

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 06/02/2016
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ALLENDALE TERRE HAUTE, IN 47802
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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
W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: May 26, 27, 31 and June 2, 2016</p> <p>Provider Number: 15G060 Aims Number: 100233640 Facility Number: 000612</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/8/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) living in the group home.</p> <p>Findings include: An observation of clients #1, #2, #3, #4,</p>	W 0104	<p>The facility will exercise operating direction over the facility to provide a safe and clean environment at all times.</p> <p>The patio area at the front entrance as well as any other noted problem areas will be repaired and maintained in a safe manner. A contractor has been hired to remove the current patio and replace it with a single level concrete patio that will be safer</p>	07/01/2016

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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	<p>#5, #6 and #7 (at the group home) was done on 5/26/16 from 3:45p.m. to 5:30p.m. The observation included the following environmental conditions: The patio area in front of the main entrance to the home was uneven. The patio was made of stones and some had settled which caused an up and down surface. The patio was also the surface used for the clients' basketball court. The basketball goal was bent straight up and part of the backboard was missing. The house and door by the patio were stained. Staff #2 was interviewed on 5/26/16 at 4:00p.m. Staff #2 indicated the clients like to shoot basketball. Staff #2 indicated she thought the goal was damaged a few weeks ago when it had fallen over. Staff #2 wasn't sure if the broken basketball goal had been reported.</p> <p>Staff #1 was interviewed on 5/31/16 at 10:55a.m. Staff #1 indicated she was not aware of the condition of the uneven patio and the basketball goal. Staff #1 indicated a new client who was visibly impaired would be moving in next week. Staff #1 indicated she was not aware of any current work orders.</p> <p>9-3-1(a)</p>		<p>and easy to maneuver for all individuals. The maintenance staff will make any other noted repairs, such as pressure washing the home as noted, and a new basketball goal has been purchased.</p> <p>All employees are responsible to insure that the home is maintained in a clean and safe manner. The agency has a system for staff to document and communicate maintenance and repair needs of the home as identified. The Residential Manager is responsible to insure that the needs are communicated and if follow-up is not completed, to report to the Program Manager. The ED, Program Manager, or Program Coordinator conducts at least a monthly check at the home to identify needs. The Program Manager is responsible to see that follow-up is completed.</p> <p>The Maintenance staff conducts a monthly home check as well. The Program Manager will review the current checklist being used to ensure that it includes a check of the patio and sidewalk surfaces.</p>	