

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G592		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/20/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 107 A VILLA CT BRAZIL, IN 47834			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 5, 10, 11, 17, 18, 20, 2012</p> <p>Provider Number: 15G592 Aims Number: 100240070 Facility Number: 001106</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/25/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

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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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <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 4 of 4 sampled clients (#1, #2, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified mental retardation professional (QMRP), by the QMRP not completing quarterly program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 9/17/12 at 12:22p.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 8/2/12. There were no documented QMRP program reviews during the time period of 7/28/11 through 8/2/12.</p> <p>Record review for client #2 was done on 9/17/12 at 10:52a.m. Client #2's QMRP program reviews indicated client #2 had an ISP dated 8/2/12. There were no documented QMRP program reviews during the time period of 7/28/11 through 8/2/12.</p> <p>Record review for client #3 was done on 9/17/12 at 11:35a.m. Client #3's QMRP</p>	W0159	<p>A Quarterly review of all clients' programs has been completed. The Program Coordinator that was assigned to this location is no longer with the agency. All current qualified mental retardation professionals will receive training on the coordination and monitoring of client active treatment programs. This training will include protocols for analyzing and compiling collected client program data, and timelines for completing reports on the results. The Program Manager will implement this training.</p> <p>The Program Manager will oversee that qualified mental retardation professionals provide continuous integration, coordination, and monitoring of client services by way of monthly tracking of quarterly review documentation of client services. This monthly tracking will be submitted to the Executive Director to validate completion. In instances where the expectation for providing monitoring of client's active treatment programs is not met by the QMRP or Program Manager corrective action will be implemented.</p>	10/19/2012	

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	<p>program reviews indicated client #3 had an ISP dated 8/2/12. There were no documented QMRP program reviews during the time period of 7/28/11 through 8/2/12.</p> <p>Record review for client #4 was done on 9/17/12 at 12:00p.m. Client #4's QMRP program reviews indicated client #4 had an ISP dated 8/2/12. There were no documented QMRP program reviews during the time period of 7/29/11 through 8/2/12.</p> <p>Staff #1 (QMRP) was interviewed on 9/18/12 at 3:00p.m.. Staff #1 indicated the QMRP should be reviewing the clients' programs at least quarterly. Staff #1 indicated quarterly QMRP program reviews had not been done for clients #1, #2, #3 and #4 during the past 12 months. 9-3-3(a)</p>				

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W0369	<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 5 clients (client #1) observed to receive medications administered by facility staff, to ensure client #1 received his medication without error.</p> <p>Findings include:</p> <p>Observation was done at the group home on 9/10/12 from 4:15p.m. to 6:15p.m. Client #1 was observed to receive medication at 4:43p.m. Client #1 received medication Tegretol (seizures), Lasix (heart) and Topamax (seizures), whole pills intact, with applesauce.</p> <p>Record review of the facility's 9/12 medication administration record (MAR) on 9/10/12 at 4:47p.m. indicated client #1 was to receive his medications crushed and in applesauce. Client #1's 8/27/12 physician's orders indicated client #1 was to receive his medication crushed and in applesauce.</p> <p>Interview of staff #2 (nurse) on 9/17/12 at 10:48a.m. indicated client #1 should have received his medication crushed and in</p>	W0369	<p>All staff at the residence will receive training on medication administration protocols specific for each individual and their needs. The Program Manager will be responsible for this training. The Home Manager and Program Coordinator will conduct weekly observations of medication passes to monitor staff competency with medication administration protocols. Any staff observed to make an error will receive additional training, and as appropriate corrective action. The Home Manager will be responsible for any necessary follow up with staff.</p>	10/19/2012			

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	applesauce as indicated by the physician's order. 9-3-6(a)				