

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2015
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 605 W CRAIG BRAZIL, IN 47834
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W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: December 7, 8, 9, 10, 2015</p> <p>Provider Number: 15G400 Aims Number: 100244450 Facility Number: 000914</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/16/15.</p>	W 0000		
W 0441  Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>Based on record review and interview, the facility failed for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) residing at the facility, to hold evacuation drills under varied conditions (during client sleep time).</p> <p>Findings include:</p> <p>Record review was done on 12/7/15 at 3:15p.m. of the facility's 12/1/14 to</p>	W 0441	<p>Drills will be completed at varied times on all shifts at least quarterly. The facility has a monthly drill scheduled that is provided to the Residential Manager that outlines when drills are to take place, including each shift, so that at least one drill is conducted one each shift at least every three months. This schedule has been revised to include more specific time frames to ensure that drills are being held at varied</p>	01/08/2016

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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W 0488  Bldg. 00	<p>12/7/15 evacuation drills for clients #1, #2, #3, #4, #5, #6 and #7. During the review period there were no documented evacuation drills held during the client sleep time from 4/25/15 (5:50a.m.) to present (12/7/15).</p> <p>Staff #1 was interviewed on 12/9/15 at 11:54a.m. Staff #1 indicated he could not find any other documented sleep time evacuation drills since 4/25/15. Staff #1 indicated the facility may have run a sleep time drill during 6/15 (was on their schedule) but he couldn't find any documentation for 6/15 drills.</p> <p>9-3-7(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 (#1, #4) and 3 additional clients (#5, #6, #7), the facility failed to encourage clients to participate in meal preparation to the extent they were capable.</p> <p>Findings include:</p>			W 0488	<p>times within each shift, including sleep time drills. Unless there is inclement weather during the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts.</p> <p>The Residential Manager will receive a re-training on their responsibilities to insure that staff receives training in emergency procedures and dire drills are completed on at least a monthly basis. The Clinical Supervisor will receive re-training on their responsibilities to track emergency drills and report any discrepancy or missing drill to the Program Manager immediately and will follow up with the Residential Manager of the home. It is the responsibility of the Clinical Supervisor to track the completion of emergency drills and evacuations on a monthly basis.</p> <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 Clinical Supervisor is responsible for providing this training. The QIDP and/ or Residential Manager will complete daily</p>		01/08/2016

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	<p>During the 12/7/15 observation period between 4:23p.m. to 5:48p.m., at the group home, facility staff did not encourage clients, who were available and physically able to assist (#1, #4, #5, #6, #7), to participate in all aspects of their meal preparation. During the meal preparation and meal from 4:23p.m to 5:35p.m. staff #4 custodially prepared the supper meal. Staff #4 was observed to: get out bread and butter and put it on a serving plate, stir the sweet and sour chicken in the frying pan, staff stirred the broccoli, got out serving bowls and serving spoons, filled up the salt shaker, put cheese in the broccoli pan, put tea and milk on the dining room table and poured drinks for the clients, put food into serving bowls and put the food on the dining room table. Staff #5 ran dish water and washed the dishes used for the meal preparation.</p> <p>During the breakfast observation (at the group home) on 12/8/15 from 6:48a.m. to 7:06a.m., staff #6 custodially prepared the breakfast. Staff #6 poured packets of instant oatmeal into each client's bowl, added water, stirred the oatmeal and microwaved the hot cereal, stirred the eggs on the stove top, put orange slices onto the dining room table and poured the clients milk. During both meal</p>		<p>observations at the home for 30days 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 immediately in instances where staff are observed to not be meeting these expectations. Following the 30day 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>		

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	<p>observations clients #1, #4, #5, #6 and #7 were home and available to assist with their meal preparation.</p> <p>Interview of staff #1 on 12/9/15 at 11:54a.m. indicated all of the clients, except clients #2 and #3, were capable of assisting with the meal 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>				