

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G387	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/26/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1013 WHITE TAIL BRAZIL, IN 47834
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Date of Survey: November 24, 25, 26, 2014</p> <p>Provider Number: 15G387 Aims Number: 100244360 Facility Number: 000901</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 12/8/14 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. Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and clean environment for 5 of 5 clients (#1, #2, #3, #4, #5) living in the group home.</p>	W000104	The staff are responsible for assuring the environmental issues that affect the health and safety of residents in the home are reported immediately to the Residential Manager. Staff will be trained to notify the Residential Manager and the Clinical	12/26/2014

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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W000156	<p>Findings include:</p> <p>An observation of clients #1, #2, #3, #4 and #5 (at the group home) was done on 11/25/14 from 6:52a.m. to 8:10a.m. The observation included the following environmental condition: the living room carpet had a long area of unraveled carpet and worn areas.</p> <p>Interview of staff #2 on 11/25/14 at 7:58a.m. indicated the living room carpet was in need of replacement. Staff #2 indicated they were not aware of any work orders in place to replace the carpeting.</p> <p>9-3-1(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed for 1 of 3 reportable incident investigations reviewed (client #3) to ensure reportable incident investigation results were reported to the administrator within five working days.</p>	W000156	<p>Supervisor upon discovery of any maintenance issue to ensure prompt replacement/repair of any needed items. The Safety Committee completes a safety check of the home on at least a quarterly basis to identify issues that are needed or that may not have been reported by the staff of Home Manager. The Program Manager is responsible to see that all issues are addressed that are identified by the Safety Committee immediately. Monthly maintenance inspections for the home are routinely completed and documented by the Maintenance Coordinator. The Maintenance Coordinator will be responsible for completing and arranging completion of necessary repairs of the carpeting as immediate as possible. The Executive Director will follow up to insure that this repair is completed as soon as possible.</p> <p>The facility has developed and will consistently implement written policies concerning the procedures for reporting suspected abuse immediately to the administrator or other officials in accordance with State law through established</p>	12/26/2014			

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W000159	<p>Findings include:</p> <p>Record review of the facility reportable incident reports was done on 11/25/14 at 10:56a.m. The incident reports indicated client #3 had a 3/26/14 alleged staff abuse incident report and the investigation was initiated on 3/26/14. The allegation alleged a facility staff had used a squirt gun on client #3 as a behavior technique to wake the client up. The documentation indicated the investigation findings/summary had been reported to the facility administrator on 4/4/14.</p> <p>Professional staff #3 was interviewed on 11/25/14 at 10:56a.m. Staff #3 indicated the alleged abuse investigation for client #3 had begun on 3/26/14 and had been completed and submitted to the administrator on 4/4/14. Staff #3 indicated the investigation interviews were not completed until 4/3/14 and the facility failed to complete the investigation in 5 working days.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p>		<p>procedures.</p> <p>The facility has policies and procedures in place that outline the definition of abuse, neglect and mistreatment, reporting requirements for all allegations; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow up to any such allegations reported. All incidents are to be reported immediately according to facility procedures and that follow up and should be reported to the administrator within 5 working days.</p> <p>The Clinical Supervisor and QIDP will complete re- training on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by policy are investigated immediately and thoroughly and immediately reported to the administrator, and completed within five working days.</p> <p>The Program Manager is responsible for providing this training and will track that all investigations are completed and presented for the administrator review within 5 days according to policy.</p>				

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	<p>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 3 of 3 sampled clients (#1, #2, #3) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring client restrictive programs were reviewed at least annually by the human rights committee (HRC) (#1, #2, #3) and client behavior medication was addressed in a plan of reduction (#3).</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 11/25/14 at 10:30a.m. Client #1's 5/8/14 individual support plan (ISP) and BSP (behavior support plan) indicated client #1's diagnosis included, but was not limited to, Autism and Emotional Disorder due to Seizures, for which client #1 received the medication Risperdal. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #2 was reviewed on 11/25/14 at 11:30a.m. Client #2's 5/8/14 ISP and BSP indicated client #2's diagnosis included, but was not limited to, Autism with Aggression, for which</p>	W000159	<p>All current QIDP's will receive training on the coordination and monitoring of client treatment programs. This training will include protocols for analyzing and compiling collected data and timelines for completing reports on the result. On a quarterly basis, the QIDP facilitates a meeting with IDT to review progress and needs with team members. Monthly and Quarterly reports will be completed to insure that each plan is current. The QIDP will be responsible to see that all monitoring and plans are current.</p> <p>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 results of this audit and the follow-up to identified issues are submitted to the Program Manager on at least a quarterly basis to insure completion. The Program Manager will conduct the training with the QIDP and Clinical Supervisor as to their responsibilities for implementing further training or corrective</p>	12/26/2014			

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	<p>client #2 received the medications Clozaril and Valium. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #3 was reviewed on 11/25/14 at 11:30a.m. Client #3's 5/8/14 ISP and BSP indicated client #3's diagnosis included, but was not limited to, Depression, Bipolar Disorder and Mood Disorder, for which client #3 received the medications Xanax, Latuda, Lithium, Saphris and Effexor. There was no documentation the ISP/BSP had been reviewed by the HRC. Also, the ISP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Staff #1 (QIDP-D) was interviewed on 11/25/14 at 12:40p.m. Staff #1 indicated client #3 did not have her current behavior control medication addressed in a plan of reduction. Staff #1 indicated there was no documentation clients #1, #2 and #3's restrictive programs had been presented to the facility's HRC for review during the past year. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of the inclusion of a plan of reduction for client behavior medication and ensuring client restrictive programs were presented to the facility HRC for annual review.</p>		measures instances where the expectations for providing monitoring of client's treatment programs are not met.				

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W000249	<p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#2) to ensure client #2's identified individual support plan (ISP) and behavior support plan (BSP) were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 11/25/14 from 6:42a.m. to 8:00a.m. at the facility group home. Throughout the observation client #2 was in the personal space of the visiting surveyors. Client #2 continually</p>	W000249	: The training objectives form Client #2 and the BSP for Client #2 needs has been reviewed and all staff will be trained on the implementation of the program as written. The QIDP is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan. Staff responsible for the implementation each client's program plan will be re-trained regarding the program goals and implementation for the client's programming needs in the home.	12/26/2014
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W000262	<p>told the surveyors to leave and made physical contact with the visitors (surveyors). Facility staff did not prompt client #2 to respect others personal space nor did they consistently redirect client #2 to an activity.</p> <p>Record review for client #2 was done on 11/25/14 at 11:30a.m. Client #2's current ISP/BSP (5/8/14) indicated client #2 had a training program that addressed personal space. The program indicated client #2 would pace, tell visitors to leave and get into others personal space. The BSP indicated staff were to discuss the importance of personal space with client #2 and prompt him to keep an arms length from others. The BSP also indicated staff were to prompt client #2 to a meaningful activity.</p> <p>Professional staff #1 was interviewed on 11/25/14 at 12:40p.m. Staff #1 indicated client #2 had a training program to address personal space. Staff #1 indicated staff should have implemented client #2's BSP, prompt arms length spacing from others and redirection to an activity.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i)</p>		<p>The QIDP will be responsible for providing the training.</p> <p>The QIDP and/Residential Manager completed daily observations at the home for 30 days at various times to assure staff are meeting expectations with running training programs when opportunities allowed and providing active treatment at all times. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations.</p> <p>On at least a weekly basis, the home manager and/or the QIPD will monitor all objectives to insure that staff are providing the appropriate opportunities to receive continues active treatment as determined by the ISP. The Home Manager is responsible for insuring that staff has the information and supplies required to assist with individual with programming needs.</p>		

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	<p>PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 3 of 3 sampled clients (#1, #2, #3) with behavior support plans (BSP) to ensure the clients' BSPs (including behavior medications) were reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 11/25/14 at 10:30a.m. Client #1's 5/8/14 individual support plan (ISP) and BSP indicated client #1's diagnosis included, but was not limited to, Autism and Emotional disorder due to seizure, for which client #1 received the medication Risperdal. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #2 was reviewed on 11/25/14 at 11:30a.m. Client #2's 5/8/14 ISP and BSP indicated client #2's diagnosis included, but was not limited to, Autism with Aggression, for which client #2 received the medications Clozaril and Valium. There was no</p>	W000262	<p>The QIDP is responsible for ensuring that informed consent is provided and approvals are obtained from the client and/or their guardian prior to presenting the program to the Human Rights Committee for their review and approval. The facility has a written policy and process in which the QIDP is to follow when reviewing information and obtaining these approvals. The facility encourages active participation of family and guardians on the Interdisciplinary team when discussion and review takes place. If the guardian is not able to attend the meeting, the QIDP is responsible for contacting the guardian by phone or scheduling a meeting with them to discuss plans or issues, and then follow up the discussion in writing in order to obtain a signature for approval.</p> <p>The QIDP will receive training concerning their responsibilities in reviewing and obtaining proper approvals from individuals or guardians and the Human Rights Committee for ISP's, BSP's and programming that may include rights restrictions. The Program</p>	12/26/2014

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W000312	<p>documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #3 was reviewed on 11/25/14 at 11:30a.m. Client #3's 5/8/14 ISP and BSP indicated client #3's diagnosis included, but was not limited to, Depression, Bipolar Disorder and Mood Disorder, for which client #3 received the medications Xanax, Latuda, Lithium, Saphris and Effexor. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>Interview of facility staff #1 on 11/25/14 at 12:40p.m. indicated there was no documentation the facility's HRC had reviewed client #1, #2 and #3's restrictive ISP/BSPs during the past year.</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 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 3 sampled clients (client #3) who took behavior control drugs, to ensure the behavior</p>	W000312	<p>Manager will insure that the training is complete and documented.</p> <p>The Clinical Supervisor is responsible for reviewing the plans on a quarterly basis by conducting an audit of each ISP/ BSP and following up accordingly. The results of this audit and the follow-up to identified issues are submitted to the Program Manager on at least a quarterly basis to insure completion. This audit includes checking that signature and approvals are completed appropriately prior to the implementation of the plan. The Program Manager is responsible for reviewing the quarterly audits and follow-up.</p> <p>The Behavior Support Plans (BSP) for all individuals in the home, as well as Client #3 has been reviewed to insure that a medication reduction</p>	12/26/2014	

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	<p>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 11/25/14 at 11:30a.m. Client #3's 5/8/14 ISP indicated client #3's diagnosis included, but was not limited to, Depression, Bi-Polar Disorder and Mood Disorder. Physician's orders on 10/27/14 indicated client #3 received the behavior control medications Effexor, Saphris, Lithium, Latuda and Xanax. The ISP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 11/25/14 at 12:40p.m. indicated client #3 did not have her current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p>		<p>plan is in place and is 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 results of this audit and the follow-up to identified issues are submitted to the Program Manager on at least a quarterly basis to insure completion. This audit includes checking that a medication reduction goal and plan is included for each medication used in the support of Behavior needs prior to the implementation of the plan. The Program Manager is responsible for reviewing the quarterly audits and follow-up is resolved.</p>		

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#3) with adaptive equipment, to provide client #3 with training for the refusal to wear her prescribed eyeglasses.</p> <p>Findings include:</p> <p>Observations were done at the group home on 11/24/14 from 4:18p.m. to 6:22p.m. and on 11/25/14 from 6:42a.m. to 8:00a.m. Client #3 did not wear nor was she prompted to wear eyeglasses during the observations.</p> <p>Record review of client #3 was done on 11/25/14 at 11:30a.m. Client #3's 10/20/14 eye exam indicated client #3 had prescribed eyeglasses for "constant wear." Client #3's individual support plan (ISP) was dated 5/8/14. Client #3's ISP did not have documentation of a training program in place to address client #3's refusal to wear prescribed eyeglasses.</p>	W000436	<p>There has been programming implemented to address the issue with Client#3 refusing to wear her prescribed eyeglasses and programming has been re-established. Progress toward the goal will be reviewed with the IDT on at least a quarterly basis. The Residential Manager is responsible for providing all staff with training on the use of all adaptive equipment in the home. This training will include protocols for when the equipment becomes missing or in need of repair. The Residential Manager and the QIPD will provide weekly monitoring to assure adaptive equipment is present and in good repair.</p> <p>All adaptive equipment needs are to be reviewed and discussed with the IDT at Annual and Quarterly Team meetings. The QIPD is responsible to insure that this review is complete and that adaptive equipment is provided as necessary. The QIPD will receive additional training</p>	12/26/2014			

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W000440	<p>Interview on 11/25/14 at 12:40p.m. of professional staff #1 indicated client #3 had eyeglasses. Staff #1 indicated client #3 often refused to wear her eyeglasses. Staff #1 indicated client #3 did not have a training program in place to address the refusal of wearing her eyeglasses.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 5 of 5 clients (#1, #2, #3, #4, #5) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 11/1/13 through 11/24/14.</p>	W000440	<p>concerning their responsibilities to review adaptive equipment needs with the IDT. The Clinical Supervisor will insure that the training is complete and documented.</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 the adaptive equipment needs of each individual. The results of this audit and the follow-up to identified issues are submitted to the Program Manager on at least a quarterly basis to insure completion. The Program Manager is responsible for reviewing the quarterly audits and follow-up is resolved. The Clinical Supervisor and Program Manager will receive training as to their responsibilities in conducting the quarterly audit and their responsibilities in following up immediately to any issues noted.</p> <p>Outstanding drills have been completed to assure all shift personnel are current. The Residential Manager is responsible for ensuring that evacuation and emergency drills are held on at least</p>	12/26/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G387	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/26/2014
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1013 WHITE TAIL BRAZIL, IN 47834		
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	<p>Findings include:</p> <p>Record review of the facility's evacuation drills from 11/1/13 through 11/23/14 for clients #1, #2, #3, #4 and #5 was completed on 11/24/14 at 1:57p.m. There were no first quarter "night shift," sleep time, evacuation drills documented. There was no documentation of an over night shift evacuation drill held from 11/1/14 through 4/20/14. There was an night drill on 4/20/14 at 3:20a.m.</p> <p>Interview of professional staff #2 on 11/24/14 at 3:28p.m. indicated there were no other documented night shift drills between 11/1/13 through 4/20/14. Staff #2 indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis.</p> <p>9-3-7(a)</p>		<p>a monthly basis according to an established schedule that insures that a drill is held quarterly for each shift of personnel. The Residential Manager will receive training as to their responsibilities in completing drills a required.</p> <p>The Facility has reevaluated the process in which drills are scheduled and tracked. The Clinical Supervisor will track and monitor completion of all required evacuation drills and provide a bi-monthly report of the status of evacuations drills to the Program Manager.</p> <p>The completion of emergency drills will be reviewed by the Safety Committee and follow up on any issues immediately.</p>		