STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	106 ALLENDALE TERRE HAUTE, IN 47802

(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	This visit was for an extended recertification and state licensure survey. Dates of Survey: May 13, 14, 15, 16, 17, 20, 23, 2013 Provider Number: 15G060 Aims Number: 100233640 Facility Number: 000612 Surveyor: Mark Ficklin, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/30/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed for 1 of 8 clients (#2) residing in the facility to meet the Condition of Participation: Client Protections by: failing to implement written policy and procedure to prevent neglect of client #2 in regards to not having behavior programming and staff interventions in place to address client #2's known elopement behavior and to prevent reoccurrence. Findings include: Please see W149. The facility failed to implement written policy and procedures to prevent neglect of client #2 in regards to supervision of client #2 for reoccurring elopement. Please see W157. The facility failed to identify corrective action for facility owned day service staff, in regards to client #2's behavior support programming and identified supports to prevent reoccurring elopement. 9-3-2(a)	W000122	The facility will ensure that specific client protections requirements are met. It is a primary function of every employee to assure the protection and safety of each person served by the facility. The facility has many established written policies and procedures that address and outline the prevention of, recognition of, reporting of and responding to client abuse, neglect, mistreatment, or exploitation. The Normal Life of Indiana, Inc. is very adamant that no person served by the facility is subject to abuse and neglect at any time. All staff are trained and show competency in the Abuse, Neglect and Mistreatment Policies and Procedures upon hire and at least annually thereafter. All allegations of abuse are reported and investigated according to the written policies of the facility. All staff receive training on the specific identified needs of each individual served, including	06/22/2013

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			those that assure individual health and safety. During the past year, the facility has developed and implemented several interventions in order to protect and avoid the incidents of Client #2's elopement from the home. An outside Behavior Specialist Consultant has been working with the facility to assist in the development of a plan to assure his safety and reduce the incidents of elopement. The Interdisciplinary Team has met on a regular basis to discuss progress toward the reduction of these incidents. The facility has referred Client #2 to physicians and counselors in order to address his obsession with caffeine, cigarettes and elopement. He currently sees a physician in Indianapolis to support him with these needs. BDDS has been involved with the IDT to determine alternative placement, however no alternatives have been identified at this time. The IDT has met with the Behavior Specialist recently to re-evaluate Client #2's Behavior Support Plan and	

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			increase his supervision levels. All staff that work with Client #2 at his home and at the Day Services Program will receive training on the updated interventions. Please see Plan of Correction responses for W149 and W157 for specific actions the facility has implemented in order to meet this Condition of Participation.	

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W000126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on record review and interview, the facility failed for 3 of 4 sampled clients (#1, #3, #4) to ensure clients #1, #3 and #4 had a training program for their identified finance training needs. Findings include: 1. The record of client #1 was reviewed on 5/17/13 at 10:48a.m. Client #1's 1/29/13 individual support plan (ISP) indicated client #1 lacked financial knowledge and was in need of goals developed for money management. Client #1 did not have any money skills training programs currently in place. 2. The record of client #3 was reviewed on 5/20/13 at 8:38a.m. Client #3's 1/30/13 ISP indicated client #3 lacked financial knowledge and was in need of goals developed for money management. Client #3 did not have any money skills training programs currently in place. 3. The record of client #4 was reviewed on 5/20/13 at 9:27a.m. Client #4's 1/29/13 ISP indicated client #4 lacked financial	W000126	The facility will insure the rights of all clients. The facility will allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. The QIDP is responsible to insure that all of the needs of each individual is addressed in their Individual Program Plan and addressed formally as recommended by the IDT. The QIDP is responsible to provide information to the Home Manager and staff as to t formal objectives that they must initiate to meet each individuals needs and assist them toward independence. Formal program goals have been developed and implemented to support Clients #1, #3, and #4 in managing their financial affairs. The QIDP will monitor the data collected on at least a monthly basis and to determine progress and appropriateness of the program goal. The QIDP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT as needed and revised the individual program plan as determined by the IDT. The QIDP is responsible for reviewing the individual program plans with	06/22/2013

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	knowledge and was in need of goals developed for money management. Client #4 did not have any money skills training programs currently in place. Interview of professional staff #2 on 5/20/13 at 12:32p.m. indicated clients #1, #3 and #4 had money training needs and did not have current money training programs in place. 9-3-2(a)		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. The Program Manager will on at least a quarterly basis, conduct a review of each ISP to insure that specific individual needs are being addressed by programming and that all individuals are being afforded the right to manage their own funds either as part of a formal program or a more general, informal series of activities that are geared to the individual's functional level. Any needs not addressed will be presented to the IDT for review and recommendation.	

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W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 8 clients (#2) residing in the facility, to implement written policy and procedure to prevent neglect (supervision) of client #2 in regards to not having behavior programming staff interventions defined and in place to address client #2's known obsession with caffeine/cigarettes and elopement, to ensure corrective action had been identified (staff lack of knowledge of behavior programming) at the facility owned day service to prevent reoccurrence. Findings include: Record review of the facility's incidents/investigations was done on 5/15/13 at 1:11p.m. The following incident reports were reviewed: A 12/2/12 facility incident report indicated client #2 was physically aggressive to a staff and then walked to a nearby gas station and drank tea without paying for it before returning home with group home staff. The report indicated client #2 was being monitored on 1:1 staffing protocol and staff will continue to	W000149	The facility has developed and will consistently implement written policies that prohibit mistreatment, neglect or abuse of the client. 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 appropriate follow-up to any such allegations reported. All staff including the Home Manager and QIDP will complete training on the agencies policy on Individual Abuse/Neglect with an emphasis on defining and recognizing neglect. The Program Manager is responsible for implementing this training. During the past year, the facility has developed and implemented several interventions in order to protect and avoid the incidents of Client #2's elopement from the home. An outside Behavior Specialist Consultant has been working with the facility to assist in the development of a plan to assure his safety and reduce the incidents of elopement. The Interdisciplinary Team has met on a regular basis to discuss progress toward the reduction of these incidents. The facility has	06/22/2013

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	utilize client #2's behavior support plan to redirect elopement behaviors. A 12/9/12 facility incident report indicated client #2 ran from the group home and went to a neighboring business. Client #2 told staff he had drunk 2 bottles of tea and a large coffee. Client #2 was taken to the emergency room and admitted to the hospital with low sodium levels. The report indicated a facility staff had failed to provide adequate supervision at the home which led to the opportunity for client #2 to elope. Incident reports on 4/3/13 and on 4/8/13 indicated client #2 was outside of the group home with his 1:1 staff and ran to a gas station. On 4/3/13 client #2 returned to the group home with his 1:1 staff. Later on 4/3/13, client #2 took a whole pack of cigarettes from staff who were in the process of giving client #2 a cigarette (per his plan) and client #2 was restrained by 2 staff until calm. On 4/8/13 client #2 was able to be redirected back to the group home by his 1:1 staff. The following incidents were identified to have occurred at the facility owned/operated day service: An incident report dated 12/13/12 indicated client #2 broke into a storage area at the day service and took 2 sodas.		referred Client #2 to physicians and counselors in order to address his obsession with caffeine, cigarettes and elopement. He currently sees a physician in Indianapolis to support him with these needs. BDDS has been involved with the IDT to determine alternative placement, however no alternatives have been identified at this time. All staff will receive training on Client #2's recently revised Behavior Support Plan which outlines supervision protocols and proactive interventions to reduce behavioral and elopement episodes. The QIDP and the Behavior Consultant will be responsible for providing ongoing training, observation and support to staff. A Management Team staff member will provide daily observation and monitoring at the home and day program at varying times during the first 30 days of the new BSP revision to insure consistent implementation of the plan by all staff and measure effectiveness. After the initial 30 days, at least weekly observation and monitoring will continue to insure that the plan is implemented or to determine addition needs for Client #2 and other individuals.	

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	Staff redirected client #2 and he then walked to a neighboring business, staff followed him. Client #2 indicated he wanted to go to the hospital. He was taken to the emergency room and admitted with low sodium levels. A report on 12/31/12 indicated client #2 left the day service with staff with him and went to a smoking area at a neighboring business and smoked cigarette butts. Client #2 then returned to the day service before leaving again and smoked more cigarette butts. The report indicated client #2 "was never out of staff's sight." A report on 4/3/13 indicated client #2 broke into a storage room at the day service and drank tea and soda and then walked to the neighboring building's smoking area and smoked cigarette butts. Record review for client #2 was done on 5/16/13 at 11:54a.m. Client #2 had an individual support plan (ISP) dated 1/30/13. The plan addressed obsessive behaviors and absconding (running away). The plan indicated client #2 was to be 1:1 during waking hours with 5 minute tracking. Client #2's bedroom had been changed to to a bedroom by the staff office. The plan indicated alarms were placed on bedroom windows and on exit			

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	doors at the group home. The plan indicated staff were to follow him if he leaves. Staff were to prompt client #2 to return to the group home. If client #2 refused and was in an unsafe situation, staff could use physical restraint "your safe I'm safe" techniques. A 3/9/13 interdisciplinary team (IDT) note indicated a behavior consultant was hired. The consultant encouraged positive programming and to do as many physical activities with client #2 as possible. The IDT indicated the consultant was working on a new behavior support plan. Professional staff #1, #2 and #3 were interviewed on 5/16/13 at 2:55p.m. Staff #1, #2 and #3 indicated client #2 had a caffeine addiction. Staff #1 indicated client #2 was in constant search for caffeine or cigarettes and had reoccurring episodes of running from the group home and day program. Staff #1 indicated client #2 had been assigned a 1:1 staffing during waking hours with 5 minute tracking. The staff indicated the 1:1 staff would usually attempt to redirect client #2 from running. Staff #1 indicated client #2 could often outrun his 1:1 staff at the group home and would ignore verbal redirection. Staff #1 indicated client #2's program plan indicated client #2 could be restrained if staff felt he was in a dangerous situation. Staff #1 indicated physical restraint could			

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	be used per his BSP to stop client #2 from crossing streets or drinking excessive fluids that affected his sodium levels but had seldom been used. Staff #3 indicated client #2 required a 2 person manual physical restraint. Staff #3 indicated client #2 was often outside to smoke with only one staff, his assigned 1:1 staff and if he ran the 1:1 staff would usually keep him in sight and give verbal redirection. Staff #1 indicated the 1:1 staffing for client #2 had not been implemented at the day program. Staff #1 indicated they were not aware the day program had not implemented the 1:1 staffing as indicated in client #2's BSP. Staff #3 indicated client #2 had not had an elopement since 4/7/13. Staff #1 indicated client #2 was not currently attending the day program but would go back this week. Staff #1 indicated the day program staff were now set up to provide 1:1 programming for client #2. Staff #1 indicated the facility had increased staffing hours at the group home during the 4p.m. to 9p.m. shift. Staff #1 indicated a behavior consultant had visited with client #2 to help with behavior interventions and was currently writing a BSP. Staff #1 indicated they did not have the behavior consultant's BSP at this time. The facility policy and procedures were reviewed on 5/17/13 at 1:49p.m. The			

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	facility's 5/3/10 policy and procedure entitled "Individual Abuse/Neglect" indicated: the facility "shall prohibit any form of mistreatment, neglect or abuse, including physical, verbal, mental or sexual abuse." The policy defined neglect as: "Neglect refers to the placement, knowingly or intentionally, of an individual in a situation that may endanger his/her life or health." 9-3-2(a)			

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W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed for 3 of 3 investigations of alleged neglect reviewed (#2) at the facility owned day service, to ensure appropriate corrective action was identified. Findings include: Record review of the facility's incidents/investigations was done on 5/15/13 at 1:11p.m. The following incidents were identified to have occurred at the facility owned/operated day service: An incident report dated 12/13/12 indicated client #2 broke into a storage area at the day service and took 2 sodas. Staff redirected client #2 and he then walked to a neighboring business, staff followed him. Client #2 indicated he wanted to go to the hospital. He was taken to the emergency room and admitted with low sodium levels. A report on 12/31/12 indicated client #2 left the day service with staff with him and went to a smoking area at a neighboring business and smoked cigarette butts. Client #2 then returned to	W000157	If an alleged violation is verified, the facility will take appropriate corrective action. Day Service staff will complete training on client #2's supervision protocol and behavior support plan. The QIDP is responsible for monitoring the protocol and its effectiveness to reduce negative behaviors. All active QIDPs will complete training in regards to their duties for monitoring client BSP's and conducting trend analysis to validate their effectiveness. The Program Manager is responsible for conducting this training. The QIDP will conduct weekly monitoring to assure that client#2's supervision protocol is being implemented at the Day Service program and at the residence.	06/22/2013

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	the day service before leaving again and smoked more cigarette butts. The report indicated client #2 "was never out of staff's sight." A report on 4/3/13 indicated client #2 broke into a storage room at the day service and drank tea and soda and then walked to the neighboring building's smoking area and smoked cigarette butts. Record review for client #2 was done on 5/16/13 at 11:54a.m. Client #2 had an individual support plan (ISP) dated 1/30/13. The plan addressed obsessive behaviors and absconding (running away). The plan indicated client #2 was to be 1:1 during waking hours with 5 minute tracking. The plan indicated staff were to follow him if he leaves. Staff were to prompt client #2 to return to the group home. If client #2 refused and was in an unsafe situation, staff could use physical restraint "your safe I'm safe" techniques. Professional staff #1 was interviewed on 5/16/13 at 2:55p.m. Professional staff #1 indicated the facility's corrective action for the 12/13/12, 12/31/12 and 4/3/13 incidents of alleged neglect (failure to provide services per behavior support plan) had not identified the need to retrain facility staff (facility owned day service staff) on client #2's ISP which included			

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	client #2's 1:1 supervision during waking hours. Staff #1 had indicated they were not aware the facility day service had not provided 1:1 supervision as indicated in client #2's ISP since 1/30/13. Staff #1 indicated the 1:1 supervision was in effect now at day services. 9-3-2(a)			

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W000312	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 for 1 of 4 sampled clients (client #4) who took behavior control drugs, to ensure the behavior control medications were part of client #4's individual support plan (ISP) and included in a plan of reduction. Findings include: Review of the record of client #4 was done on 5/20/13 at 9:27a.m. Client #4's 7/24/12 ISP indicated client #4's diagnoses included, but were not limited to, Intermittent explosive disorder and depression. Physician orders on 4/19/13 indicated client #4 received the behavior control medications Zyprexa and Zoloft. The ISP failed to include the behavior control medications in a plan which included a withdrawal criteria. Interview of professional staff #2 on 5/20/13 at 12:32p.m. indicated client #4 did not have his current behavior control medications addressed in a plan of reduction.	W000312	Drugs used for the control of inappropriate behavior will be used only as an integral part of the client's individual program plam that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.Modifications to the ISP of client #4 to include the use of behavior modification medications have been completed. Staff will receive training on the modifications to this plan. The QIDP will be responsible for the completion of this modification and the training for staff. The QIDP is responsible for developing and monitoring each person's Individual Support Plan which outlines the strengths and needs of each individual and supports needed, including medication use for the control of inappropriate behaviors, as appropriate. Each individual that is prescribed a medication used in the control of inappropriate behaviors will have an outlined specific plan of reduction of the medication integrated into the Behavior Support Plan. An audit of the ISP's for all individual will be conducted to assure all	06/22/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	106 ALLENDALE TERRE HAUTE, IN 47802

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	9-3-5(a)		behavior modification medications are properly documented. The Program Manager will be responsible for conducting this audit on at least a quarterly basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013

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W000440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 5/1/12 through 5/15/13. Findings include: Record review of the facility's evacuation drills from 5/1/12 through 5/15/13 for clients #1, #2, #3, #4, #5, #6, #7 and #8 was completed on 5/15/13 at 1:48p.m. The "night shift," sleep time, evacuation drills were documented on 6/12/12, 7/20/12, 9/5/12 and 3/24/13. There were no documented night shift drills between the 9/12 drill and the 3/13 drill. Interview of professional staff #4 on 5/15/13 at 2:32p.m. indicated there were no other documented night shift drills. Staff #4 indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis. 9-3-7(a)	W000440	The facility will hold evacuation drills at least quarterly for each shift of personnel. The outstanding evacuation drills have been completed on the night shift/ sleeptime to assure all shift personnel are current. The Home Manager is responsible for insuring that evacuation and emergency drills are held on at least a monthly basis according to an established schedule that insures that a drill is held quarterly for each shift of personnel. The Home Manager will receive training as to their responsibilities in completing drill as required. The Quality Assurance Coordinator will track and monitor completion of all required evacuation drills and provide a bi-monthly report of the status of evacuation drills to the Program Manager.	06/22/2013