

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610
--	--

(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: 12/15, 12/16, 12/17, 12/18, and 12/19/14.</p> <p>Facility Number: 001085 Provider Number: 15G680 AIMS Number: 100245530</p> <p>Surveyor: Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 6, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review, observation, and interview, the facility failed to advocate for the client's rights for 1 of 3 additional clients (client #5), suspended from the day program for a period of 18 months.</p> <p>Findings include:</p>	W000125	<p><b>W125</b> - The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including their right to file complaints, and the right to due process. - A meeting</p>	01/20/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/19/2014	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
	<p>During record review of the facility's incidents, reportables, and investigations completed on 12/15/14, an incident was reported to the Bureau of Development Disabilities Services (BDDS) that client #5 had eloped from the group home on 11/30/14. Review of reportables, incident reports, and investigations indicated there was no other documentation showing that client #5 had eloped from either the group home and/or the Day Program facility on any other occasion.</p> <p>Observation at the day program on 12/17/14 at 10:05 am indicated client #5 was not present at that time.</p> <p>Through interview of the day program supervisor on 12/17/14 at 10:10 am, she stated client #5 "had been suspended from attending the day program for eighteen months as a result of her [11/30/14] elopement from the group home." The day program supervisor indicated it was standard protocol for clients to be suspended for a period of eighteen months whether he or she had eloped from the group home or the day program facility.</p> <p>The Clinical Supervisor, interviewed on 12/19/14 at 12:35 pm, stated "the</p>		<p>was completed on January 15, 2015 at ARC to discuss abolishing the eighteen month suspension rule for individuals who elope from their home or work setting. Vice President sent an email on January 18, 2015 confirming that the policy will be changed. The new policy will not suspend any clients from day program if any elopements occur at the home. - ResCare administrative staff will meet with day programs monthly to discuss any concerns - QIDP, Clinical Supervisor, and Residential Managers will be inserviced on client rights and the purpose of the Human Rights Committee - Residential Managers will be retrained on completing weekly observations at day program - Clinical Supervisors will be retrained on completing monthly observations at day program - QIDPs will be retrained on completing monthly observations at day program Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, Executive Director</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610
--	--

(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
W000312	<p>Interdisciplinary team nor the Human Rights Committee had met to discuss (client #5's) eighteen month suspension from the day program and/or whether to advocate on behalf of the client."</p> <p>9-3-2(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to implement a plan of reduction for 1 of 3 sampled clients (client #2), that she could achieve to reduce and eventually eliminate the behaviors for which the client received psychotropic medications.</p>	W000312	<p><b>W312</b> - Drugs used for control of inappropriate behavior must be used only as an integral part of the clients individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. - An IDT will be completed with Client #2 to</p>	01/20/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/19/2014
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610		
(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	
	<p>Findings include:</p> <p>Record review of clients #2's Individual Program Plan (IPP) on 12/18/14 at 9:10 am indicated that client #2 should have no behavior episodes for a 12 month period for consideration of a plan of reduction of her psychotropic medications which included Lamotrigine, Clozapine, and Clonazepam.</p> <p>The Administrator was interviewed on 12/18/14 at 11:57 am. In regards to the current plan of reduction for client #2, he stated that "it [the IPP] was too restrictive...and needed to be reworded."</p> <p>9-3-5(a)</p>		<p>discuss any updates to their Individuals Support Plan, Behavioral Support Plan in regards to Anxiety and the use of behavioral medications. - An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are in place for all behavioral medications. -The Human Rights Committee will review any restrictions to Client #2's plan - The Residential Manager will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -The Clinical Supervisor will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication</p> <p>-Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately</p> <p>-Clinical Supervisor will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately --QIDP will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately Persons Responsible: Residential Manager, QIDP, Clinical</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/19/2014	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
W000454	<p>483.470(I)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review and interview of 1 of 3 sampled clients (#1), and 1 of 3 additional clients (#6), the facility failed to provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Findings include:</p> <p>1) During observation of the dinner meal at the group home on 12/16/14 at 5:10 pm, staff #3 utilized a plastic ruler to place on top of the hamburger of client #1 to assist her in cutting the hamburger into bite size pieces. The ruler had been removed from the a drawer in the kitchen and had not been washed properly prior to being placed on top of client #1's hamburger.</p> <p>Client #1's record review were conducted on 12/18/14 at 10:00 am. Client #1's physician's order for 12/1/14 - 12/31/14 and signed on 11/25/14 stated that client's food is to be cut into bite sized pieces.</p> <p>Interview with the home manager was conducted on 12/18/14 at 5:15 pm. When</p>	W000454	<p>Supervisor, Executive Director</p> <p><b>W454</b> – The facility must provide a sanitary environment to avoid sources and transmission of infections. - The facility has a policy on Infection Control which remains appropriate - Staff will be re-trained on Infection Control to ensure that the transmission of infections is prevented. - Staff will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques. - The IDT will meet with each client to ensure they understand proper sanitation and hand washing techniques. - The Residential Manager will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques. - QIDP's will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques. - Clinical Supervisors will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques. - The Residential Manager will make daily home visits to ensure a sanitary environment is</p>	01/20/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/19/2014
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610		
(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	
	<p>asked about staff #3 utilizing a ruler to help her measure the size of the bite size portions, she stated "oh my....I saw that also...it looks like I need to have an inservice concerning that with staff."</p> <p>2) During observation at the group home on 12/16/14 at 5:55 pm, client #6 was prompted by staff to take the trash outside and deposited into the outdoor trash receptacle. Upon returning to the inside of the group home, it was noted that client #6 had not washed her hands. Staff then prompted client #6 to retrieve the leftover hamburger patties and hamburger buns and place them in a Ziploc container which was placed into the refrigerator. At no time did client # 6 wash her hands between the time of emptying the trash and placing the items with her ungloved hands into the plastic storage bags.</p> <p>Staff #4 was interviewed immediately following the dinner meal on 12/18/14 at 5:55 pm. She stated that client #6 should have washed her hands "as soon as she returned from emptying the trash."</p> <p>9-3-7(a)</p>		<p>maintained which will include the food preparation processes and proper hand washing techniques. - QIDP's will make weekly home visits to ensure a sanitary environment is maintained which will include the food preparation processes and proper hand washing techniques. - Clinical Supervisors will make weekly home visits to ensure a sanitary environment is maintained which will include the food preparation processes and proper hand washing techniques. Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, Executive Director</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610
--	--

(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
W009999	<p>State findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-4 Active Treatment Services</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitation services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>The state rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to meet the active treatment needs pertaining to day services</p>	W009999	<ul style="list-style-type: none"> <li>- A meeting was completed on January 15, 2015 at ARC to discuss abolishing the eighteen month suspension rule for individuals who elope from their home or work setting. Vice President sent an email on January 18, 2015 confirming that the policy will be changed. The new policy will not suspend any clients from day program if any elopements occur at the home.</li> <li>- ResCare administrative staff will meet with day programs monthly to discuss any concerns                             <ul style="list-style-type: none"> <li>- QIDP, Clinical Supervisor, and Residential Managers will be inserviced on client rights and the purpose of the Human Rights Committee</li> <li>- Residential Managers will be retrained on completing weekly observations at day program</li> <li>- Clinical Supervisors will be retrained on completing monthly observations at day program</li> <li>- QIDPs will be retrained on completing monthly observations at day program</li> </ul> </li> </ul> <p>Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, Executive Director</p>	01/20/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/19/2014	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
	<p>programming for 1 additional client (#5).</p> <p>Findings include:</p> <p>Client's #1 and #4 were observed at the Day Program on 12/17/2014 at 9:50 AM. Client #5 was not in attendance. Workshop supervisory staff (WS) #1 was interviewed on 12/17/14 at 10:10 AM. The workshop staff (WS) #1 stated that client #5 "had been suspended due to her recent elopement from the group home."</p> <p>Interview with the Executive Director took place on 12/18/14 at 11:57 AM. He stated "the Day Program administration had suspended client #5 for 18 months." He also stated he "had not spoken with the Director of Work Services to attempt to get the 18 month suspension of client #5 revoked."</p> <p>9-3-4(b)(1)(2)</p>						