

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2012
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4475 N 17TH ST TERRE HAUTE, IN 47805
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: March 5, 6, 7, 8, 12, 15, 2012</p> <p>Provider Number: 15G508 Aims Number: 100245140 Facility Number: 001022</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 3/23/12 by Tim Shebel, 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 Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>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 program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 3/12/12 at 11:58a.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 2/6/12. There were no documented QMRP program reviews during the time period of 3/11 through 2/12.</p> <p>Record review for client #2 was done on 3/8/12 at 1:49p.m. Client #2's QMRP program reviews indicated client #2 had a ISP dated 1/12/12. There were no documented QMRP program reviews during the time period of 1/11 through 1/12.</p> <p>Record review for client #3 was done on</p>	W0159	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 at least quarterly written reports on the results as well as meeting with the Support Team on at least a quarterly basis to review the information and data gathered.. The Program Director will implement this training. The Program Director 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 Director of Licensing and Compliance to validate completion. In instances where the expectation for	04/14/2012	

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	<p>3/8/12 at 2:57p.m. Client #3's QMRP program reviews indicated client #3 had an ISP dated 2/14/12. There were no documented QMRP program reviews during the time period of 2/11 through 2/1/12.</p> <p>Record review for client #4 was done on 3/12/12 at 11:12p.m. Client #4's QMRP program reviews indicated client #4 had an ISP dated 2/6/12. There were no documented QMRP program reviews during the time period from 2/11 through 2/1/12.</p> <p>Staff #1 (QMRP) was interviewed on 3/12/12 at 12:48p.m.. Staff #1 indicated the QMRP should be reviewing the clients' programs at least quarterly. Staff #1 indicated there was no documentation of quarterly QMRP program reviews for clients #1, #2, #3 and #4 during the past 12 months prior to their 2012 annual ISP. 9-3-3(a)</p>		<p>providing monitoring of client's active treatment programs is not met by the qualified mental retardation professional corrective action will be implemented.</p>		

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure recommendations for follow up services were followed.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 3/12/12 at 11:58a.m. Client #1 had physician orders on 2/1/12 to get a pelvic exam every 3 years. There was no documentation of client #1's pelvic exam. Client #1 had a 4/26/11 dental exam with recommendations to reschedule the exam in 6/11 due to client #1's lack of cooperation. There was no documentation client #1 had returned to the dentist since the 4/11 recommendation.</p> <p>Interview of staff #2 (nurse) on 3/12/12 at 12:48p.m. indicated client #1 did not have documentation of a pelvic exam. Staff #2 indicated they had looked back to 2008 documentation and could not find a pelvic exam. Staff #2 indicated client #1 had not been back to the dentist since the 4/26/11 recommendation to return in 6/11.</p>	W0322	<p>The dental appointment for client # 1 has been completed. A scheduled appointment to complete the pelvic exam for client #1 is pending completion.</p> <p>The nurse will be responsible for reviewing physician orders for all clients in the home to assure that all routine preventative exams have been completed or scheduled according to physician recommendations.</p> <p>The Program Coordinator will communicate monthly with the Home Manager to review all required medical appointments to assure they were completed as scheduled. Any appointments not completed as scheduled will be rescheduled at that time.</p>	04/14/2012			

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	9-3-6(a)				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#3) with adaptive equipment, to provide client #3 with training for the refusal to wear her hearing aid.</p> <p>Findings include:</p> <p>An observation was done at the group home on 3/5/12 from 3:52p.m. to 6:23p.m. Client #3 did not wear nor was she observed to be prompted to wear hearing aids.</p> <p>Record review of client #3 was done on 3/8/12 at 2:52p.m. Client #3's 7/8/10 audiological note indicated client #3 had hearing aids. Client #3 had a 2/14/12 individual support plan (ISP) that indicated client #3 refuses hearing aids. Client #3's ISP did not have documentation of a training program in place to address her refusal to wear her hearing aids. The ISP did not have</p>	W0436	<p>The training program for client # 3 to address refusal to utilize hearing aids has been completed. Staff will receive training on the new plan. The Program Coordinator is responsible for providing this training. The Home Manager and Program coordinator will provide weekly monitoring to assure staff compliance with prompting the client in accordance with the program. The Home Manager will communicate weekly with the Program Coordinator regarding the client's progress with the program.</p> <p>The Program Director will review all client training programs at the home to assure that all individuals utilizing adaptive equipment have required training programs in place.</p>	04/14/2012			

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	<p>documentation past training had been tried and was unsuccessful.</p> <p>Interview on 3/12/12 at 12:48p.m. of staff #1, indicated client #3 had hearing aids but did not have a training program in place to address her refusal of wearing her hearing aids. 9-3-7(a)</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 2 non-sampled clients (#5, #7) to ensure the clients received all the menued items at mealtime.</p> <p>Findings include:</p> <p>An observation was done at the group home on 3/5/12 from 3:52p.m. to 6:23p.m. Clients #1, #2, #3, #4, #5 and #7 ate supper at 5:52p.m. There was no milk on the dining room table and clients were not offered milk. Clients #1, #2, #3 and #7 were not offered the menued item, tossed salad. The clients were not offered substitute items for the milk and tossed salad. The facility menu, reviewed on 3/5/12 at 4:24p.m., indicated supper on 3/5/12 was to include skim milk and tossed salad.</p> <p>Staff #1 was interviewed on 3/12/12 at 12:48p.m. Staff #1 indicated the clients should have been offered the menued items which included milk and tossed salad. Staff #1 indicated if clients were unable to eat an item they should have</p>	W0460	<p>All staff at the home will receive training on client menus. The training will include competency measures to assure that staff comprehend how to follow posted menus. The training will include a review of substitution protocols for menu items. The Program Coordinator is responsible for this training.</p> <p>The Home Manager and Program Coordinator will provide on-going weekly monitoring of staff adherence to menus and substitution protocols.</p>	04/14/2012			

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	been offered a substitute item. 9-3-8(a)				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE 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 4 of 4 sampled clients (#1, #2, #3, #4) and 2 additional clients (#5, #7), 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>During the 3/5/12 observation period between 3:52p.m. and 6:23p.m. at the group home, facility staff did not encourage clients, who were available to assist (#1, #2, #3, #4, #5, and #7), to participate in all aspects of the meal preparation and family style dining. From 5:37p.m. through 6:23p.m. the following was observed during supper preparation and client dining: Staff #8 custodially got a pitcher and a drink mix and made a drink for supper and put the pitcher into the refrigerator. Staff #7 stirred the spaghetti, put aluminum foil on a cookie sheet, got out garlic bread and put the bread on the cookie sheet. Staff #6 put cups, napkins and utensils on the table. Staff #7 put spaghetti on client #4 and #7's plate. Staff #6 put garlic bread on each client's plate. Client #4 poured</p>			W0488	<p>All staff at the home will receive training on family style dining. This training will include competency measures to assure staff comprehend family style dining protocols and how to solicit active participation from the clients. The Program Coordinator will be responsible for this training.</p> <p>The Home Manager and Program Coordinator will provide on-going weekly monitoring of staff adherence family style meal protocols.</p>		04/14/2012

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	<p>drinks for all the clients.</p> <p>Interview of staff #1 on 3/12/12 at 12:48p.m. indicated all the clients were capable of assisting with the preparation of supper and serving themselves with some staff assistance. Staff #1 indicated the clients should have been more involved with supper preparation.</p> <p>9-3-8(a)</p>				