

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 08/13/2015
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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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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to complaint #IN00173039 investigated on 6/22/15.</p> <p>Survey Dates: August 6, 7, 10, 11 and 13, 2015</p> <p>Facility Number: 000954 Aim Number: 100244720 Provider Number: 15G440</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 5 of 5 clients (A, B, C, D, E) living in the group home.</p> <p>Findings include:</p>	W 0104	The facility will provide a safe and clean environment for the individuals served. Carpeting for the living room, hallway and 2 bedrooms has been ordered and is scheduled to be in place by 9-25-15. An original arrangement for the delivery of carpeting did not occur as planned, thus delaying the installation. A new vendor has been identified and is	09/25/2015

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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W 0194 Bldg. 00	<p>An observation of clients A, B, C, D and E (at the group home) was done on 8/6/15 from 4:41p.m. to 6:12p.m. The observation included the following environmental conditions: the living room carpet had 3 large stains and discolored areas, the hallway carpet was stained and had a rip by the bathroom. The living room couch and loveseat had the covering wearing off and the hallway wood door frames had paint coming off of them.</p> <p>Staff #1 was interviewed on 8/13/15 at 10:58a.m. Staff #1 indicated the facility had not completed any of the identified needed home improvements. Staff #1 indicated he thought carpet measurements had been taken but had no documentation of this nor a timeline for improvements.</p> <p>9-3-1(a)</p> <p>483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. Based on observation, record review and interview, the facility failed for 3 of 3</p>			W 0194	<p>scheduled to install the carpeting in the home. Additionally, it is anticipated that the living furniture will be delivered to the home by this same date. Door frames, as well as any other areas of the home identified as needing paint, have been completed. All employees are responsible to insure that the home is maintained in a clean and safe manner. The Residential Manager is responsible for conducting an at least weekly check of the home to insure that all areas are clean and safe. The QIPD/ and or Clinical Supervisor is responsible to visit the home on at least a weekly basis to also ensure that the home is maintained in a safe and clean manner. All staff are responsible to submit a maintenance work order or to alert the Program Manager or Executive Director in the event that an area of the home requires attention. The need for carpet in this home had been identified and was in the process of being addressed.</p> <p>All staff will be re trained on the protocol for family style dining and</p>		09/18/2015

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	<p>sampled clients (A, B, C) to ensure facility staff were able to demonstrate the techniques necessary to implement the clients' dining training programs.</p> <p>1. An observation was done at the group home on 8/6/15 from 4:41p.m. to 6:12p.m. Staff #4 and #6 were observed to begin supper preparation at 4:59p.m. Staff #4 did not have any of the clients who were home at this time (A, B, C, D, E) in the kitchen to assist with the meal preparation. Staff #4 was observed to: get out food and utensils for the meal preparation, use the microwave to defrost the hamburger, opened and cooked green beans, made hamburger helper on the stove top. Staff #4 and #6 put cups on the table, put the food into serving bowls and put the bowls on the dining room table, put pitchers of drinks on the table, poured client drinks, put green beans on clients B, D and E's plate and served client A his hamburger helper. All clients were observed to be able to independently feed themselves.</p> <p>2. An observation was done on 8/10/15 at the group home from 6:35a.m. to 7:54a.m. At 6:38, staff #7 was in the kitchen with no clients and put prepared bowls of cereal and toast onto the dining room table for clients A, B, C, D and E. The clients were observed to be prompted</p>		<p>expectation of active habilitation. Staff will be retrained regarding specific dining objectives for individuals in their care. Additionally, staff will be retrained on the dietary needs of the individuals in the home. On at least a daily basis for 30days the Residential Manger, QIDP/Clinical Supervisor will monitor and observe at least one meal a day to insure that staff are providing the appropriate opportunities to each individual in the home to receive continuous active treatment as determined by the ISP and that staff are providing individuals opportunities to participate in general routine of the home on an ongoing basis.</p> <p>All staff will receive training on active treatment, client participation and family style dining upon hire and annually. The Residential Manager is responsible for insuring that staff have the information and supplies required to assist each individual with active treatment and programming needs. The Residential Manger, QIDP/Clinical Supervisor are each responsible for observing a meal (prep and eating) in the home on at least a weekly ongoing basis and for completing a home audit checklist documenting the outcome of those observations. The Program Manager tracks home audits that indicate that observations have been conducted at the home weekly</p>	

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	<p>to come to the dining room to eat their breakfast. At 7:13a.m. staff #8 custodially fed client C. Staff #8 held client C's cup when she drank from it. At 7:16a.m. staff #8 had left client C and client C began to eat independently (she had eaten supper independently on 8/6/15). Staff #8 returned to assist client C and took the spoon from her and began to feed her custodially again.</p> <p>Record review for client A was done on 8/11/15 at 1:54p.m. Client A's 4/16/15 individual support plan (ISP) indicated client A could participate in family style dining, meal preparation and could feed himself independently.</p> <p>Record review for client B was done on 8/11/15 at 2:38p.m. Client B's 4/16/15 ISP indicated client B could participate in family style dining and meal preparation. The ISP indicated client B could eat independently.</p> <p>Record review for client C was done on 8/11/15 at 1:25p.m. Client C's 5/19/15 ISP indicated client C could participate in family style dining with physical prompts. The ISP indicated client C could eat independently with a fork and a spoon. The ISP indicated client C could independently drink from a cup.</p>				and insures that follow-up has been initiated as needed		

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W 0249 Bldg. 00	<p>Staff #1 was interviewed on 8/13/15 at 10:58a.m. Staff #1 indicated staff should be encouraging the clients to be as independent as possible (per their ISPs) with meal preparation and dining. Staff #1 indicated facility staff needed to be retrained to ensure all staff were aware of the clients dining abilities and needed assistance.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 2 of 3 sampled clients (A, B) and one non-sample client (E) to ensure clients (A, B) meal preparation and clients (A, E) identified medication training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/6/15 from 4:41p.m. to</p>	W 0249	The training objectives for Client A and Client B to address the dining needs have been reviewed and all staff trained on the implementation of the program as written. The training objectives for Client A and Client E to address the medication administration needs have been reviewed and all staff 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	09/18/2015			

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	<p>6:12p.m. Staff #4 was observed to begin supper preparation at 4:59p.m. At 5:10p.m. staff #4 was observed to put a sharp knife, used with the meal preparation, into a locked container in the kitchen. Clients A and B were home and available to assist in the kitchen. Staff #4 did not prompt any clients to help put the knife away.</p> <p>An observation was done at the group home on 8/10/15 from 6:35a.m. to 7:54a.m. At 6:49a.m. client A received his medication. Client A was given his medication, which included Lexapro 20 milligrams (depression), prepared by staff with no medication training observed. At 6:58a.m., client E received his medication. Staff #5 had prepared his medication (punched his medication into a cup) before client E went to the medication room. Staff #5 handed client E his prepared medication cup. Client E did not assist with punching out his medications into a medicine cup.</p> <p>Record review for client A was done on 8/11/15 at 1:54p.m. Client A's 4/16/15 individual support plan (ISP) included dining and medication training programs. The dining program indicated client A was to unlock the knife box. Client A had a medication training program to identify his medication "Lexapro."</p>		<p>and to determine the success of the plan. On a daily basis, for 30 days, the Residential Manger, QIDP and/or Clinical Supervisor will monitor all objectives to insure that staff providing the appropriate opportunities to receive continuous active treatment as determined by the ISP. The Residential Manager is responsible for insuring that staff have the information and supplies required to assist each individual with programming needs. Staff responsible for implementing each client's program plan will be re trained regarding the program goals and implementation for the clients programming needs in the home. The QIDP will be responsible for providing this training. The Residential Manager is responsible for observing staff during implementation and documentation completion on at least a weekly basis. The QIDP will observe in the home weekly to ensure that all clients programs are being run correctly and documented accordingly. The Program Manager tracks home audits that indicate that observations have been conducted at the home weekly.</p>				

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W 0455 Bldg. 00	<p>Record review for client B was done on 8/11/15 at 2:38p.m. Client B's 4/16/15 ISP included a dining training program. The dining program indicated client B was to unlock the knife box.</p> <p>Record review for client E was done on 8/13/15 at 10:50p.m. Client E's 1/22/15 ISP included a medication training program. The medication program indicated client E was to punch out his medications from his medication cards.</p> <p>Staff #1 was interviewed on 8/13/15 at 10:58a.m. Staff #1 indicated clients A and B had current dining training programs to assist with unlocking the knife/sharps box. Staff #1 indicated clients A and E had medication training programs to assist with their medication administration. Staff #1 indicated the dining and medication training programs should have been implemented when opportunities were present.</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the</p>			
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	<p>prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, for 3 of 3 sampled clients (A, B, C) and 2 additional clients (D, E), the facility failed to encourage the clients to wash their hands before meals.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/6/15 from 4:41p.m. to 6:12p.m. At 5:42p.m., clients A, B, C, D and E were verbally prompted to come to the dining room for supper. None of the clients washed their hands before eating supper. Staff did not prompt the clients to wash their hands before dining.</p> <p>Interview of staff #1 on 8/13/15 at 10:58a.m. indicated all clients should be washing their hands prior to dining.</p> <p>9-3-7(a)</p>	W 0455	<p>All staff in the home will receive further training on infection control to include prompting client's on hand washing protocols and expectations, especially during meals and medication administration times. The QIDP/Clinical Supervisor will be responsible for this training.</p> <p>All staff receive initial training on infection control at the time of hire and annually thereafter. Staff also complete training on infection control and hand washing polices/protocols during their Core A and B Medication Administration Certification. The QIDP/Clinical Supervisor and the Residential Manager will be responsible for completing at least weekly monitoring/observations for 30 days to assure staff are meeting infection control protocols at a time of medication administration during meal prep and prior to eating. The Residential Manager will be responsible for assuring further ongoing training and if necessary corrective actions in instances where protocols are not being followed by staff. Additionally, the QIDP will discuss with each individuals IDT to determine is formal training programs addressing hand washing are a priority at this time.</p>	09/18/2015

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 3 sampled clients (A, B, C) and 2 additional clients (E, D), the facility failed to encourage clients to participate in meal preparation and family style dining to the extent they were capable.</p> <p>Findings include:</p> <p>1. An observation was done at the group home on 8/6/15 from 4:41p.m. to 6:12p.m. Staff #4 and #6 were observed to begin supper preparation at 4:59p.m. Staff #4 did not have any of the clients who were home at this time (A, B, C, D, E) in the kitchen to assist with the meal preparation. Staff #4 was observed to: get out food and utensils for the meal preparation, use the microwave to defrost the hamburger, opened and cooked green beans, made hamburger helper on the stove top. Staff #4 and #6 put cups on the table, put the food into serving bowls and put the bowls on the dining room table, put pitchers of drinks on the table, poured client drinks, put green beans on clients B, D and E's plates and served client A his hamburger helper. All clients were observed to be able to independently feed</p>	W 0488	<p>All staff will receive training on protocols and expectations for active treatment, family style dining and client participation. The Clinical Supervisor will be responsible for this training. On at least a daily basis for 30days the Residential Manger, QIDP/Clinical Supervisor will monitor and observe at least one meal a day to insure that staff are providing the appropriate opportunities to each individual in the home to receive continuous active treatment as determined by the ISP and that staff are providing individuals opportunities to participate in general routine of the home on an ongoing basis.</p> <p>All staff will receive training on active treatment, client participation and family style dining upon hire and annually. The Residential Manager is responsible for insuring that staff have the information and supplies required to assist each individual with active treatment and programming needs. The Residential Manger, QIDP/Clinical Supervisor are each responsible for observing a meal (prep and eating) in the home on at least a weekly ongoing basis and for completing a home audit checklist documenting the outcome</p>	09/18/2015
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	<p>themselves.</p> <p>2. An observation was done on 8/10/15 at the group home from 6:35a.m. to 7:54a.m. At 6:38, staff #7 was in the kitchen with no clients and put prepared bowls of cereal and toast onto the dining room table for clients A, B, C, D and E. The clients were observed to be prompted to come to the dining room to eat their breakfast.</p> <p>Interview of staff #1 on 8/13/15 at 10:58a.m. indicated all the clients were capable of assisting with the preparation of meals and serving themselves (family style) with some staff assistance. Staff #1 indicated the clients should have been more involved with supper and breakfast preparation.</p> <p>9-3-8(a)</p>		<p>of those observations. The Program Manager tracks home audits that indicate that observations have been conducted at the home weekly and insures that follow-up has been initiated as needed.</p>		