

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G621		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/18/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 4217 N 13 1/2 ST TERRE HAUTE, IN 47805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: April 9, 10, 12, 17 and 18, 2012</p> <p>Provider Number: 15G621 Aims Number: 100245680 Facility Number: 001158</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 on 4/23/12 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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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (#1, #2) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified mental retardation professional (QMRP), by the QMRP not completing quarterly program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 4/12/12 at 3:28 p.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 3/5/12. There were one documented QMRP program review (12/11) during the time period of 3/1/11 through 4/12/12.</p> <p>Record review for client #2 was done on 4/12/12 at 2:04 p.m. Client #2's QMRP program reviews indicated client #2 had an ISP dated 3/5/12. There were no documented QMRP program reviews during the time period of 3/1/11 through 4/12/12.</p> <p>Staff #1 (operations manager) was interviewed on 4/17/12 at 2:18 p.m. Staff</p>	W0159	<p>All current qualified mental retardation professionals will receive training on the coordination and monitoring of client active treatment programs. This training will include protocols for analyzing and compiling collected client program data, and timelines for completing reports on the results. The Program Director will implement this training.</p> <p>The Program Director will oversee that qualified mental retardation professionals provide continuous integration, coordination, and monitoring of client services by way of monthly tracking of quarterly review documentation of client services. This monthly tracking will be submitted to the Director of Licensing and Compliance to validate completion. In instances where the expectation for providing monitoring of client's active treatment programs is not met by the qualified mental retardation</p>	05/18/2012			

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	#1 indicated the QMRP should be reviewing the clients' programs at least quarterly. Staff #1 indicated quarterly QMRP program reviews had not been done for clients #1 and #2 during the past 12 months. 9-3-3(a)		professional corrective action will be implemented.		

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 3 sampled clients (#2, #3) to ensure the clients' communication and behavior training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 4/9/12 from 4:12 p.m. to 6:08 p.m. Client #2 had drool hanging from his chin throughout the observation. Client #2 did not carry a handkerchief/towel with him. Client #2 was not consistently prompted to wipe his chin. At 5:30 p.m. clients #2 and #3 ate supper. Clients #2 and #3 did not use any communication pictures with their supper.</p> <p>The record of client #2 was reviewed on 4/12/12 at 2:04 p.m. Client #2's 3/5/12 individual support plan (ISP) indicated client #2's communication training program was to point to a picture of drink as situations occur. Client #2's 7/25/11</p>	W0249	<p>The Program Coordinator is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan.</p> <p>All staff will receive training on program implementation and active treatment. This training will include a review and competency check of all training programs for the clients of the home. The Program Coordinator will be responsible for providing this training.</p> <p>The Home Manager and Program Coordinator will conduct weekly observations to the home to monitor that staff adhere to client training program objectives. The Program Coordinator is responsible for implementing further documented training or corrective measures with any</p>	05/18/2012			

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	<p>behavior support plan (BSP) indicated he was to be encouraged to sign for eat. The BSP also indicated staff were to assist client #2 to carry a handkerchief on him and encourage him to wipe his mouth when drooling.</p> <p>The record of client #3 was reviewed on 4/17/12 at 11:34 a.m. Client #3's 3/6/12 ISP indicated client #3's communication training program was to identify a picture of eat.</p> <p>Interview of staff #1 on 4/17/12 at 2:18 p.m. indicated clients #2 and #3's communication training programs and client #2's BSP should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>staff observed to not be providing active treatment. Weekly observations will be documented on Program Coordinator Audit forms and these forms will be turned into the Program Director on a weekly basis to be reviewed. The Program Director is responsible for follow up with the Program Coordinator if the weekly audit schedule is not met.</p>		