

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  07/25/2012
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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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 16, 17, 18, 24, 25, 2012</p> <p>Provider Number: 15G440 Aims Number: 100244720 Facility Number: 000954</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 7/27/12 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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, interview and record review for 1 non-sampled client (#4) the facility failed to ensure client #4 had the right to keep/maintain her own personal hygiene supplies (toothpaste).</p> <p>Findings include:</p> <p>An observation was done on 7/17/12 from 6:52a.m. to 8:47a.m. at the group home. At 8:13a.m., client #4 and staff #3 came to the locked staff office to get client #4's toothpaste. At 8:14a.m., staff #3 indicated client #4's toothpaste was kept locked in the staff office (only staff had a key). Staff #3 indicated they thought the toothpaste was kept locked due to client #4's misuse of toothpaste.</p> <p>Record review for client #4 was done on 7/18/12 at 1:08p.m. Client #4's 5/7/12 individual support plan (ISP) did not indicate client #4's toothpaste would be kept in an inaccessible area in the office. Client #4 had no training program to address the restriction to her personal items.</p>			W0137	<p>Client # 4's toothpaste is now stored in an accessible unlocked area in her room.</p> <p>Training will be provided to all staff regarding providing individual access to their personal items. The Program Coordinator will be responsible for implementing this training.</p> <p>In the event that the IDT or per assessment it is identified that a restriction must be in place for training or safety purposes, The QMRP is responsible to insure that any restrictions initiated against the rights of any client is to be addressed and approved by the IDT and the Human Rights Committee before any type of restriction can be implemented.</p> <p>The Home Manager and the QMRP is responsible for providing daily/ weekly oversight and observation in the home to insure that no rights restrictions are initiated without approval and that all</p>		08/24/2012

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	Staff #1 (Qualified Mental Retardation Professional, QMRP), was interviewed on 7/24/12 at 1:05p.m. Staff #1 indicated client #4's toothpaste should not have been kept locked in the office. Staff #1 indicated they were not aware the group home had been keeping client #4's toothpaste locked. Staff #1 indicated client #4's toothpaste was now kept in her bedroom. 9-3-2(a)		supplies, activity and personal items belonging to the individuals are accessible to them.		

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 1 of 3 sampled clients (#1) with behavior support plans (BSP) to ensure client #1's BSP (including behavior medications) was reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 7/18/12 at 12:49p.m. Client #1's 5/7/12 individual support plan (ISP) and BSP indicated client #1's diagnosis included, but was not limited to, Dementia Psychosis for which client #1 received the medications Risperdal, Trazodone and Namenda (anti-psychoses medications). There was documentation the ISP/BSP was reviewed by the facility's HRC on 6/20/11. There was no documentation the ISP/BSP had been reviewed by the HRC since 6/11.</p> <p>Interview of facility staff #1 on 7/24/12 at 1:05p.m. indicated there was no documentation the facility's HRC had</p>	W0262	<p>Human Rights Committee (HRC) reviews for client #1 regarding the Behavior Support Plan have been completed.</p> <p>The Program Coordinator is responsible for preparing and presenting the required data for HRC reviews and approvals for ISPs/ BSPs. The Program Manager will provide training to all Program Coordinators which review the HRC process and expectations for obtaining approvals for rights restrictions/behavior modification programs. The Program Manager is responsible for tracking HRC reviews and monitoring the Program Coordinators to assure required reviews are included on the HRC agenda. The Program Manager is responsible for implementing corrective action with Program Coordinators when these expectations are not met.</p>	08/24/2012			

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	reviewed client #1's ISP/BSP since 6/20/11. 9-3-4(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 3 sampled clients (#1) and 1 non-sampled client (#5) with adaptive equipment, to ensure client #1 and #5's wheelchairs had foot rest for community outings.</p> <p>Findings include:</p> <p>An observations was done on 7/17/12 from 9:29a.m. to 10:04a.m. at a community based outing at the mall. Clients #1 and #5 were in wheelchairs. Staff #4 and #5 pushed clients #1 and #5 through the mall. Client #1 and #5's wheelchairs did not have footrest attached. Client #5 had to hold her feet up off the floor as she was pushed through the mall. Interview of staff #4 at 9:57a.m. indicated clients #1 and #5 did not have footrest for their wheelchairs.</p> <p>Record review for client #1 was done on 7/18/12 at 12:49p.m. Client #1's 6/19/12 physician's orders indicated client #1 may use wheelchair at all times.</p>	W0436	<p>The wheelchairs for clients #1 and #5 have been equipped with footrests.</p> <p>The Program Coordinator/ QMRP is responsible for providing all staff with training on the use of all adaptive equipment in the home. This training will include protocols for when equipment becomes missing or in need of repair. The Home Manager and Program Coordinator will provide weekly monitoring to assure adaptive equipment is present and in good repair.</p> <p>The Program Manager will conduct an audit review of all client ISP's to assure that all individuals have access to adaptive equipment as required and identified in their ISP.</p>	08/24/2012	

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	Interview of staff #1 (Qualified Mental Retardation Professional, QMRP) on 7/24/12 at 1:05p.m. indicated client #1 and #5 were to use their wheelchairs with footrest attached on community outings. Staff #1 indicated both clients should have had footrest for their wheelchairs. 9-3-7(a)				