

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G505		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/05/2013	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 333 TREELINE DR TERRE HAUTE, IN 47802			
(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: June 24, 25, 28 and July 2, 5, 2013</p> <p>Provider Number: 15G505 Aims Number: 100235280 Facility Number: 001019</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/11/13 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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W000159	<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 1 of 4 sampled clients (#1) to ensure client #1's active treatment program (physical therapy program) was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP).</p> <p>Findings include:</p> <p>Record review for client #1 was done on 7/2/13 at 11:22a.m. Client #1's 2/28/13 physical therapy note indicated client #1 was to do a home exercise program two times a day for left shoulder strengthening. The exercise program was on the March 2013 Medication Administration Record (MAR) with daily data recorded. The exercise program was not documented anywhere from April 2013 through present July 2, 2013.</p> <p>Staff #1 was interviewed on 7/2/13 at 3:22p.m.. Staff #1 indicated the QIDP and nurse should be reviewing client #1's programs and MAR at least monthly. Staff #1 indicated there was no documentation of client #1's home exercise program since 3/13. Staff #1</p>	W000159	<p>The exercise program for client #1 has been implemented. The Home Manager is responsible for weekly monitoring to assure all programs are being implemented. The Program Coordinator is responsible for monthly monitoring and to insure that staff has the information and supplies required to assist each individual with programming needs. The Program Coordinator is responsible for implementing further documented training or corrective measures in instances where expectations regarding client programs are not met. The agency nurse assigned to the home is responsible for monthly monitoring of the MAR to assure all measures are correctly included on the record and to communicate any discrepancies or changes to the Program Coordinator.</p> <p>All current QIDP's will receive training on the coordination and monitoring of client active treatment programs. The Program Manager will implement this training. The Program Manager will oversee that QIDP's provide continuous integration, coordination, and monitoring of client services. The Program</p>	08/05/2013	

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	indicated the exercise program had been left off the April through July 2013 MARs and the QIDP was unaware this program had been omitted. 9-3-3(a)		Manager will be responsible for implementing further training or corrective measures in instances where the expectation for providing monitoring of client's active treatment programs is not met.		