

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2015
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712
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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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 12, 13, 14, 15, and 16, 2015.</p> <p>Facility Number: 000696 Provider Number: 15G160 AIMS Number: 100243160</p> <p>Surveyor: Glenn David, RN</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 23, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000418	<p>483.470(b)(4)(ii) CLIENT BEDROOMS The facility must provide each client with a clean, comfortable mattress. Based on interview and observation for 1 of 4 sampled clients (client #1), the facility failed to provide a clean, odor free, and comfortable mattress.</p> <p>Findings include:</p> <p>During observation at the group home on 1/13/15 between 5:30 AM and 7:00 AM, there was a noticeable smell in client #1's</p>	W000418	<p><u>W418</u></p> <p>- The facility must provide each client with a clean, comfortable environment including a mattress.</p>	02/15/2015

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>bedroom.</p> <p>Interview with client #2 (who is the roommate of client #1) on 1/13/15 at 4:50 PM, stated that "he (client #1) urinates in his room through the night...and the room smells of urine all the time."</p> <p>During observation of client #3's mattress on 1/13/15 at 4:55 PM, the mattress had dark yellow stains in the middle.</p> <p>The group home manager, interviewed on 1/13/15 at 5:00 PM, stated that "he (client #1) wets the bed a lot at nighttime...he takes medicine for it. I think it (the medication) is called Oxybutynin."</p> <p>Record review for client #1 on 1/14/15 at 9:00 AM indicated his diagnosis included, but was not limited to, nocturnal enuresis (bedwetting). Client #1's physician's orders dated 1/1/2015 - 1/31/2015 indicated client #1 takes "Oxybutynin 5 milligrams (mg) by mouth three times daily for bladder spasms."</p> <p>During the survey exit interview with facility staff on 1/16/15 at 12:50 PM, the Clinical Supervisor stated "we definitely need to get him (client #1) a new mattress."</p> <p>9-3-7(a)</p>		<p>- IDT will be held with client #1 in regards to obtaining a clean, odor free, and comfortable mattress.</p> <p>- Residential Manager will complete client Bill of Rights and Grievance policy with client #1.</p> <p>- Residential Manager will in-service all staff on completing daily observation of checking and reporting that all furniture in the home including the mattresses are clean, odor free, and comfortable.</p> <p>- Clinical Supervisor will in-service the Residential Manager on completing weekly observation on checking and reporting that all furniture in the home including the mattresses are clean, odor free, and comfortable.</p>				

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			<p>- Clinical Supervisor will in-service the QIDP on completing monthly observation on checking and reporting that all furniture in the home including the mattresses are clean, odor free, and comfortable.</p> <p>- Executive Director will in-service the Clinical supervisors on completing monthly observation on checking and reporting that all furniture in the home including the mattresses are clean, odor free, and comfortable.</p> <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, and Executive Director</p>	