13/14 at 3:23p.m. Client #3's 11/21/13 ISP indicated client #3 had a communication book to help identify needs.</p> <p>Record review for client #4 was done on 2/13/14 at 3:52p.m. Client #4's 11/21/13 ISP indicated client #4 had a</p>		<p>progress monitoring of each program goal and to insure that staff has the information and supplies required to assist each individual with programming needs. The QIDP is responsible for implementing further documented training or corrective measures in instances where expectations regarding client programs are not met.</p> <p>For 30 days, the day service Program Coordinator, Program Manager and the QIDP will conduct daily observations and monitoring to insure that staff are consistently implementing individual training programs as opportunities arise and allowed. Any issues will be addressed with staff immediately and additional training will be provided. These observations will be documented on a Home Audit Checklist and submitted to the residential Program Manager for tracking and follow-up. After this time, the Clinical Supervisor or QIDP is responsible for conducting a site visit at least weekly in the day program, documenting the visit and follow-up and submitting the documentation to the Program Manager for follow-up. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectation for providing monitoring of client's active treatment programs is not met.</p>				

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W000210	<p>communication book to help identify needs.</p> <p>Staff #1 (QIDP) was interviewed on 2/14/14 at 12:41p.m. Staff #1 indicated clients #1, #3 and #4 had communication needs/programs. Staff #1 indicated clients #1, #3 and #4 had communication books. Staff #1 indicated they were not aware the communication books were not available to the clients when they were at the day service.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to perform a reassessment of client #1's needs with independently drinking fluids.</p> <p>Findings include;</p> <p>An observation was done on 2/11/14 from 3:51p.m. to 5:40p.m. At 4:32p.m., client #1 received a glass of water with her medications. Client #1 had a small regular style cup. Client #1 had</p>	W000210	<p>A reassessment of client # 1's needs in regards to independent drinking skills will be completed. The IDT will review this reassessment and make any needed recommendations to provide for the clients independence needs in regard to drinking fluids. The QIDP is responsible for conducting this reassessment and implementing any recommendations from the IDT including training with home and day service staff. The QIDP is also responsible to assure that any necessary supplies or</p>	03/19/2014			

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	<p>difficulty with opening her mouth and poured most of her drink down her chin to her chest area. Staff #5 stated client #1 "always spills with drinks." At 5:32p.m. client #1 drank milk with her supper. Client #1 spilled milk onto her plate and on her chest as it ran off her chin. Client #1 had a regular style cup at supper.</p> <p>Record review of client #1 was done on 2/13/14 at 2:52p.m. Client #1's 11/26/13 individual support plan (ISP) indicated client #1 was to use a regular style 4 ounce cup.</p> <p>Interview on 2/14/14 at 12:41p.m. of staff #1 (QIDP) indicated client #1 was to use a 4 ounce regular style cup. Staff #1 indicated client #1 had a lot of spillage with the regular style cup. Staff #1 indicated client #1 needed a reevaluation to assess her assistance/needs with consuming fluids.</p> <p>9-3-4(a)</p>		<p>equipment needed are in place and all staff is trained on its use. Any implemented changes will be monitored daily for 30 days to assure staff are consistently providing for the client's needs. The Residential Manager, QIDP, and Clinical Supervisor will conduct documented daily observations. Any issues will be addressed with staff immediately and additional training will be provided.</p> <p>These observations will be documented on a Home Audit Checklist and submitted to the Program Manager for tracking and follow-up. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectation for providing monitoring of client's active treatment programs is not met.</p> <p>After this time, the QIDP is responsible for conducting a home visit at least weekly documenting the visit and follow-up and submitting the documentation to the Program Manager for follow-up.</p>		

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#1, #3), to ensure clients #1 and #3's dining, behavior and medication training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 2/11/14 from 3:51p.m. to 5:40p.m. At 4:41p.m., client #3 took her medication. Staff #5 prepared client #3's medication and crushed the medication. Client #3 was not prompted to assist with the crushing of her medication.</p> <p>An observation was done at the group home on 2/12/14 from 6:52a.m. to 8:28a.m. with the following observed: client #1 was observed to mouth her left hand throughout the observation without redirection from staff. At 7:28a.m. client #3 was feeding herself with staff #6 standing by her. Staff #6 did not</p>	W000249	<p>All staff in the home will receive training on implementing the dining, behavior, and medication training objectives for clients #1 and #3 as written. The QIDP will be responsible for re-training all staff on the client's training goals. The QIDP and/or Residential Manager will complete daily observations at the home for 30 days at various times and shifts to insure that staff are implementing and documenting programs as written and as opportunities are available. The observation will focus on the implementation of training plans/ goals. Any noted issues will be addressed immediately with staff to insure compliance and competency with training and client needs. The Program Manager will insure that daily observations are completed as expected and that any issues are addressed as needed. Following the 30 day observation period, the QIDP and/or Residential Manager will conduct at least weekly observations in the home during the time that active treatment is in process and</p>	03/19/2014			

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	<p>intervene to feed client #3. At 7:25a.m. client #1 sat at the dining room table to eat breakfast. Client #1 did not have a drink during breakfast. At 7:39a.m. she had finished eating breakfast. Client #1 had reached for her empty cup 3 times during the meal. After surveyor intervention, staff poured client #1 a glass of juice and milk. Client #1 drank some juice with a large amount of spillage. Client #1 did not use a napkin during breakfast.</p> <p>The record of client #1 was reviewed on 2/13/14 at 2:52p.m. Client #1's 11/26/13 individual support plan (ISP) indicated client #1 had training programs to: use a napkin by staff placing it in her hand and guiding it to her mouth; to be provided and encourage fluid intake; redirect when mouthing hands and identify wants/needs.</p> <p>The record of client #3 was reviewed on 2/13/14 at 3:23p.m. Client #3's 11/21/13 ISP indicated client #3 had training and dining programs to: place her medication cup into the medication crusher; dining plan for staff to feed at all times.</p> <p>Interview of staff #1 on 2/14/14 at 12:41p.m. indicated client #1 had training programs in place for dining to</p>		<p>individuals are home. These observations will be documented on a Home Audit Checklist and submitted to the Program Manager for tracking and follow-up. The QIDP is responsible to ensure that the progress of each client's treatment program is reviewed on a monthly basis. The QIDP is responsible to determine if the plan is successfully addressing the client's needs and that it is properly being implemented. In cases where the treatment program is not meeting the needs of the client the QIDP will take measures adjust treatment programs in accordance with the clients ISP.</p>				

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W000488	<p>be encouraged to consume fluids and to use a napkin. Staff #1 indicated client #1 had a training program to be redirected from mouthing her hands. Staff #1 indicated client #3 had a dining program that directed staff to feed client #3. Staff #1 indicated client #3 had a medication program to place her medication cup in the medication crusher. Staff #1 indicated client #1 and #3's training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 4 sampled clients (#2, #4) and 1 additional client (#8), the facility failed to encourage clients to participate with their dining to the extent they were capable.</p> <p>Findings include: During the 2/11/14 observation period between 3:51p.m. to 5:40p.m. at the group home, facility staff did not encourage clients #2, #4 and #8 to</p>	W000488	<p>All staff will receive training on active treatment and family style dining expectations to incorporate client involvement to the highest level of their independence during meal preparation and dining. The QIDP is responsible for providing this training. The QIDP and/or Residential Manager will complete daily observations at the home for 30 days at various meal times to assure staff are meeting expectations with family style dining and active treatment during meal preparation and dining. Additional training will be provided</p>	03/19/2014

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	<p>participate in all aspects of their meal preparation. At 5:26p.m. clients #2, #4 and #8 ate supper. Staff #7 custodially put chicken on client #2's plate. Staff #7 cut up client #2 and #4's chicken. Staff #8 put ketchup on clients #4 and #8's plates without asking the clients.</p> <p>An observation was done on 2/12/14 from 6:52a.m. to 8:28a.m. at the group home. At 7:28a.m. clients #4 and #8 ate breakfast. Staff #6 poured drinks for clients #4 and #8. Staff #6 poured cold cereal into client #4's bowl and poured milk on her cereal. Staff #6 poured syrup on client #4's waffles.</p> <p>Interview of professional staff #1 on 2/14/14 at 12:41p.m. indicated all the clients were capable of assisting with their dining preparation with some staff assistance. Staff #1 indicated the clients should have been more involved with the family style meal.</p> <p>9-3-8(a)</p>		<p>immediately in instances where staff are observed to not be meeting these expectations. Following the 30 day observation period, the QIDP and/or Residential Manager will conduct at least weekly observations in the home during a meal. These observations will be documented on a Home Audit Checklist and submitted to the Program Manager for tracking and follow-up.</p>				