

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4475 N 17TH ST TERRE HAUTE, IN 47805
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 20, 22, 23, 27 and 28, 2014.</p> <p>Provider Number: 15G508 Aims Number: 100245140 Facility Number: 001022</p> <p>Surveyor: Mark Ficklin, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 10, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring identified training programs were documented and data had been collected and behavior medication was</p>	W000159	<p>All staff in the home will receive training on the implementation of the program and documenting progress. The Home Manager and QIPD is responsible for at least weekly monitoring in the home to assure all programs are being implemented and for providing on-going staff training and support as</p>	06/27/2014

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>addressed in a plan of reduction.</p> <p>Findings include:</p> <p>Record review was done for the following clients: client #2 was done on 5/27/14 at 1:04p.m., client #3 was done on 5/28/14 at 12:08p.m. and client #4 was done on 5/28/14 at 12:52p.m. There was no training program data documented in clients #2, #3 and #4's records for the time period of 5/13 through 12/13.</p> <p>Review of the record of client #1 was done on 5/28/14 at 1:25p.m. Client #1's 3/28/14 ISP indicated client #1's diagnosis included, but was not limited to, depression. Physician's orders on 3/2/14 indicated client #1 received the behavior control medication Lexapro. The ISP failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Staff #1 (QIDP) was interviewed on 5/28/14 at 2:11p.m. Staff #1 indicated she was unable to find documented data for clients #2, #3 and #4's training programs. Staff #1 indicated she had this position for approximately 2 months and the prior reviews and data could not be located. Staff #1 indicated client #1 did not have her current behavior control</p>		<p>needed. The QIPD is responsible for monthly progress monitoring of each program goal and to insure that staff has the information and supplies required to assist each individual with programming needs. The QIPD is responsible for implementing further documented training or corrective measures in instances where expectations regarding client programs are not met. All current Home Managers and QIDP's will receive training on the coordination and monitoring of client active treatment programs. The Program Manager will implement this training. The Program Manager will oversee that QIDP's provide continuous integration, coordination, and monitoring of client services. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectation for providing monitoring of client's active treatment programs is not met.</p> <p>Addendum added 7-25-14: Additional/ more frequent monitoring (at least weekly) will be provided by the Program Manager at the home for at least 30 days to ensure that program goals are implemented and documented by the staff in the</p>	

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W000227	<p>medication addressed in a plan of reduction. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of client program data and plans of reduction.</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's individual support plan (ISP) had a training program in place to address her identified behavior of picking scabs.</p> <p>Findings include:</p> <p>Record review for client #4 was done on 5/28/14 at 12:52p.m. Client #4 had the following nursing notes: 12/19/13, released from hospital picks left leg</p>	W000227	<p>home as outlined and that staff have a full knowledge of each person's goals and their expectations in implementing the goals with each individual. The Home Manager and QIDP will also provide at least weekly observations in the home to insure that staff are following through with the individual program plans and documentation. The Program Manager will review the Monthly progress reviews completed by the QIDP for the next 3 months to insure that they are completed in a timely manner and follow-up as necessary.</p> <p>The QIDP is responsible to insure that each individual's needs are 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 the protocols and formal objectives that they must initiate to meet each individuals needs and assist them toward independence. The QIDP will provide training to all staff in the home on the</p>	06/27/2014

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	<p>wound; 2/21/14 keep left leg covered to keep client #4 from picking. A psychiatrist's note on 3/7/14 indicated "still picking her scabs, being seen by her neurologist." Client #4's 3/28/14 ISP identified her behavior of scratching herself and had a program that addressed client #4's fingernails (trimming) to decrease injury. Client #4's ISP did not have any training program in place to address her picking of scabs.</p> <p>Staff #1 was interviewed on 5/28/14 at 2:11p.m. Staff #1 indicated client #4's Dementia had gotten worse and she had a history of picking her skin/scabs. Staff #1 indicated client #4 did not have a training program in place to address the identified training need regarding picking her scabs.</p> <p>9-3-4(a)</p>		<p>specific implementation of the plan. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a monthly basis to determine any issues or progress made and will revise as needed. 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 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 Clinical Supervisor and/or the Program Manager is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being addressed and monitored for progress.</p> <p>Addendum added 7-25-14: The training program regarding picking scabs/sores for client #4 has been developed and</p>		

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			<p>implemented by the QIDP. Staff will be trained on the new programming to ensure competency. The Home Manager will monitor progress on a daily basis. The Program Coordinator will receive training on expectations to assure all identified needs from an individuals ISP are addressed. The Program Manager will be responsible for this training and assuring ISP audit is completed.</p> <p>Additional/ more frequent monitoring (at least weekly) will be provided by the Program Manager for at least 30 days to ensure that program goals are implemented and documented by the staff in the home as outlined and that staff have a full knowledge of each person's goals and their expectations in implementing the goals with each individual. The Home Manager and QIDP will also provide at least weekly observations in the home to insure that staff are following through with the individual program plans and documentation. The Program Manager will review the Monthly progress reviews completed by the QIDP for the next 3 months or as long as needed to insure that they are completed in a timely manner, followed-up as necessary and that all identified needs are being addressed.</p>		

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview, the facility failed for 3 of 4 (#2, #3, #4) sampled clients to document training data for clients' training programs.</p> <p>Findings include:</p> <p>Record review was done for the following clients: client #2 was done on 5/27/14 at 1:04p.m., client #3 was done on 5/28/14 at 12:08p.m. and client #4 was done on 5/28/14 at 12:52p.m. There was no training program data documented in clients #2, #3 and #4's records for the time period of 5/13 through 12/13.</p> <p>Interview on 5/28/14 at 2:11p.m. of staff #1 (qualified intellectual disabilities professional, QIDP) indicated she was unable to find documented data for clients #2, #3 and #4's training programs. Staff #1 indicated she had had this position for approximately 2 months and the prior reviews and data could not be located.</p> <p>9-3-4(a)</p>	W000252	<p>All staff will be trained on correct documentation of training programs. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a monthly basis to determine progress toward goals and to identify any issues. The Home Manager is responsible for observing staff during implementation and documentation of client's training programs on at least a weekly basis. The QIDP will observe in the home on a weekly basis to ensure all clients programs are being run and documented accurately. The Program Manager tracks home audits that indicate that observations have been conducted at the home weekly. Addendum added 7-25-14: Additional/ more frequent monitoring (at least weekly) will be provided by the Program Manager at the home for at least 30 days to ensure that program goals are implemented and documented by the staff in the</p>	06/27/2014
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W000312	<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 for 1 of 4 sampled clients (client #1) who took behavior control drugs, to ensure the behavior control medications were part of client #1's individual support plan (ISP) which included in a plan of reduction.</p> <p>Findings include: Review of the record of client #1 was</p>	W000312	<p>home as outlined and that staff have a full knowledge of each person's goals and their expectations in implementing the goals with each individual. The Home Manager and QIDP will also provide at least weekly observations in the home to insure that staff are following through with the individual program plans and documentation. The Program Manager will review the Monthly progress reviews completed by the QIDP for the next 3 months or longer as needed to insure that they are completed in a timely manner and follow-up as necessary.</p> <p>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, this includes medication use for the control of inappropriate behaviors. Each individual that is prescribed medication will have a specific plan of reduction of the medication integrated into the Behavior Support Plan.</p>	06/27/2014	

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	<p>done on 5/28/14 at 1:25p.m. Client #1's 3/28/14 ISP indicated client #1's diagnosis included, but was not limited to, depression. Physician's orders on 3/2/14 indicated client #1 received the behavior control medication Lexapro. The ISP failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 5/28/14 at 2:11p.m. indicated client #1 did not have her current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p>		<p>An audit of the ISP's for all individuals will be conducted to assure all behavior modification medications are properly documented. The Program Manager will be responsible for conducting this audit on at least a quarterly basis.</p>		