

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G421		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/14/2014	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 935 E OLMSTEAD AVE EVANSVILLE, IN 47711			
(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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 10, 12, 13, 14, 2014</p> <p>Facility Number: 000935 Aims Number: 100235180 Provider Number: 15G421</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 3/27/14 by Ruth Shackelford, QIDP.</p>			W000000			

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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W000369	<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 3 sampled clients observed to be administered medications (#1), to ensure client #1 received his medication without error.</p> <p>Findings include:</p> <p>Observation was done at the group home on 3/13/14 from 5:38a.m. to 6:42a.m. Client #1 was observed to receive medication at 6:02a.m. Client #1 did not receive the medication LacHydrin 12%. Client #1 left the medication room and staff #5 indicated client #1 had received all of his medications. Review of client #1's 3/14 medication administration record (MAR) on 3/13/14 at 6:21a.m. indicated client #1 had not been given his LacHydrin 12% (for dry feet). At 6:23a.m., client #1 indicated he had not received LacHydrin for his dry feet and staff #5 indicated they had forgotten to administer client #1's LacHydrin 12%.</p> <p>Record review of client #1's 3/14 MAR on 3/13/14 at 6:21a.m. indicated client #1 had physician's orders to receive</p>	W000369	<p>W369</p> <ul style="list-style-type: none"> <li>- The faculty must ensure that the system for drug administration assures that all drugs, including those that are self-administered, are administered without error.</li> <li>- All staff will be retrained by the nurse on medication administration and documentation.</li> <li>- Residential Manger will monitor medication administrations daily.</li> <li>- Program Manger will monitor medications administration weekly.</li> <li>- Nurse will monitor medications administration weekly.</li> <li>- The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home.</li> </ul>	04/13/2014			

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	<p>LacHydrin 12% for dry feet at 6a.m. medication pass.</p> <p>Interview on 3/13/14 at 10:08a.m. of staff #2 (nurse) indicated client #1 had physician orders for LacHydrin 12% for dry feet at 6a.m. Staff #2 indicated client #1 should have received LacHydrin 12% for dry feet during his 6a.m. medication pass.</p> <p>9-3-6(a)</p>				