

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 06/12/2012
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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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(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
W0000	<p>This visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on 4/18/12.</p> <p>Dates of Survey: June 7, 8, 11, 12, 2012</p> <p>Provider Number: 15G569 Aims Number: 100245510 Facility Number: 001083</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/15/12 by Tim Shebel, 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 1 of 4 sampled clients (#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 ensuring identified training programs were documented and data had been collected.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 6/11/12 at 1:20p.m. Client #2's QMRP program reviews indicated client #2 had an individual support plan (ISP) dated 3/23/12. There were no documented training programs currently in place for her identified training needs.</p> <p>Staff #2 (QMRP) was interviewed on 6/11/12 at 2:24p.m. Staff #2 indicated client #2 had her annual ISP meeting on 3/23/12. Staff #2 indicated the QMRP responsible for the 3/23/12 ISP was no longer employed there. Staff #2 indicated documentation of training programs for client #2 from the 3/23/12 ISP were not available and no current program data was</p>			W0159	<p>The training programs for client #2 have been implemented.</p> <p>All current qualified mental retardation professionals will receive training on the implementation expectations of client active treatment programs. This training will include timelines and expectations for implementing and monitoring client training programs identified in the ISP. The Program Director will implement this training.</p> <p>The Program Director will complete an audit of all client training programs to assure all have been implemented.</p> <p>The Program Director will oversee that qualified mental retardation professionals provide continuous integration, coordination, and monitoring of client services. All qualified mental retardation professionals will be required to submit confirmation of the implementation of all client</p>		07/06/2012

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	being documented. 9-3-3(a) This deficiency was cited on 4/18/12. The facility failed to implement a systemic plan of correction to prevent recurrence.		training programs to the Program Director within 30 days of the ISP. This will include evidence that staff training is completed on the training programs as well. In instances where the expectation of implementing client's active treatment programs is not met by the qualified mental retardation professional corrective action will be implemented.		