

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G621	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/24/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 4217 N 13 1/2 ST TERRE HAUTE, IN 47805		
(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	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: June 19, 20, 21 and 24, 2013</p> <p>Provider Number: 15G621 Aims Number: 100245680 Facility Number: 001158</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/1/13 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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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 1 of 3 sampled clients (#3) to ensure client #3's behavior training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 6/19/13 from 3:55p.m. to 6:14p.m. Throughout the observation client #3 licked his fingers without redirection. At 4:30p.m. client #3 received a prompt to take his medication. Client #3 slapped his cheek with his hand. Staff #5 put client #3's helmet on client #3. Staff #5 did not use a timer for client #3's helmet wear. Client #3 made a noise while sitting on a recliner in the dining room from 5:08p.m. to 5:41p.m. At 5:41p.m., staff #4 prompted client #3 to do a puzzle. Client #3 slapped his cheek with his hand. Staff #4 had client #3 put his helmet on. At 5:50p.m. client #3 was sitting back on his recliner with his</p>			W000249	<p>The Program Coordinator is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan.</p> <p>On a weekly basis, the Program Coordinator and Home Manager will monitor all objectives to insure that staff are providing the appropriate opportunities to receive continuous active treatment as determined by the ISP. The Program Coordinator is responsible for insuring that staff has the information and supplies required to assist each individual with programming needs. The Program Coordinator is responsible for implementing further documented training or corrective measures with any staff observed to not be providing active treatment.</p> <p>Staff will be re-trained regarding the program goals and implementation for each clients program plan needs. This training</p>		07/22/2013

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	<p>helmet on and made a noise. Staff #4 did not use a timer to time how long client #3 had his helmet on.</p> <p>The record of client #3 was reviewed on 6/21/13 at 11:02a.m. Client #3's 3/1/13 individual support plan (ISP) indicated he had a program to address his head slapping. The program indicated staff were to redirect client #3 to an activity with his hands. If he continued to slap himself, staff were to have client #3 put his helmet on. Staff were supposed to use a kitchen timer set for 15 minutes whenever client #3 had his helmet on. Client #3 also had a training program for licking his fingers and for making "quacking noises." Staff were to verbal prompt client #3 "hands to his lap" and verbal prompt to an activity using same muscles.</p> <p>Interview of staff #1 on 6/24/13 at 3:07p.m. stated client #3's training programs for his slapping, licking fingers and making "quacking" noises were current programs and should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		will include a review on the implementation of active habilitation and meaningful opportunities Guidelines. This training will also include demonstrating competency through simulated examples. The Program Coordinator is responsible for providing this training.		

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