

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G130	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4477 FOXMOOR DR NEWBURGH, IN 47630
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: October 20, 21, 22, 23, 24, 2014</p> <p>Provider Number: 15G130 Aims Number: 100234360 Facility Number: 000667</p> <p>Surveyors: Mark Ficklin, QIDP-TC Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) living</p>	W000104	W104	11/23/2014

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>in the group home.</p> <p>Findings include:</p> <p>An observation of clients #1, #2, #3, #4, #5, #6, and #7 (at the group home) was done on 10/20/14 from 4:15p.m. to 5:38p.m. The observation included the following environmental condition: There were 7 large areas of unpainted drywall repair throughout the house (kitchen, hallway, dining room). There was 1 area with a hole through the drywall.</p> <p>Interview of staff #4 on 10/20/14 at 4:44p.m. indicated that some of the unpainted drywall patches were over 3 months old. Interview of professional staff #2 on 10/22/14 at 1:48p.m., indicated the unpainted drywall patches and the hole were in need of repair. Staff #2 indicated they thought the needed repairs had been turned in to their maintenance but had not followed up on the repair order.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> - The governing body must exercise general policy, budget and operating direction over the facility. - The facility will ensure that the group home is in good condition including walls being repaired -The facility will ensure that all holes in the wall will be repaired and painted - Staff will be retrained on submitting a work order to the maintenance department if any item in the home is in need of repair or replacement. - Residential Manager will be trained on reporting any repairs in the home to maintenance, Clinical Supervisor, and Executive Director 	

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W000227	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 observation, record review and interview, the facility failed for 2 of 4	W000227	-Clinical Supervisor will be retrained on reporting any environmental issues during home audits on a monthly basis -Property Manager will be retrained on reporting to the Executive Director any environmental issues during home audits Persons Responsible: Staff, Residential Manager, Clinical Supervisor, Property Manager, & Executive Director.	11/23/2014	

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	<p>sampled clients (#2, #4) to ensure clients #2 and #4's individual support plans (ISP) had a training program in place to address their identified need of a healthy diet training program.</p> <p>Findings include:</p> <p>An observation was done on 10/20/14 from 4:15p.m. to 5:38p.m. at the facility group home. At 5:02p.m., clients #2 and #4 ate supper. Clients #2 and #4 had cornbread with their meal. At 5:18p.m., with staff #4 at the dining room table, clients #2 and #4 both ate a second helping of cornbread.</p> <p>Record review for client #2 was done on 10/22/14 at 11:38a.m. Client #2's 9/25/14 physician's orders indicated client #2 was on a regular diet with portion control. Record review of client #2's 8/8/14 dietician review indicated client #2 had weighed 218 pounds during 11/13 and weighed 233 pounds during 8/14. Review of client #2's current weight chart indicated he weighed 237 pounds during 10/14. The Dietician indicated the facility should encourage diet compliance with portion control diet. Client #2's 6/20/14 "Risk Plan" indicated the facility should assist client #2 with "educating individual to dietary changes to decrease weight." Client #2's 6/20/14 ISP did not identify</p>		<p>-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.</p> <p>- Residential Manger will be retrained on job responsibilities, including the monitoring and updating of ISP/BSP.</p> <p>-Specifically for client #2 and 4, the Residential Manger will meet with the IDT and review client #2 and 4's ISP and update to include healthy diet choice training program</p> <p>- Specifically for client #2 and 4, staff responsible for monitoring the ISP/BSP will be retrained on any changes.</p> <p>-Residential Manger shall monitor through daily observations in the home to assure that Client #2 and 4's, as well as all clients in the home, program plans are being implemented as written.</p>	

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W000312	<p>any training programs to assist client #2 with identifying a healthy diet and the importance of diet compliance.</p> <p>Record review for client #4 was done on 10/22/14 at 12:30p.m. Client #4's 6/20/14 ISP indicated client #4 was on a regular diet with portion control. Client #4's ISP did not have any training programs in place to identify healthy food choices. Record review of client #4's 6/4/14 dietician review indicated client #4 weighed 201 pounds and his weight range was 142 to 173 pounds.</p> <p>Professional staff #1 was interviewed on 10/22/14 at 1:48p.m. Staff #1 indicated clients #2 and #4 had experienced constant weight gain during the past year while clients #2 and #4 were on a portion control diet. Staff #1 indicated clients #2 and #4 did not have any training program in place to address diet compliance and healthy food choices. Staff #1 indicated clients #2 and #4 were in need of healthy diet training.</p> <p>9-3-4(a)</p> <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</p>		<p>- Clinical Supervisor shall monitor through weekly observations in the home to assure that Client #2 and 4's, as well as all clients in the home, program plans are being implemented as written.</p> <p>-QIDP will review the goals monthly to ensure that programming is being implemented appropriately</p> <p>Persons Responsible: Staff, Residential Manger, Clinical Supervisor QIDP & Executive Director.</p>	

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	<p>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 #3) who took a behavior control drug, to ensure the behavior control medication was part of client #3's individual support plan (ISP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #3 was done on 10/22/14 at 11:00 a.m. Client #3's 6/24/14 ISP indicated client #3's diagnoses included, but were not limited to, mood disorder and anxiety. Physician's orders dated on 9/26/2014 indicated client #3 received the behavior control medication, Risperdal. The ISP failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Interview of professional staff # 1 on 10/24/14 at 1:50 p.m. indicated client #3 did not have his current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p>	W000312	<p>W312</p> <p>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.</p> <p>- An IDT will be completed with Client #3 to discuss any updates to their Individuals Support Plan, Behavioral Support Plan in regards to Anxiety and the use of behavioral medications.</p> <p>- An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are in place for all behavioral medications.</p>	11/23/2014			

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			<p>-The Human Rights Committee will review any restrictions to Client #3's plan</p> <p>-The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication</p> <p>-The Clinical Supervisor will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication</p> <p>-Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately</p> <p>-Clinical Supervisor will oversee through weekly visits</p>	

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility nurse failed to ensure for 1 of 4 sampled clients (#3), that client #3's identified health status (elevated cholesterol) was monitored by the nurse regularly since the discontinuation of client #3's medication for elevated cholesterol due to unwanted side effects of the cholesterol medication.	W000331	in the home to assure programs and objectives are implemented appropriately Persons Responsible: QIDP, Clinical Supervisor, Executive Director W331 -The facility must provide clients with nursing services in accordance with their needs. -A complete audit of labs will be	11/23/2014

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	<p>Findings include:</p> <p>The record for client #3 was reviewed on 10/22/14 at 11:00 a.m. Client #3's record review indicated his Lipid Panel presented with results consistent with continued elevated cholesterol and triglycerides. Client #3's lab results dated 9/26/14 indicated his cholesterol and triglycerides were elevated at 253 and 359 respectively. Client #3's lab results dated 6/17/14 indicated his cholesterol and triglycerides were 217 and 411 respectively.</p> <p>Professional staff #1 (nurse) was interviewed on 10/22/14 at 1:50 p.m.. Professional staff #1 indicated the cholesterol medication (Zocor) had been discontinued by client #3's primary care physician on 4/1/13. Professional staff #1 indicated client #3's current Lipid Level labs have been high. Professional staff #1 indicated client #3's primary care physician had not been contacted in regards to the high Lipid Level labs.</p> <p>9-3-6(a)</p>		<p>completed to ensure that all results are reviewed by the physician and implemented in a timely manner.</p> <p>-Residential Manager will monitor through weekly observations or as needed to ensure that labs are being completed per physicians orders.</p> <p>-Clinical Supervisor will monitor through monthly observations to ensure that labs are being completed per physician's orders.</p> <p>-Nursing will complete a monthly summary to ensure that all lab orders are completed, reviewed by the physician and are being implemented appropriately.</p> <p>-Nurse will complete quarterly chart reviews to ensure that all labs reviews have been reviewed by the physician and implemented appropriately.</p> <p>Persons Responsible: Staff, Residential Manager, Clinical Supervisor and Nurse</p>		

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (#2, #4) to ensure the clients' identified diet plans were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 10/20/14 from 4:15p.m. to 5:38p.m. at the facility group home. At 5:02p.m., clients #2 and #4 ate supper. Clients #2 and #4 had cornbread with their meal. At 5:18p.m., with staff #4 was at the dining room table, clients #2 and #4 both ate a second helping of cornbread.</p> <p>Record review for client #2 was done on 10/22/14 at 11:38a.m. Client #2's 9/25/14 physician's orders indicated client #2 was on a regular diet with portion control.</p> <p>Record review of client #2's 8/8/14 dietician review indicated client #2 had weighed 218 pounds during 11/13 and weighed 237 pounds during 10/14. The</p>	W000460	<p>W460-Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>In order to correct the deficiency with W460:</p> <p>-Staff will be retrained regarding all individual program plans and each individuals training program specific to modified and specially-prescribed diets. Emphasis will be placed on ensuring that each individual receives the appropriate supports to comply with their diet.</p> <p>-Specifically, for client #2 and 4, staff will be retrained regarding the specific diet plan with emphasis on assuring the client receives a specific to modified and specially-prescribed diets as ordered.</p>	11/23/2014

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	<p>Dietician indicated the facility should encourage diet compliance with portion control diet.</p> <p>Record review for client #4 was done on 10/22/14 at 12:30p.m. Client #4's 6/20/14 ISP indicated client #4 was on a regular diet with portion control. Record review of client #4's 6/4/14 dietician review indicated client #4 weighed 201 pounds and his weight range was 142 to 173 pounds.</p> <p>Professional staff #1 was interviewed on 10/22/14 at 1:48p.m. Staff #1 indicated clients #2 and #4 were on portion control diets. Staff #1 indicated clients #2 and #4 should receive seconds of only vegetables and should not have received seconds of cornbread.</p> <p>9-3-8(a)</p>		<p>- Residential Manger will ensure compliance through daily observations in the home to ensure appropriate involvement and supports are provided to each individual and any supplements are offered appropriately with diets followed as outlined.</p> <p>- Clinical Supervisor will ensure compliance through weekly observations in the home to ensure appropriate involvement and supports are provided to each individual and any supplements are offered appropriately with diets being followed as outlined.</p> <p>Persons Responsible: Group Home Staff, Clinical Supervisor and Residential Manger,</p>		