

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G391	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1144 SHEFFIELD DR EVANSVILLE, IN 47710
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(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 recertification and state licensure survey.</p> <p>Dates of Survey: November 10, 12, 13, 14, 17 and 18, 2014.</p> <p>Provider Number: 15G391 Aims Number: 100249280 Facility Number: 000905</p> <p>Surveyor: Mark Ficklin, QIDP.</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 25, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#3), failed to perform reassessment of client #3's needs in regards to the style of his drinking glass.</p> <p>Findings include:</p> <p>An observation was done at the facility</p>	W000210	<p><u>W210</u> – Individual Program Plan</p> <ul style="list-style-type: none"> - The governing body must exercise general policy, budget and operating direction over the facility. - The facility will provide all clients adaptive equipment in accordance of their needs. 	12/18/2014

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>on 11/13/14 from 3:48p.m. to 5:32p.m. At 4:08p.m., client #3 received his medications. Client #3 received his Ensure (supplement) drink (honey thickened) in a regular style glass. Client #3 was unable to hold his head upright to finish the last third of his drink. The glass was catching on his nose (bridge) and preventing the glass to be tipped. Staff #2 had to physically hold up client #3's chin to assist with finishing the drink. Staff #2 was interviewed on 11/13/14 at 4:15p.m. Staff #2 indicated client #3 always had trouble drinking from a regular glass because he had trouble holding his head upright.</p> <p>Record review of client #3's 4/28/14 individual support plan (ISP) was done on 11/17/14 at 9:44a.m. Client #3's ISP did not address client #3's difficulty with drinking from a regular style glass.</p> <p>Professional staff #1 was interviewed on 11/17/14 at 12:08p.m. Staff #1 indicated client #3 had difficulty drinking from a regular glass due to the honey thickened liquid order and client #3's inability to hold his head upright. Staff #1 indicated client #3 was in need of reassessment to determine if another style of glass would be of benefit to client #3.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> - All staff will be trained on any addendums to client plans. - An IDT meeting will be held in regards to obtaining referral/assessment by a specialist regarding to adaptive equipment. -Staff will be trained on notifying nurse and residential manager regarding changing client needs. - Residential manager will be trained on notifying the nurse and clinical supervisor regarding changing client needs. - Nurse will obtain an occupational therapy evaluation in regards to the recommendations for adaptive equipment for drinking. - Need to obtain HRC approval for the recommendation for adaptive equipment for drinking. - Residential Manager will need to update client #3's ISP and BSP - Staff will be trained on ISP, BSP, HRP, and diet for client #3 and review all updates to include adaptive equipment for client #3. - Residential manager will be trained on ISP, BSP, HRP, and diet for client #3 and review all updates to include adaptive equipment for client #3. - QIDP will be trained on ISP, BSP, 				

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			<p>HRP, and diet for client #3 and review all updates to include adaptive equipment for client #3.</p> <p>- Clinical supervisor will be trained on ISP, BSP, HRP, and diet for client #3 and review all updates to include adaptive equipment for client #3.</p> <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, & Executive Director.</p>		