

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/24/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 605 W CRAIG BRAZIL, IN 47834			
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: August 14, 15, 16, 17, 24, 2012</p> <p>Provider Number: 15G400 Aims Number: 100244450 Facility Number: 000914</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 31, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000					

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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W0125	<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 observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 non-sample clients (#5, #6, #7, #8) to ensure the clients' rights to be free from unnecessary locked items (brooms, mops, dust pans) located in a locked kitchen closet, to which only staff had a key.</p> <p>Findings include:</p> <p>Observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 was done at the group home on 8/15/12 from 6:43a.m. to 7:50a.m. At 7:23a.m., staff #3 had a key and unlocked a kitchen closet that contained a broom, mop and dust pan. Staff #3 gave client #8 the broom and dust pan to sweep the kitchen floor. Interview of staff #3 on 8/15/12 at 7:24a.m. indicated the brooms, mop and dust pan were kept locked and only staff had a key. Staff #3 indicated they were not aware of any client misuse of the brooms, mop and dust pan.</p> <p>Record review for client #1 was done on 8/16/12 at 1:08p.m. Client #1 had an</p>	W0125	The brooms, mops, and dust pans have been removed from the locked closet. All staff at the home along with the Program Coordinator and Home Manager will receive training on client rights and restrictions. The Program Manager will be responsible for providing this training. The Home Manager and Program Coordinator will provide on-going weekly monitoring to assure that cleaning equipment is not kept locked and that staff are supporting client access to these items.	09/21/2012			

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	<p>individual support plan (ISP) dated 6/12/12. There was no documentation to indicate client #1 was in need of locked brooms, mops and dust pans.</p> <p>Record review for client #2 was done on 8/17/12 at 9:32a.m. Client #2 had an ISP dated 4/9/12. There was no documentation to indicate client #2 was in need of locked brooms, mops and dust pans.</p> <p>Record review for client #3 was done on 8/17/12 at 10:05a.m. Client #3 had an ISP dated 5/3/12. There was no documentation to indicate client #3 was in need of locked brooms, mops and dust pans.</p> <p>Record review for client #4 was done on 8/17/12 at 8:44a.m. Client #4 had an ISP dated 8/10/12. There was no documentation to indicate client #4 was in need of locked brooms, mops and dust pans.</p> <p>Staff #2 (operation manager) was interviewed on 8/16/12 at 12:02p.m. Staff #2 indicated they were not aware the brooms, mops and dust pans were kept locked in the group home. Staff #2 indicated there were no clients in the group home that needed the brooms, mops, dust pans kept locked. Staff #1</p>						

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	indicated the brooms, mops and dust pans should not have been locked. 9-3-2(a)				

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 1 of 4 sampled clients (#1) with a behavior support plan (BSP) and behavior medication interventions to ensure client #1's BSP (including behavior medications) was reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 8/16/12 at 1:08p.m. Client #1's 6/12/12 individual support plan (ISP) and 6/12/12 BSP indicated client #1's diagnosis included, but was not limited to, Psychotic Disorder and Insomnia for which client #1 received the medications Abilify (psychosis behavior) and Ativan (insomnia). There was no documentation the ISP/BSP was reviewed by the facility's specially constituted committee (HRC). There was no documentation client #1's ISP/BSP had been reviewed by the HRC since 6/11.</p> <p>Interview with facility staff #4 (social</p>	W0262	<p>The HRC reviews of client #1's ISP/BSP have been completed. The Program Manager is responsible for providing training to the Program Coordinators and the Social Services Coordinator regarding the HRC process for obtaining approvals for rights restrictions/behavior modification medications. This training will include the expectations for annual reviews.</p> <p>The Program Manager is responsible for tracking HRC reviews and monitoring the Program Coordinators to assure required reviews are included on the HRC agenda.</p>	09/24/2012			

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	services) on 8/17/12 at 1:32p.m. indicated there was no documentation the facility's HRC had reviewed client #1's ISP/BSP since 6/11. Staff #4 indicated they should review the restrictive plans at least annually. 9-3-4(a)				

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W0312	<p>483.450(e)(2) DRUG USAGE</p> <p>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 medication was part of client #4's individual support plan (ISP).</p> <p>Findings include:</p> <p>Review of the record of client #4 was done on 8/17/12 at 8:44a.m. Client #4's 8/10/12 ISP indicated client #4's diagnosis included, but was not limited to, Bi-Polar Disorder. Physician orders on 8/1/12 indicated client #4 received the behavior control medications Valium (anti-anxiety), Zyprexa (anti-psychotic), and Remeron (anti-depressant), for the Bi-Polar disorder. The ISP failed to include the behavior control medication in the plan.</p> <p>Interview of staff #1 on 8/17/12 at 1:32p.m. indicated client #4 did not have his current behavior control medications addressed in his plan.</p>	W0312	<p>Modifications to the ISP of client #4 to include the use of behavior modification medications will be completed. Staff will receive training on the modifications to this plan. The Program Coordinator will be responsible for the completion of this modification and provide training for the staff.</p> <p>The Program Coordinator 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.</p> <p>An audit of the ISP's for this</p>	09/24/2012			

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	9-3-5(a)		residence will be conducted to assure all behavior modification medications are properly documented. The Program Manager will be responsible for conducting this audit.		