STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	3000 BAILEY LN EVANSVILLE, IN 47710

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: 6/4, 6/5, 6/6 and 6/11/12. Facility Number: 000662 AIMS Number: 100248730 Provider Number: 15G125 Surveyor: Jenny Ridao, Medical Surveyor III This deficiency also reflects state findings in accordance with 460 IAC 9. Quality review completed on June 18, 2012 by Dotty Walton, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 1 of 4 sampled clients (#1), the facility failed to promote the client's independence, growth and dignity in regards to the client carrying a lunch box which was clean and in good repair. Findings include: During the 6/4/12 observation period between 11:40 AM and 12:50 PM at the day program, client #1's lunch box's lid was dirty, showing wear and had black staining across the bottom of the entire lunchbox. Interview with Day Program staff on 6/4/12 at 12:40 PM stated "I have issues with getting new lunch boxes." Interview with Home Manager (HM) on 6/6/12 at 11:00 AM indicated she was not aware of client #1's lunch box being dirty. The HM stated "It can't be that old, maybe a month or so. We will get a new one (lunch box)." 9-3-5(a)	W0268	The lunch box for consumer #1 as well as any consumer that has a lunch box that is not in good condition will be replaced.The group home staff will be trained on ensuring that all clients' lunch boxes are clean and in good repair. The group home staff will be trained that if there is an issue in this area that they will report to their supervisor using the chain of command.The Program Coordinator will monitor through weekly visits to ensure that client #1, as well as, all the clients living in the group home have lunch boxes that are clean and in good repair.Responsible Persons: Program Coordinator & Group Home Staff	07/11/2012

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