

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G441	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 29 EAST LONGRIDGE 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: February 5, 6, 8, 12, 2013</p> <p>Provider Number: 15G441 Aims Number: 100235230 Facility Number: 000955</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/20/13 by Ruth Shackelford, 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. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure the qualified mental retardation professional (QMRP) monitored client #3's need for involved guardianship assistance and to address dietary recommendations.</p> <p>Findings include:</p> <p>An observation was done on 2/5/13 from 3:42p.m. to 6:04p.m. at the facility. Client #3 ate supper at 5:45p.m. Client #3 had nectar thickened drinks with her meal.</p> <p>Record review for client #3 was done on 2/8/13 at 12:07p.m. and identified two issues: 1. Client #3's 1/1/13 physician's orders indicated client #3 was to receive nectar thickened liquids. Client #3 had documentation from a 1/2/13 swallow study and a 1/2/13 nursing note that indicated client #3 had recommendations to receive thin liquids. There was no documentation the QMRP had initiated the interdisciplinary team to meet to address the change of liquid order. 2. Client #3's 10/11/12 individual support plan (ISP) indicated client #3 had a</p>	W0159	<p>The facility will insure that each client's active treatment program is integrated, coordinated, and monitored by a qualified mental retardation professional (QMRP).</p> <p>The IDT to address client #3's physician order has been held and recommendations implemented. Follow up contacts for guardian consent of the BSP has also been initiated.</p> <p>All current qualified mental retardation professionals will receive training on the coordination and monitoring of client active treatment programs. The Program Director will implement this training. The QMRP is responsible for following up to all active treatment program on an ongoing basis and reviewing each individuals needs on at least a monthly basis. On a quarterly basis, the QMRP facilitates a meeting with the IDT to review progress and needs with team members. A new QMRP has been assigned to support the individuals in the home.</p> <p>The Program Director will monitor each individuals plan on at least a quarterly basis to insure that</p>	03/15/2013			

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	<p>guardian. There was no written guardian consent for the ISP which included a behavior support plan (BSP) with restrictive techniques. There was documentation of the plan being mailed to the guardian in 10/12 but no reply had been received. There was no documentation the QMRP had attempted follow up contact with the guardian to get written consent for the 10/12 ISP.</p> <p>Staff #1 (QMRP/Coordinator) was interviewed on 2/8/13 at 1:43p.m.. Staff #1 indicated client #3 had a guardian. Staff #1 indicated there was no documentation of follow up attempts, since 10/12 (when the ISP had been mailed), to acquire guardian written consent for client #3's 10/11/12 ISP/BSP. Staff #1 indicated client #3's 1/2/13 swallow study had recommendations to change the diet to thin liquids. Staff #1 indicated the QMRP was responsible to coordinate the interdisciplinary team to address the change recommendation. Staff #1 indicated the team had not met to address the diet recommendation.</p> <p>9-3-3(a)</p>		<p>program reviews are complete and documented in each clients program file. The Program Director is responsible to insure that the qualified mental retardation professionals provide continuous integration, coordination, and monitoring of client services by way of tracking quarterly review documentation of client services.</p>		

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 clients (client #3) observed to receive medications administered by facility staff, to ensure client #3 received her medication without error.</p> <p>Findings include:</p> <p>Observation was done at the group home on 2/5/13 from 3:42p.m. to 6:04p.m. Client #3 was observed to receive medication at 4:46p.m. Client #3 received the medications Haldol (behaviors), Synthroid (thyroid) and Prilosec (digestion), whole pills intact, with yogurt. Client #3 had one tablet fall from her mouth during the medication administration.</p> <p>Record review of the facility's 2/13 medication administration record (MAR) on 2/5/13 at 4:54p.m. indicated client #3 was to receive her medications crushed.</p> <p>Interview of staff #2 (nurse) on 2/8/13 at 1:43p.m. indicated client #3 should have received her medication crushed as indicated by the physician's order on the</p>	W0369	<p>The medication administration protocol for Client #3's to receive medications crushed had been addressed.</p> <p>Staff will be trained on the medication administration protocol for client #3. The Program Coordinator is responsible for implementing this training.</p> <p>The Program Coordinator and Home Manager will be responsible for weekly monitoring to assure that the medication is being administered properly.</p> <p>The nurses will review all client medication regimes to insure that all medications are given according to the physicians order. As needed the Medication Administration Record will be revised to reflect any changes needed and staff will receive training on the revisions. The Medication Administration Record is reviewed by nursing staff on a monthly basis. Any changes are communicated to all staff by the nurse or the Home Manager immediately as needed.</p>	03/15/2013			

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	MAR. 9-3-6(a)				