

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 07/10/2015
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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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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey. This visit included the investigations of complaint #IN00176090 and complaint #IN00175891.</p> <p>Complaint #IN00175891: Unsubstantiated- due to lack of evidence.</p> <p>Complaint #IN00176090: Substantiated- Federal/state deficiencies related to the allegations were cited at W148, W153 and W154.</p> <p>Dates of Survey: July 6, 7, 8, 9, 10, 2015</p> <p>Provider Number: 15G505 Aims Number: 100235280 Facility Number: 001019</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0148 Bldg. 00	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized</p>			

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>absence.</p> <p>Based on record review and interview, the facility failed for 3 of 3 clients, identified to have a guardian (B, F, H), to promptly report the significant event of bed bugs found in the facility to the guardians.</p> <p>Findings include:</p> <p>Record review of the facility's maintenance reports on 7/6/15 at 2:15p.m. indicated the facility had been treated for bed bugs on 6/16/15. The report indicated a professional pest control company had performed a heat and dust treatment on 6/16/15 and a scheduled follow up was done 2 weeks later. There was no documentation of guardian notification of this significant event.</p> <p>Record review on 7/6/15 at 3p.m., of the facility's "Resident Listing," indicated clients B, F and H had guardians.</p> <p>Interview of professional staff #1 on 7/9/15 at 11:44a.m. indicated clients B, F and H were the only clients living at the facility that had a legal guardian. Staff #1 indicated there was no documentation that clients B, F and H's guardians had been contacted regarding the finding and treatment of bed bugs on 6/16/15. Staff</p>	W 0148	<p>The facility has a current policy in place on Communicating Significant Events to Guardians and Families. It is the responsibility of the Clinical Supervisor and/or QIDP to report significant events and incidents to the guardians and families as immediate as possible to the time of the incident. In the past, guardians were notified of significant events, such as the discovery of bedbugs. The Clinical Supervisor and QIDP will receive training on the policy. The Program Manager will be responsible for implementing this training. The Program Manager will have the responsibility of monitoring the Clinical Supervisors to assure compliance with this policy.</p>	08/07/2015			

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W 0153 Bldg. 00	<p>#1 indicated the guardians should have been contacted immediately of this significant event.</p> <p>This federal tag relates to complaint #IN00176090.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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, the facility failed for 1 of 2 allegations of neglect reviewed (clients A, B, C, D, E, F, G, H), to immediately report the finding of bed bugs in the facility to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>Record review of the facility's maintenance reports on 7/6/15 at 2:15p.m. indicated the facility had been treated for bed bugs on 6/16/15. The report indicated bed bugs were found in 2</p>	W 0153	<p>The facility has developed and will consistently implement written policies that prohibit mistreatment, neglect or abuse of the clients and outline the procedures for reporting suspected abuse immediately to the administrator or other officials in accordance with State law through established procedures.</p> <p>The facility has policies and procedures that outline the definition of abuse, neglect and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and</p>	08/07/2015			

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W 0154	<p>bedrooms and in the living room which was accessed by clients A, B, C, D, E, F,G and H. The report indicated a professional pest control company had performed a heat and dust treatment on 6/16/15 and a scheduled follow up was done 2 weeks later. There was no documentation to indicate the 6/16/15 significant event, finding of bed bugs in the facility, had been reported to BDDS.</p> <p>Professional staff #1 was interviewed on 7/9/15 at 11:44a.m. Staff #1 indicated facility direct care staff had reported, on 6/16/15, bed bugs had been seen in the facility. Staff #1 indicated bed bugs were found in 2 bedrooms and in the living room. Staff #1 indicated the above identified allegation of possible neglect had not been reported to BDDS.</p> <p>This federal tag relates to complaint #IN00176090.</p> <p>9-3-2(a)</p>		<p>appropriate follow up to any such allegations reported.</p> <p>The facility did not identify that the discovery of insects in the home as a form of neglect at the time of the incident. Reviewing the LTC Reportable Incident Policy (last reviewed 01/15/2013) it states that "widespread rodent and /or insect infestations" were considered a reportable incident. Through further review, the new Incident Report Policy effective 7-15-15 states simply "rodent and /or insect infestation" as an unusual occurrence. At the time of the incident, it was not determined that this was a "widespread" infestation of bed bugs, and therefore failed to report the incident.</p> <p>The Executive Director will update the agency policy to include the revised definition of reportable incidents. The Program Manager and Clinical Supervisors will receive retraining on the updated ISDH Reportable Incident Policy and ISDH Reportable Unusual Occurrence Policy and the revised agency policies and procedures that outline their responsibilities in the immediate reporting of suspected abuse or neglect. The Program Manager will be responsible to insure that all incidents are reported according to policy and procedure.</p>		
	483.420(d)(3)				

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Bldg. 00	<p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 1 of 2 incidents reviewed for allegations of neglect, bed bugs found in the facility (clients A, B, C, D, E, F, G, H).</p> <p>Findings include:</p> <p>Record review of the facility's maintenance reports on 7/6/15 at 2:15p.m. indicated the facility had been treated for bed bugs on 6/16/15. The report indicated bed bugs were found in 2 bedrooms and in the living room, which was accessed by clients A, B, C, D, E, F,G and H. The report indicated a professional pest control company had performed a heat and dust treatment on 6/16/15 and a scheduled follow up was done 2 weeks later. There was no documentation to indicate the 6/16/15 allegation of neglect (finding of bed bugs in the facility) had been investigated to determine the source, location and how long the bed bugs had been present. There were no documented staff or client interviews.</p> <p>Professional staff #1 was interviewed on 7/9/15 at 11:44a.m. Staff #1 indicated the</p>	W 0154	<p>The facility will have evidence that all alleged violations are thoroughly investigated.</p> <p>In this incident, upon the discovery of the bed bugs, an investigative type protocol was put into place to eliminate the bugs in the home and therefore eliminating the risk of exposure to the individuals. The facility is unsure of the type of investigation that would be suggested in this case. An exterminator came to the home and diagnosed the treatment options which were initiated as soon as was possible. The home was immediately "pre-treated" which was followed by a series of treatments, including heating the home. There was no indication of where or how the insects came to be in the home.</p> <p>The agency has current policies and procedures that prohibit the mistreatment; neglect and abuse of the individuals served as well as policies that specifically address the reporting of an investigation of alleged violations of abuse, neglect or mistreatment. All staff receives training on these policies upon hire and at least annually thereafter. The training includes a review of the</p>	08/07/2015	

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	<p>facility direct care staff had reported, on 6/16/15, bed bugs had been seen in the facility. Staff #1 indicated bed bugs were found in 2 bedrooms and in the living room. Staff #1 indicated the there was no documented investigation (no staff and client interviews) for the identified allegation of possible neglect (bed bugs present in the facility).</p> <p>This federal tag relates to complaint #IN00176090.</p> <p>9-3-2(a)</p>		<p>policy and BDDS definitions of incident and the process for reporting and investigating any incidents. The facility has an established on call protocol to ensure that an administrative staff person is available at all times accept any reports of allegations that would require follow up immediately.</p> <p>The facility did not identify that the discovery of insects in the home as a form of neglect at the time of the incident. Reviewing the LTC Reportable Incident Policy (last reviewed 01/15/2013) it states that "widespread rodent and /or insect infestations" were considered a reportable incident. Through further review, the new Incident Report Policy effective 7-15-15 states "rodent and /or insect infestation" as an unusual occurrence. At the time of the incident, it was not determined that this was a "widespread" infestation of bed bugs, and therefore failed to report or to complete a written investigation of the incident.</p> <p>The Executive Director will update the agency policy to include the revised definition of reportable incidents and unusual occurrences. The Program Manager and Clinical Supervisors will receive retraining on the updated ISDH Reportable Incident Policy and ISDH Reportable Unusual Occurrence Policy and the</p>		

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W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 3 of 4 sampled clients (A, B, D) to ensure the clients' individual support plans (ISPs) had training programs in place to address their identified behavioral and relationship training needs.</p> <p>Findings include:</p> <p>Record review for client A was done on 7/8/15 at 2:40p.m. Client A had a 11/18/14 ISP. The ISP indicated client A was an emancipated adult. Client A had an incident report on 6/20/15 where she had left her community job early with a</p>	W 0227	<p>revised agency policies and procedures that outline their responsibilities in the immediate reporting of and the thorough investigation of suspected abuse , neglect, or mistreatment and unusual occurrences. The Program Manager will be responsible to insure that all incidents are thoroughly investigated and reported to the Executive Director according to policy and procedure.</p> <p>The QIDP is responsible to insure each individual's needs are addressed in their Individual Program Plan and addressed formally ad recommended by the IDT. The QIDP is responsible to provided information to the Residential Manager and staff as to the protocols and formal objectives that they must initiate to meet each individual needs and assist them toward independence.</p> <p>The QIDP has met with the IDT and has developed a individual program plan designed to address the specific training needs for sampled clients (A,B,D). The QIDP will provide</p>	08/07/2015

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	<p>boyfriend and did not tell staff. Client A had a 3/15 day service review that indicated client A had incidents of flirting with male peers at day service. Client A did not have a documented training program in place to address her identified need of relationship/interactions with males training.</p> <p>Record review for client B was done on 7/8/15 at 2:09p.m. Client B had a 4/20/15 ISP. Client B had nursing notes on 5/1/15 and on 6/22/15 that indicated she had picked her skin (open areas). Client B did not have a documented training program in place to address this identified behavior of picking her skin.</p> <p>Record review for client D was done on 7/8/15 at 12:24p.m. Client D had a 4/20/15 ISP. The ISP indicated client D had a girlfriend and had indicated a desire to have a sex education class. There was no documentation the facility had addressed this identified training program.</p> <p>Staff #1 was interviewed on 7/9/15 at 11:44a.m. Staff #1 indicated client B had a history of picking her skin. Staff #1 indicated client B did not currently have a training program in place to address this behavior. Staff #1 indicated client D had expressed an interest for sex education</p>		<p>training to all staff in the home on the specific implementation of each plan. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a quarterly basis to determine any issues or progress made and will revise plans as needed.</p> <p>The QIDP is responsible to ensure that any specific needs that may identified throughout the year are reviewed by the IDT as needed and revise the individual program plan as determined by the IDT. The QIDP is responsible for reviewing the individual program plans with the IDT on at least a quarterly basis to review progress made or needed revisions. The QIDP is responsible for providing staff with on-going training concerning individual program plans and objectives that are in place to address the specific needs of each client.</p> <p>The Clinical Supervisor is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure objectives are being initiated as written and that needs are being addressed and monitored for progress.</p>	

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	<p>training. Staff #1 indicated the facility had not addressed this training need. Staff #1 indicated client A had not informed staff on 6/20/15 of her leaving work early with a male friend and client A had shown an interest in relationships with males. Staff #1 indicated client A was interested in relationships with males and did not have a training program in place.</p> <p>9-3-4(a)</p>				