

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G569		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 921 HAMPTON AVE TERRE HAUTE, IN 47803			
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: April 10, 12, 13, 17 and 18, 2012</p> <p>Provider Number: 15G569 Aims Number: 100245510 Facility Number: 001083</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</p> <p>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 3 of 4 sampled clients (#1, #3, #4) 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 4/17/12 at 1:05 p.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 3/9/12. There were no documented QMRP program reviews during the time period of 4/1/11 through 4/17/12.</p> <p>Record review for client #3 was done on 4/17/12 at 1:34 p.m. Client #3's QMRP program reviews indicated client #3 had an ISP dated 3/9/12. There was one documented QMRP program review (1/12) during the time period of 4/1/11 through 4/17/12.</p> <p>Record review for client #4 was done on 4/17/12 at 12:21 p.m. Client #4's QMRP</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 at least quarterly written reports on the results as well as meeting with the Support Team on at least a quarterly basis to review the information and data gathered.. The Program Director will implement this training. 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 professional corrective action will be implemented.</p>	05/18/2012			

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	<p>program reviews indicated client #4 had an ISP dated 3/9/12. There were no documented QMRP program reviews during the time period of 4/1/11 through 4/17/12.</p> <p>Staff #1 (operations manager) was interviewed on 4/17/12 at 2:18 p.m. Staff #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, #3 and #4 during the past 12 months.</p> <p>9-3-3(a)</p>			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 10 medications observed (client #7), to ensure client #7 received her medication without error.</p> <p>Findings include:</p> <p>Observation was done at the group home on 4/12/12 from 4:04 p.m. to 6:00 p.m. Client #7 was observed to receive medication at 4:41 p.m. Client #7 received Colace 100 milligrams.</p> <p>Client #7's 4/12 medication administration record (MAR) was reviewed on 4/12/12 at 4:46 p.m. The MAR indicated client #7 had physician's orders to receive 200 milligrams of Colace at 5 p.m. for constipation.</p> <p>Interview on 4/12/12 at 4:46 p.m. of staff #4 indicated client #7 had received 100 milligrams of Colace during the 5:00 p.m., 4/12/12, medication pass. Staff #4 indicated client #7 should have received 200 milligrams of Colace. Staff #4 indicated one of the Colace p.m. dose cards had been put in the wrong storage</p>	W0369	<p>The staff involved in the medication error for client # 7 has received a corrective action and additional training and support. All staff at the residence will receive training on medication administration protocols. The Program Coordinator will be responsible for this training. The Home Manager and Program Coordinator will conduct weekly observations of medication passes until all staff at the home has been observed to complete a medication pass without error. The Home Manager will continue weekly random checks of medication passes to assure continued staff competency with medication administration protocols. Any staff observed to make an error will receive additional training and as appropriate corrective action. The Program Coordinator will be responsible for any necessary follow up with staff.</p>	05/18/2012			

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	<p>area which contributed to the medication error. Interview of professional staff #1 on 4/17/12 at 2:08 p.m. indicated client #7 should have received 200 milligrams of Colace as ordered by the physician.</p> <p>9-3-6(a)</p>			
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