

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  08/08/2014
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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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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: August 4, 5, 6, 7 and 8, 2014.</p> <p>Provider Number: 15G569 Aims Number: 100245510 Facility Number: 001083</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 August 12, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 non-sample clients (#5, #6, #7, #8) to ensure the clients' rights to be free from unnecessary facility entry door alarms.</p>	W000125	The facility will insure the rights of all clients are protected at all times. The facility will allow the individual clients to be free unnecessary facility entry door alarms. The QIDP is responsible to insure that all of the needs of each individual is addressed in their program plan and addressed	09/05/2014

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>Findings include:</p> <p>Observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 was done at the group home on 8/4/14 from 3:46p.m. to 5:30p.m. There were working alarms placed on all facility entry/exit doors. Throughout the observation the alarms would sound when the doors were opened.</p> <p>Record review for client #1 was done on 8/7/14 at 12:52p.m. Client #1 had an individual support plan (ISP) dated 11/26/13. There was no documentation to indicate client #1 was in need of facility entry door alarms.</p> <p>Record review for client #2 was done on 8/7/14 at 1:20p.m. Client #2 had an ISP dated 4/2/13. There was no documentation to indicate client #2 was in need of facility entry door alarms.</p> <p>Record review for client #3 was done on 8/7/14 at 2:50p.m. Client #3 had an ISP dated 5/5/14. There was no documentation to indicate client #3 was in need of facility entry door alarms.</p> <p>Record review for client #4 was done on 8/7/14 at 2:04p.m. Client #4 had an ISP dated 5/5/14. There was no documentation to indicate client #4 was</p>		<p>formally as recommended by the IDT. The QIDP is responsible to ensure that any specific needs/rights restrictions that may be identified throughout the year are reviewed by the IDT as needed and revised. The QIDP is responsible to making the needed revisions to the annual rights restrictions. The door alarms have been removed as they were not included in any individuals plan. The alarms had been used previously to meet the needs of an individual. The QIPD is responsible for informing others if restriction change or are no longer needed so that adjustments can be made. The Clinical Supervisor will conduct an audit of each Individual Support Plan at least quarterly to insure that restrictions are current and appropriately initiated. Addendum added 9-18-14: The Clinical Supervisor supervises the QIPD and the Residential Managers for each home. (This is a new position recently added to the Organization Chart in order to provide additional oversight and monitoring directly in the homes.) The Clinical Supervisor is supervised by the Program Manager.</p>		

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W000159	<p>in need of facility entry door alarms.</p> <p>Staff #2 (home manager) was interviewed on 8/7/14 at 8:07a.m. Staff #2 indicated she thought the door alarms were for a former client. Staff #2 indicated she didn't think any current clients had the identified need for door alarms.</p> <p>Staff #1 (qualified intellectual disabilities professional) was interviewed on 8/8/14 at 9:52a.m. Staff #1 indicated there were no clients in the group home that were currently identified to need door alarms. Staff #1 indicated the alarms were in place due to a former client's behavior. Staff #1 indicated the former client had been discharged from the facility during 9/13. Staff #1 indicated the door alarms should not have been activated.</p> <p>9-3-2(a)</p> <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. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure each</p>	W000159	All current QIPD's will receive training on the coordination and monitoring of client treatment programs. This training will	09/05/2014			

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	<p>client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not completing quarterly program reviews (#1, #2, #3, #4) and an annual comprehensive functional assessment/CFA review (#2).</p> <p>Findings include:</p> <p>Record review for client #1 was done on 8/7/14 at 12:52p.m. Client #1's QIDP program reviews indicated client #1 had an individual support plan (ISP) dated 11/26/13. There were no documented QIDP training progress program reviews during the time period of 11/13 through 8/7/14.</p> <p>Record review for client #2 was done on 8/7/14 at 1:20p.m. Client #2's QIDP program reviews indicated client #2 had an ISP dated 4/2/13. There were no documented QIDP program reviews nor annual CFA review between 4/2/13 through 8/7/14.</p> <p>Record review for client #3 was done on 8/7/14 at 2:50p.m. Client #3's QIDP program reviews indicated client #3 had an ISP dated 5/5/14. There were no documented QIDP program reviews during the time period of 3/21/13 through</p>		<p>include protocols for analyzing and complaining collected data and timelines for completing reports on the result. On a quarterly basis, the QIDP facilitates a meeting with the IDT to review progress and needs with team members. Monthly and Quarterly reports will be completed to insure that each plan is current. The QIPD will be responsible to see that all monitoring and plans are current. The Clinical Supervisor will oversee that the QIDP provides continuous integration, coordination and monitoring of client services by way of monthly tracking and quarterly meetings with the interdisciplinary team by conducting at least a quarterly audit of each Individual Support Plan and following up accordingly. The Program Manager will conduct training with the QIPD and Clinical Supervisor as to their responsibilities in the coordination and monitoring of treatment plans. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectations for providing monitoring of client's treatment programs are not met. Addendum added 9-18-14: The QIDP will be required to submit a monthly progress report to the Clinical Supervisor that indicates the progress review for each individual plan. This will be required for at least the next 6</p>				

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W000259	<p>5/5/14.</p> <p>Record review for client #4 was done on 8/7/14 at 2:04p.m. Client #4's QIDP program reviews indicated client #4 had an ISP dated 5/5/14. There were no documented QIDP program reviews during the time period of 5/13 through 5/5/14.</p> <p>Professional staff #1 (QIDP) was interviewed on 8/8/14 at 9:52a.m. Staff #1 indicated the QIDP should be reviewing the clients' programs at least quarterly. Staff #1 indicated they had been the QIDP for this home for approximately 4 months and could not produce QIDP reviews for the past year. Staff #1 indicated client #2's annual CFA review was last completed on 4/2/13. Staff #1 indicated quarterly QIDP program reviews had not been done for clients #1, #2, #3 and #4.</p> <p>9-3-3(a)</p> <p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview,</p>	W000259	<p>months to insure compliance and competency. The QIPD will also submit a schedule indicating when quarterly and annual Team Reviews are scheduled to the Clinical Supervisor so that they can track that plans are being reviewed as required. The Clinical Supervisor will review each ISP upon completion to insure that a review and documentation of the review of the individuals CFA is completed and the CFA is current and reviewed by the IDT. Addendum added 9-30-14: In order to assure ongoing compliance, the Clinical Supervisor is responsible for conducting an audit of each client chart on at least a quarterly basis to insure that all documentation and the individual plan is current and has been implemented according to the team decisions. The Clinical Supervisor is a new position added in order to provide an additional level of oversight to the homes, the individuals, and the staff. They are supervised by the Program Director submit completed audit results and follow-up to the Program Director on a monthly basis.</p>	09/05/2014			

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W000316	<p>the facility failed for 1 of 4 sampled clients (#2) to ensure the clients' comprehensive functional assessments (CFA) had been reviewed during the past year.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 8/7/14 at 1:20p.m. Client #2's program reviews indicated client #2 had an individual support plan (ISP) dated 4/2/13. Client #2 had no documented CFA reviews from 4/2/13 through 8/7/14.</p> <p>Professional staff #1 was interviewed on 8/8/14 at 9:52a.m. Staff #1 indicated the facility's interdisciplinary team should review the clients' CFAs at least annually. Staff #1 indicated client #2's most recent CFA review was completed on 4/2/13. Staff #1 indicated there was no documentation the facility had completed an annual CFA review for client #2.</p> <p>9-3-4(a)</p> <p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at</p>		<p>Assessment will be reviewed by the QIDP for each of the individuals in the home to assure that they are accurate and current. The CFA is to be reviewed by the interdisciplinary Team at least annually or as needs change for an individual. The Program Coordination is responsible to see that the CFA is updated and reviewed on at least an annual basis. The QIPD has received training on the completion and documentation expectations in reviewing client comprehensive functional assessments. All CFA's will be reviewed by the IDT at the next quarterly meeting and at least annually thereafter. The Clinical Supervisor will oversee that QIPD provide a continuous integration, coordination and monitoring of client services by the way of on-going tracking that includes annual ISP's, comprehensive functional assessment reviews and quarterly review documentation of client services. The Clinical Supervisor will monitor by conducting at least a quarterly audit of each Individual Support Plan and following up accordingly.</p>				

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	<p>least annually.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (#3), who received behavior control medications, to ensure client #3 received an annual medication reduction.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 8/7/14 at 2:50p.m. Client #3's 5/5/14 individual support plan (ISP) indicated client #3 received the behavior medication Remeron for Bi-Polar Disorder. Client #3's behavior data indicated client #3 had (0) documented (inappropriate social behavior) behavioral incidents from 3/13 through 8/7/14. Client #3's medication reduction plan indicated a medication reduction would be considered if client #3 had "no more than 10 inappropriate social behaviors per month across a 6 month period." There was no documentation the interdisciplinary team (IDT) had addressed a possible behavior medication reduction. There was no documentation by the psychiatrist regarding a contraindication to a medication reduction. There was no documentation client #3's medication had been reduced during the past year.</p> <p>Interview of staff #1 on 8/8/14 at</p>	W000316	<p>The Behavioral Support Plans (BSP) for all individuals in the home, as well as Client # 3 have been reviewed to insure that a medication reduction plan is in place and are current.</p> <p>The QIDP is responsible to monitor the progress of behavior support goals and report the progress of lack of progress to the physician that monitors the individual's behavior medications. The QIDP reports this progress to the physician and to the team on at least a quarterly basis for review. The QIDP will assure that a medication reduction plan is included in each individual Behavior Support Plan and that a medication reduction is initiated on at least an annual basis. Each QIDP will receive training on their responsibilities for monitoring and reporting progress to the IDT and physician.</p> <p>The Clinical Supervisor is responsible for reviewing each individual client record on at least a quarterly basis to assess accuracy and timeliness, including monitoring that each BSP includes a plan for the reduction of medications. The Program Manager will insure that the quarterly audits are completed and any issues identified are resolved.</p>	09/05/2014

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	9:52a.m. indicated the facility's IDT had not met and discussed a possible annual reduction for client #3. Staff #1 indicated client #3 had met the criteria for a behavior medication reduction.  9-3-5(a)				