

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/24/2015
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834
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W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: November 16, 17, 18, 23, 24, 2015</p> <p>Provider Number: 15G591 Aims Number: 100245580 Facility Number: 001105</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/7/15.</p>	W 0000		
W 0289  Bldg. 00	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on observation, record review and interview, the facility failed for 1 non-sampled client (#5) with a restrictive behavior management plan, to ensure that all interventions (door alarms) to manage client #5's behaviors were included in the client's individual support plan (ISP).</p>	W 0289	<p>The QIDP is responsible to insure that each individual's needs are addressed in their Individual Program Plan and/or Behavior Support Plan and addresses formally as recommended by the IDT. The QIDP is then responsible to provide information to the Residential</p>	12/24/2015

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>Findings include:</p> <p>During the observation on 11/16/15 from 4:48p.m to 6:24p.m., at the group home, the doors to enter/exit the facility had working alarms.</p> <p>Review of the record of client #5 was done on 11/23/15 at 11:17a.m. Client #5's 6/2/15 ISP indicated client #5 had elopement identified as a behavior in his plan. Client #5's ISP did not address the use of door alarms for his identified behavior of elopement.</p> <p>Interview of staff #3 on 11/23/15 at 11:24a.m., indicated the facility's door alarms were for client #5's identified behavior of elopement. Staff #3 indicated client #5's program intervention (door alarms) had not been incorporated into a training program for client #5.</p> <p>9-3-5(a)</p>		<p>Manager and staff as to the protocols and formal objectives that they must initiate to meet each individuals needs and assist them toward independence.</p> <p>The QIDP will meet with the IDT and will develop a BSP with training needs and protocols to address Client #5 possible issues with elopement. The plan will then be reviewed and approved by the guardian and Human Rights Committee. The QIDP will provide training to all staff in the home on the any specific implementation of a plan. Data would then be collected on at least a monthly basis to determine any issues or progress made and will revise as needed.</p> <p>The QIDP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT as needed and revise the ISP or BSP as determined by the IDT. The QIDP is responsible for reviewing the 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 is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are</p>		

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W 0440  Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) residing in the group home, to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts (evening shift), from 5/27/15 through 11/22/15.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 11/1/14 through 11/22/15 for clients #1, #2, #3, #4, #5, #6 and #7 was completed on 11/23/15 at 11:15a.m. There were no evening shift (4p.m. to 12p.m.) evacuation drills documented between 5/27/15 through 11/22/15.</p> <p>Interview of professional staff #2 on 11/23/15 at 11:28a.m. indicated they did not have any other documented evening shift drills to review. Staff #2 indicated all scheduled evening shift evacuation drills should have been completed on a quarterly basis.</p>			W 0440	<p>being initiated as written and that needs are being addressed and monitored for progress.</p> <p>Drills will be completed at varied times on all shifts at least quarterly. The facility has a monthly drill scheduled that is provided to the Residential Manager that outlines when drills are to take place, including each shift, so that at least one drill is conducted one each shift at least every three months. This schedule has been revised to include more specific time frames to ensure that drills are being held at varied times within each shift. Unless there is inclement weather during the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts.</p> <p>The Residential Manager will receive a re-training on their responsibilities to insure that staff receives training in emergency procedures and dire drills are completed on at least a monthly basis. The Clinical Supervisor will receive re-training on their responsibilities to track emergency drills and report any discrepancy or missing drill to the Program Manager immediately and will follow up with the Residential</p>		12/24/2015

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W 0474  Bldg. 00	<p>9-3-7(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure client #3 received thickened drinks as prescribed by his physician's orders.</p> <p>Findings include:</p> <p>An observation was completed on 11/16/15 from 4:48p.m. to 6:24p.m. At 5:40p.m., client #3 was eating supper. Client #3 poured his drink (unthickened tea) from the pitcher on the table. All other clients used the same pitcher. Client #3 was observed to drink the tea without adding any thickener. Staff #5 was interviewed on 11/16/15 at 5:55p.m. Staff #5 indicated client #3 did not receive a nectar thickened drink with his meal. Staff #5 indicated client #3 was supposed to use Thick-It to receive nectar thickened liquids. Staff #5 indicated they did not get the Thick-It out for the meal.</p> <p>The record for client #3 was reviewed on</p>			W 0474	<p>Manager of the home. It is the responsibility of the Clinical Supervisor to rack the completion of emergency drills and evacuations on a monthly basis.</p> <p>Training for staff on all client dietary plans including modified texture diets and modified texture liquids, safe eating protocols associated with them will be implemented with all staff at the home. The QIDP and/ or Residential Manager will be responsible for implementing this training. The QIDP and/ or Residential Manager will complete daily observations at the home for 30 days at various meal times to assure staff are meeting expectations with family style dining and active treatment during meal preparation and dining. Additional training will be provided immediately in instances where staff are observed to not be meeting these expectations. After the initial 30 day observations, the Residential Manager is responsible to provide at least weekly mealtime observations to insure that all staff are knowledgeable and compliant with all client dietary needs as ordered, as well as to insure that supervision at the</p>		12/24/2015

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W 0488 Bldg. 00	<p>11/19/15 at 3:04p.m. Client #3 had physician's orders on 10/26/15 to use Thick-It powder. The physician order indicated to thicken all liquids to nectar consistency.</p> <p>Staff #1 was interviewed on 11/17/15 at 3:40p.m. Staff #1 indicated client #3's current diet order indicated client #3 was to receive Thick-It, at nectar consistency, with all drinks. Staff #1 indicated client #3 should have received nectar thickened tea with his meal.</p> <p>9-3-8(a)</p> <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. Based on observation and interview for 4 of 4 sampled clients (#1,#2, #3, #4) and 3 additional clients (#5, #6, #7), the facility failed to encourage clients to participate in meal preparation to the extent they were capable.</p> <p>Findings include:</p> <p>During the 11/16/15 observation period between 4:48p.m. to 6:24p.m., at the group home, facility staff did not</p>	W 0488	<p>meal is adequate to insure the safety of all individuals in the home. The QIDP is responsible for weekly observations during meals served in the home to insure staff competency following the training. These observations will be documented and turned in to the Program Manager for tracking and follow up.</p> <p>All staff will receive training on active treatment and family style dining expectations to incorporate client involvement to the highest level of their independence during meal preparation and dining. The Clinical Supervisor is responsible for providing this training. The QIDP and/ or Residential Manager will complete daily observations at the home for 30days at various meal times to assure staff are meeting expectations with family style dining</p>	12/24/2015	

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	<p>encourage clients, who were available to assist (#1,#2, #3, #4, #5, #6, #7), to participate in all aspects of their meal preparation. During the meal preparation from 4:58p.m to 5:40p.m. staff #4 custodially prepared the supper meal. Staff #4 was observed to: get garlic bread out of the freezer and put the bread on a cookie sheet and then throw the empty box away, put the bread into the oven, put tortilla shells onto a serving plate, rinsed off utensils used for meal preparation and put them into the dishwasher, put tossed salad into a serving bowl, stirred taco meat on the stove top and then put taco meat into a serving bowl, got out taco sauce and salad dressings and put them on the table, put taco shells and lettuce salad onto the table.</p> <p>Interview of professional staff #1 on 11/17/15 at 3:40p.m. indicated all the clients were capable of assisting with the meal preparation with some staff assistance. Staff #1 indicated the clients should have been more involved with the family style meal.</p> <p>9-3-8(a)</p>		<p>and active treatment during meal preparation and dining. Additional training will be provided immediately in instances where staff are observed to not be meeting these expectations. Following the 30day observation period, the QIDP and/or Residential Manager will conduct at least weekly observations in the home during a meal. These observations will be documented on a Home Audit Checklist and submitted to the Program Manager for tracking and follow up.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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