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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G592 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/31/2013 |
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| NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 107 A VILLA CT BRAZIL, IN 47834 |
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| W000000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 22, 24, 28, 29, 30, 31, 2013</p> <p>Provider Number: 15G592 Aims Number: 100240070 Facility Number: 001106</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/12/13 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000140 | <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed for 1 of 3 client finances reviewed (#3) to maintain their financial system to ensure client funds entrusted to the facility had no missing funds.</p> <p>Findings include:</p> | W000140 | <p>The facility has established and maintains a system that assures a complete accounting of each client personal funds entrusted to the facility on the client's behalf. All client personal funds are currently secured and accounted for. The agency has current policies and procedures regarding client's personal funds. All staff at the home along with the Home</p> | 12/02/2013 |

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>The client financial record book and the cash on hand (at the group home) entrusted to the facility were reviewed on 10/29/13 at 8:08a.m. Client #3's "Individual Personal Petty Cash Ledger" indicated client #3 had a current balance of \$9.51. The last documentation was on 10/14/13. Client #3's actual cash on hand on 10/29/13 was \$4.10. Client #3 also had some money in an unlocked drawer in the facility office.</p> <p>Interview on 10/29/13 at 8:08a.m. of staff #2 indicated the clients' funds entrusted to the facility had not been updated for the past week. Staff #2 indicated client transactions and receipts were not being recorded on the petty cash ledger when the transactions had taken place. Staff #2 indicated the money in the unlocked drawer was client #3's change from an outing a few days ago. Staff #2 indicated client #3's money should have been secured in the locked cabinet.</p> <p>9-3-2(a)</p> | | <p>Manager and Program Coordinator will receive training on this policy and the procedures on proper documentation of transactions and on the securing of client personal funds. The Program Director will be responsible for implementing this training. The Home Manager and Program Coordinator will monitor and audit client personal funds on at least a weekly basis to assure that client funds are secured and accounted for. The Program Manager or designee will also complete an audit on at least a quarterly basis to ensure that all client funds are being handled and secured according to facility policy and procedures. Any discrepancies noted will be resolved immediately.</p> | | |

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| W000242 | <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#2) to ensure client #2's individual support plan (ISP) had a training program in place to address client #2's identified communication training need.</p> <p>Findings include:</p> <p>Record review of client #2 was done on 10/30/13 at 9:58a.m. Client #2's 8/26/13 ISP indicated client #2 was non-verbal. The ISP indicated client #2 "needs to increase communication skills." Client #2 had a 2/17/06 speech evaluation. The speech evaluation indicated client #2 was to use pictures to communicate the need to use the bathroom. Client #2's ISP did not have a training program in place to address this identified communication training need.</p> <p>Interview of staff #1 on 10/31/13 at</p> | W000242 | <p>The QIDP is responsible to insure that each individual's needs are addressed in their Individual Program Plan and addressed formally as recommended by the IDT. The QIDP is responsible to provide information to the Home Manager and staff as to the protocols and formal objectives that they must initiate to meet each individuals needs and assist them toward independence. The QIDP has met with the IDT and has developed an individual program plan designed to address the training needs for Client #2 to wipe his mouth. The QIDP will provide training to all staff in the home on the specific implementation of the plan. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a monthly basis to determine any issues or progress made and will revise as needed. The QIDP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT</p> | 12/02/2013 | |

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| W000249 | <p>2:14p.m. indicated client #2 had communication training needs. Staff #1 indicated client #2 did not currently have a communication training program in place.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure the client #1's dining training program was implemented when opportunities were present.</p> | W000249 | <p>as needed and revised the individual program plan as determined by the IDT. The QIDP is responsible for reviewing the individual program plans with the IDT on at least a quarterly basis to review progress made or needed revisions. The QIDP is responsible for providing staff with on-going training concerning individual program plans and objectives that are in place to address the specific needs of each client. The Clinical Supervisor and/or the Program Manager is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being addressed and monitored for progress.</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client will receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the</p> | 12/02/2013 | |

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| | <p>Findings include:</p> <p>An observation at the group home was done on 10/28/13 from 4:19p.m. to 6:12p.m. Client #1 ate supper at 5:40p.m. Client #1 ate a half spoon of food from client #3's plate before staff could redirect him. Client #1 did not have a drink with his meal until he had almost finished eating. At 5:54p.m., staff #4 prompted client #1 to pour a glass of milk. Client #1 drank the glass of milk in one long drink.</p> <p>The record of client #1 was reviewed on 10/30/13 at 10:47a.m. Client #1's 8/8/13 individual support plan (ISP) indicated client #1 was to be supervised at meals and to receive small amounts of liquids at a time.</p> <p>Interview of staff #1 on 10/31/13 at 2:14p.m. indicated client #1 should be supervised at meals. Staff #1 indicated client #1's dining program to receive small amounts at a time should be implemented at all opportunities.</p> <p>9-3-4(a)</p> | | <p>objectives identified in the individual program plan. The Training objectives for Client #1 to address his dining needs has been reviewed and all staff will be trained on the implementation of the program as written. The QIPD is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan. On a weekly basis, the Home Manager and/or QIPD will monitor all objectives to insure that staff are providing the appropriate opportunities to receive continuous active treatment as determined by the ISP. The Home Manager is responsible for insuring that staff has the information and supplies required to assist each individual with programming needs. Staff responsible for implementing each client's program plan will be re-trained regarding the program goals and implementation for the clients programming needs in the home. The QIPD will be responsible for providing this training. The Home Manager is responsible for observing staff during implementation and documentation completion on at least a weekly basis. The QIPD will observe in the home weekly to ensure that all clients programs are being run correctly and documented accordingly. The</p> | | |

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| W000262 | <p>483.440(f)(3)(i) PROGRAM MONITORING & 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 3 of 4 sampled clients (#1, #3, #4) with behavior support plans (BSP) to ensure client #1, #3 and #4's BSPs (including behavior medications) were reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 10/30/13 at 10:47a.m. Client #1's 8/8/13 individual support plan (ISP) and BSP indicated client #1's diagnosis included, but was not limited to, Mood Disorder for which client #1 received the medication Risperdal. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #3 was reviewed on 10/30/13 at 11:37a.m. Client #3's 8/8/13 ISP and BSP indicated client #3's</p> | W000262 | <p>Program Manager tracks home audits that indicate that observations have been conducted at the home weekly.</p> <p>The QIPD is responsible for ensuring that informed consent is provided and approvals are obtained from the client and/ or their guardian prior to presenting the program to the Human Rights Committee for their review and approval. The facility has a written policy and process in which the QIPD is to follow when reviewing information and obtaining these approvals. The facility encourages active participation of family and guardians on the Interdisciplinary Team when discussion and review takes place. If the guardian is not able to attend the meeting, the QIPD is responsible for contacting the guardian by phone or scheduling a meeting with them to discuss plans or issues, and then follow-up the discussion in writing in order to obtain a signature for approval. The QIPD will review the ISP and the BSP's for Clients #1, #3, and #4 with the guardians to insure that informed consent is obtained and will review the plans with the</p> | 12/02/2013 | | | |

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| | <p>diagnosis included, but was not limited to, Schizophrenia Affective for which client #3 received the medication Zyprexa. There was no documentation the ISP/BSP had been reviewed by the HRC since 7/11.</p> <p>The record of client #4 was reviewed on 10/30/13 at 11:12a.m. Client #4's 8/8/13 ISP and BSP indicated client #4's diagnosis included, but was not limited to, Depression for which client #4 received the medication Celexa. There was no documentation the ISP/BSP had been reviewed by the HRC since 7/11.</p> <p>Interview of facility staff #1 on 10/31/13 at 2:14p.m. indicated there was no documentation the facility's HRC had reviewed client #1, #3 and #4's ISP/BSPs since during the past year. 9-3-4(a)</p> | | <p>HRC for approval. The QIPD will also check to ensure that all clients ISP's and Behavior and Restriction plans have the proper approvals and signatures. The QIPD will receive training concerning their responsibilities in reviewing and obtaining proper approvals from individuals/ or guardians and the Human Rights Committee for ISP's, BSP's and programming that may include individual rights restrictions. The Program Manager will insure that the training is complete and documented. The Clinical Supervisor and/ or the Program Manager is responsible for reviewing plans on a quarterly basis. The Clinical Supervisor and/ or the Program Manager will review ISP/ BSP and plans that may include restrictions to ensure that proper approvals have been obtained prior to the implementation of the plan. The Program Manager is responsible for tracking the timelines for annual approvals to be obtained.</p> | | |