

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2014
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 8, 9, 10, 11 and 15, 2014.</p> <p>Provider Number: 15G440 Aims Number: 100244720 Facility Number: 000954</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 September 22, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000159	<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 2 of 3 sampled clients (#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 a guardian's written consent had been returned via the mail (#3) and a behavior medication was addressed in a</p>	W000159	<p>The QIPD is making all efforts to obtain consents for the ISP/BSP's for client's #2 and # 3 will be completed. The QIPD will be responsible for obtaining the necessary consents. The QIDP is responsible for developing and monitoring each person's Individual Support Plan, Behavior Support Plans and obtaining the necessary consents in order to implement the use of such</p>	10/15/2014

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>plan of reduction (#2).</p> <p>Findings include:</p> <p>Review of the record of client #2 was done on 9/11/14 at 9:47a.m. Client #2's 5/19/14 individual support plan (ISP) indicated client #2's diagnosis included, but was not limited to, intermittent explosive disorder. Physician's orders on 8/29/14 indicated client #2 received the behavior control medication Risperdal. The ISP failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Record review of client #3 was done on 9/11/14 at 9:08a.m. Client #3's 6/19/14 ISP indicated client #3 had a guardian. The ISP indicated client #3 had a behavior support plan (BSP) for Inappropriate Socialization behavior and received the behavior medication Lexapro. There was no documentation of client #3's guardian's written informed consent for the 6/19/14 ISP/BSP.</p> <p>Staff #1 (QIDP) was interviewed on 9/15/14 at 12:14p.m. Staff #1 indicated client #2 did not have his current behavior control medication addressed in a plan of reduction. Staff #1 indicated client #3's guardian had been sent a copy of the 6/19/14 ISP/BSP but had not</p>		<p>programs as well as insuring that the individual and/ or guardian approval is obtained in a timely fashion or develop an alternate plan to obtain the proper authorizations. The Program Manager will provide training to all QIDP's on the protocol for obtaining consents and documentation of the efforts to obtain them. A revised guideline is being developed to include a timeline of interventions that the QIDP will need to take to obtain necessary approvals and what steps to take if a guardian is not responsive to requests. All QIDP's will receive training on these guidelines. The Clinical Supervisor is responsible for reviewing each client chart on at least a quarterly basis. The Program Manager will provide training to the Clinical Supervisors as to their responsibility during this audit and what information they should be reviewing specifically (ie; timely signatures and approvals, behavior reduction plans, etc.) Completed audits will be documented and submitted to the Program Manager for review on at least a quarterly basis. An audit of the ISP/BSP's will be conducted to assure all behavior modification medications include the proper consents. Any issues will be resolved immediately and the QIDP will receive additional guidance and training concerning their responsibilities to insure that</p>				

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W000312	<p>returned a written consent for the programs. Staff #1 indicated there was no documentation the QIDP had followed up on obtaining the guardian signature for the 6/19/14 ISP/BSP. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of obtaining guardian written consent and the inclusion of a plan of reduction for client behavior medication.</p> <p>9-3-3(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 #2) who took a behavior control drug, to ensure the behavior control medication was part of client #2's individual support plan (ISP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #2 was done on 9/11/14 at 9:47a.m. Client #2's 5/19/14 ISP indicated client #2's</p>			W000312	<p>approvals are obtained and all components of the plan are included.</p> <p>Modifications to the ISP of client #2 to include a plan of reduction for the use of behavior modification medications has been completed. Staff will receive training on the modifications to this plan. The QIDP will be responsible for the completion of this modification and the training for staff.</p> <p>The QIDP is responsible for developing and monitoring</p>		10/15/2014

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	<p>diagnosis included, but was not limited to, intermittent explosive disorder. Physician's orders on 8/29/14 indicated client #2 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 9/15/14 at 12:14p.m. indicated client #2 did not have his current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p>		<p>each person's Individual Support Plan and Behavior Support Plan which outlines the strengths and needs of each individual and the supports needed, including medication use for the control of inappropriate behaviors, as appropriate. Each individual that is prescribed a medication used in the control of inappropriate behaviors will have an outlined specific plan of reduction of the medication integrated into the Behavior Support Plan.</p> <p>The facility has recently re-established an internal Behavior Review Committee (BRC) that shall continually review behavior support programs and practices to assure acceptable practices and techniques are utilized at all times. The BRC will review each individual BSP will at least biannually and as changes are made to insure accuracy and effectiveness. The BRC will also audit each plan to insure that all of the required components are included, such as a written medication reduction plan. All BSP's for all individuals in the home will be updated to include the medication</p>		

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W000440	<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 6 of 6 clients (#1, #2, #3, #4, #5, #6), to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts (night shift), from 9/1/13 through 9/9/14.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 9/1/13 through 9/9/14 for clients #1, #2, #3, #4, #5 and #6 was completed on 9/9/14 at 8:42a.m. There were no "night shift," sleep time, evacuation drills documented between 10/14/13 at 2:30a.m. through 3/29/14 at 6:03a.m.</p> <p>Interview of professional staff #2 on 9/9/14 at 11:32a.m. indicated there were</p>	W000440	<p>reduction plan immediately and reviewed by the BRC at the next meeting.</p> <p>An audit of the ISP's for this residence will be conducted to assure all behavior modification medications are properly documented and approved at this time. The Clinical Supervisor will conduct this audit and follow-up immediately on any issues noted.</p> <p>All shifts of personnel will participate in an evacuation drill at least every 90 days. The facility has always maintained a monthly schedule that indicates when evacuation drills are to be conducted in order to insure that each shift conducted an evacuation drill each quarter. It was only discovered recently that even though each shift conducted a drill during a 3 month/ Quarter, is did not always insure that the drill occurred within 90 days. (For example, a drill may have been scheduled and conducted in January for the 1st quarter and then in May for the 2nd Quarter. This then did not meet the every 90 day standard.) The evacuation drill schedule has now been revised to insure that drills are conducted at least every 90 days on each personnel shift. The Residential Managers and</p>	10/15/2014	

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	no other documented night shift drills. Staff #2 indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis.  9-3-7(a)		staff will receive training on the revised drill schedule and it will be implemented immediately. The Clinical Supervisor will track and monitor the completion of all required evacuation drills and provide a bi-monthly report of the status of evacuation drills to the Program Manager.		