

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/04/2013
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NORTHFIELD DR EVANSVILLE, IN 47713
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 22, 23, 24, 25 and November 4, 2013</p> <p>Facility Number: 000674 Provider Number: 15G137 Aim Number: 100234390</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/18/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000137	<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. Based on observation, record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure the client had access to his ear plugs.</p>	W000137	W137: -The facility will ensure that clients have the right to retain and use appropriate personal possessions and clothing. - Staff will be trained on Client Rights. -	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>Findings include:</p> <p>During the observation period on 10/24/13 from 5:00 AM to 9:00 AM, client #3 knocked on the medicine room door during the morning medication pass and requested his ear plugs. Staff #2 got the ear plugs from a bowl on the desk and handed them out the door to client #3.</p> <p>The record review for client #3 was conducted on 10/25/13 at 11:18 AM. The record indicated client #3 needed to wear ear plugs while showering.</p> <p>Interview with staff #2 on 10/24/13 at 9:30 AM stated the ear plugs were kept in the medicine room because the client would "never" put them away properly and the client would make sure the ear plugs were given to the staff to put in the medicine room.</p> <p>9-3-2(a)</p>		<p>Staff will be retrained on ensuring that clients have access to all adaptive equipment unless otherwise stated in there plans and approved by the HRC committee. - Residential Manager will be trained on Client Rights. - Residential Manager will be retrained on ensuring that clients have access to all adaptive equipment unless otherwise stated in there plans and approved by the HRC committee -Residential Manager will oversee through daily visits in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly visits in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -HRC committee will meet quarterly to discuss all clients' rights restrictions to ensure that client's rights are not being restricted inappropriately. - IDT meeting will be completed with all clients to discuss the individual rights restrictions of each client. - IDT meeting will be completed with client #3 to review his goal for use of ear plugs during showers.</p> <p>Persons Responsible: Staff, Residential Manager, Program</p>		

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W000159	<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 record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the QIDP (Qualified Intellectual Development Professional) failed to review the clients' individual program plan objectives quarterly.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 10/25/13 at 4:02 PM. The ISP (Individual Support Plan) dated 2/1/13 indicated client #1 had the following objectives: Oral Hygiene Skills, Money Management Skills, Self Medication Skills, Domestic Skills/Meal Preparation, Leisure/Social Skills, Domestic Skills/Laundry, Personal Safety Skills, Safety/Sharps, Communication Skills and Adaptive Equipment Skills. The record did not include a QIDP review of the objectives for client #1.</p> <p>The record review for client #2 was conducted on 10/24/13 at 2:19 PM. The ISP dated 6/6/13 indicated client #2 had the following objectives: Adaptive</p>	W000159	<p>Manager &amp; Executive Director.</p> <p>W159 - Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. - QIPD will be designated and trained on reviewing all clients' individual program plan/ objectives quarterly. - Program Manager will be trained on ensure that all plans/ objectives are reviewed at least quarterly. IDT will be conducted to review all clients' program plans &amp; goals to ensure that they remain appropriate. Persons Responsible: QIDP, Program Manager &amp; Executive Director</p>	12/02/2013			

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	<p>Equipment Skills, Money Management Skills, Exercising, Table Manners, Oral Hygiene Skills, Personal Hygiene Skills, Self Medication Skills, Socialization Skills, Meal Preparation Skills, Domestic Skills/Daily Chore and Pedestrian Safety Skills. The record did not include a QIDP review of the objectives for client #2.</p> <p>The record review for client #3 was conducted on 10/25/13 at 11:18 AM. The ISP dated 6/6/13 indicated client #3 had the following objectives: Self Medication Skills, Exercise, Pedestrian Safety Skills, Personal Hygiene, Socialization/Leisure Skills, Domestic Skills, Dining Skills, Money Management, Wearing Glasses, Wearing Ear Plugs, Oral Hygiene, Dining Skills and Domestic Skills/Daily Chore. The record did not include a QIDP review of the objectives for client #3.</p> <p>The record review for client #4 was conducted on 10/25/13 at 1:13 PM. The ISP dated 5/25/13 indicated client #4 had the following objectives: Self Medication, Domestic Skills/Meal Preparation, Communication Skills, Dining Skills, Pedestrian Safety Skills, Money Management Skills, Oral Hygiene Skills, Leisure Skills, Domestic Skills/Daily Chore and Adaptive</p>			

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W000163	<p>Equipment. The record did not include a QIDP review of the objectives for client #4.</p> <p>Interview with Administrative staff #5 on 10/25/13 at 3:30 PM indicated the quarterly meetings were held but the documentation did not show the objectives as being reviewed. Administrative staff #5 indicated the record did not show any changes in the objectives.</p> <p>9-3-3(a)</p> <p>483.430(a)(2)(iii) QUALIFIED MENTAL RETARDATION PROFESSIONAL The qualified mental retardation professional is an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to provide a QIDP (Qualified Intellectual Developmental Professional) with a bachelor's degree to review the ISP (Individual Support Plan), BSP (Behavior Support Plan) and objectives.</p>	W000163	W163 - The qualified metal retardation professional is an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section. - QIPD will be designated and trained on reviewing all clients' individual program plan/ objectives quarterly. - Program Manager will be trained on ensure	12/02/2013			

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	<p>Findings include:</p> <p>The surveyor form requesting the QIDP's name, degree, and experience for clients #1, #2, #3, #4, #5, #6, #7 and #8 was obtained on 10/23/13 at 3:00 PM. The form did have two names listed, but did not include a degree for either name.</p> <p>Interview with Administrative staff #3 on 10/24/13 at 1:15 PM indicated the names provided were QIDP designees and did not have a degree. Administrative staff #3 indicated the ISP and BSP were currently being reviewed by the designees.</p> <p>9-3-3(a)</p>		<p>that all plans/ objectives are reviewed at least quarterly. IDT will be conducted to review all clients' program plans &amp; goals to ensure that they remain appropriate. Persons Responsible: QIDP, Program Manager &amp; Executive Director ADDENDUM: W163 - The qualified metal retardation professional is an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section. - QIPD will monitor through review of all clients' ISP (individual support plan), BSP (behavior support plan), objectives prior to implementation and at least quarterly. - Program Manager will review all clients' ISP (individual support plan), BSP (behavior support plan), objectives prior to implementation and at least quarterly. - QIDP will be responsible for approving all changes to the individual's plan - IDT will be conducted to review all clients' program plans &amp; goals to ensure that they remain appropriate. - The Residential Manager will be trained on gaining approval from QIDP before any program is implemented - The Program Manager will be trained on gaining approval from QIDP before any program is implemented - Staff responsible for proper implementation shall be trained regarding any changes to the client's plan. Persons</p>				

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W000262	<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. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure the Human Rights Committee (HRC) approved the clients' BSPs (Behavior Support Plans).</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 10/25/13 at 4:02 PM. The BSP was dated 2/1/13 with revision dates of 2/18/13, 6/3/13 and 8/12/13. The BSP for client #1 included AYSIS (Advanced Your Safe I'm Safe restraint) and Mandt restraint for physical aggression. The BSP indicated client #1 received Prozac 40 mg (milligrams) 1 per day, Clozaril 100 mg, 1 in AM and 1 in PM, and Benztropine .5 mg, 1 twice daily, for physical aggression, verbal aggression and elopement. There was no indication the plan and revisions had been reviewed by the Human Rights Committee.</p>	W000262	<p>Responsible: Staff, QIDP, Residential Manager, Program Manager &amp; Executive Director</p> <p>W262 W262 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. -The Human Rights Committee will review all clients plans in there entirety including modifications of rights at least quarterly. -The Residential Manger will monitor through monthly chart reviews to ensure all clients plans and modification of rights are approved by the Human Rights Committee at least quarterly. -The Program Manger will monitor through quarterly chart reviews to ensure all clients plans and modification of rights are approved by the Human Rights Committee at least quarterly. - Meeting will be held for all clients to review their plans in there entirety including modifications of rights. Any adjustments made to any clients plans and/or modification of rights will be given to the Human Rights</p>	12/02/2013			

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	<p>The record review for client #2 was conducted on 10/24/13 at 2:19 PM. The BSP was dated 6/6/13. The BSP for client #2 included AYSIS restraint for physical aggression. The BSP indicated client #2 received Depakote 500 mg in the AM and 1000 mg at bedtime, Paxil 20 mg at bedtime and Clozaril 225 mg, 1 in the AM and 1 in the PM, for physical aggression, verbal aggression and elopement. Client #2 also received Remeron 45 mg at bedtime for depression. There was no indication the plan had been reviewed by the Human Rights Committee.</p> <p>The record review for client #3 was conducted on 10/25/13 at 11:18 AM. The BSP was dated 6/6/13. The BSP for client #3 included AYSIS restraint for physical aggression. The BSP indicated client #2 received Depakote 1000 mg at bedtime, Seroquel 300 mg, 1 in AM and 1 in PM, Lamictal 100 mg, 1 in AM and Clozaril 350 mg, 1 in AM and 1 in PM, for physical aggression, verbal aggression and elopement. Client #3 also received Prozac 40 mg, 1 in the AM, for suicidal threats and Strattera 40 mg, 1 in AM and 1 in PM for privacy. There was no indication the plan had been reviewed by the Human Rights Committee.</p>		<p>Committee for approval prior to the changes being implemented. Person Responsible: Residential Manager, Program Manger, Executive Director. ADDENDUM: W262 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. -The QIDP will review and monitor any restrictions and/or changes in the clients' Individual Support Plans including active treatment plans and present to the Human Rights Committee -The Human Rights Committee will review all clients plans in there entirety including modifications of rights at least quarterly. -The Residential Manager will monitor through monthly chart reviews to ensure all clients plans and modification of rights are approved by the Human Rights Committee at least quarterly. -The Program Manger will monitor through quarterly chart reviews to ensure all clients plans and modification of rights are approved by the Human Rights Committee at least quarterly. - Meeting will be held for all clients to review their plans in there entirety including modifications of rights. Any adjustments made to any clients plans and/or modification of rights will be given to the QIDP and Human Rights Committee for</p>				

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	<p>The record review for client #4 was conducted on 10/25/13 at 1:13 PM. The BSP was dated 5/25/13. The BSP for client #4 included YSIS restraint for physical aggression. The BSP indicated client #4 received Wellbutrin 300 mg, 1 in the AM, Cymbalta 120 mg, 1 at bedtime, and Zyprexa 17.5 mg, 1 at bedtime, for inappropriate social behavior, physical aggression, property destruction, inappropriate touching and crying. There was no indication the plan had been reviewed by the Human Rights Committee.</p> <p>Interview with Administrative staff #1 on 10/25/13 at 3:00 PM indicated the BSPs were not reviewed by the Human Rights Committee. Administrative staff #1 indicated the medication changes were approved by e-mail, but not everyone responded. Administrative staff #1 indicated the Committee did not approve the BSPs.</p> <p>9-3-4(a)</p>		approval prior to the changes being implemented. Person Responsible: Staff, QIDP, Residential Manager, Program Manger, Executive Director.		

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (client #1), the facility's nursing services failed to provide a medical care plan to address the client's diagnosis of GERD (Gastroesophageal Reflux Disease).</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 10/25/13 at 4:02 PM. The Physician Orders dated October 1 through October 31, 2013 indicated client #1 received Omeprazole daily for GERD. There was no care plan for GERD.</p> <p>Interview with Administrative staff #2 on 10/25/13 at 4:30 PM indicated there should be a care plan for GERD for client #1 if he was receiving the medication.</p> <p>9-3-6(a)</p>	W000331	<p>W331 -The facility must provide clients with nursing services in accordance with their needs. - Nurse will put into place a High Risk Plan for client #2's diagnoses of GERD. -Staff responsible for ensuring nursing services are provided for each client in accordance with their needs will be trained on clients #2 high risk plan for diagnoses of GERD, to ensure proper nursing services are provided at all time for all clients. -A complete audit of high risk plans &amp; physicians orders will be completed to ensure that all medical diagnosis are addressed in the client's high risk plan. -Residential Manager will monitor through daily observations to ensure that high risk plans are being followed and that all clients' physician's orders are being implemented appropriately. -Program Manager will monitor through monthly observations to ensure that high risk plans are being followed and that all clients' physician's orders are being implemented appropriately. -Nursing will complete a monthly summary to ensure that new medical diagnosis have a high risk plan and that all clients' physician's orders are being implemented appropriately. -Nurse will complete quarterly chart reviews</p>	12/02/2013			

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W000488	<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 (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to provide training opportunities to use condiments.</p> <p>Findings include:</p> <p>During the morning observation on October 24, 2013 from 5:00 AM to 9:00 AM, client #4 prepared a medicine cup with butter and another medicine cup with 2 tablespoons of syrup for each client (clients #1, #2, #3, #4, #5, #6 and #7). The clients had french toast on the menu. The clients were not given the opportunity to serve themselves their own butter and syrup.</p> <p>During the evening observation on October 24, 2013 from 4:00 PM to 6:40 PM, client #2 prepared 6 medicine cups with ketchup for clients #1, #2, #3, #4, #5 and #6. The menu included tater tots</p>	W000488	<p>to ensure all high risk plans remain appropriate. Persons Responsible: Staff, Residential Manager, Program Manager, Nurse, Nursing Manager &amp; Executive Director.</p> <p>W488 - The facility must assure that each eats in a manner consistent with his or her developmental level. - IDT will be held with all clients to discuss a goal being put into place for all clients to serve condiments independently with appropriate severing sizes. - Staff will be trained on new goals of serving condiments independently with appropriate severing sizes. -Residential Manager will monitor through daily observations to ensure that all client's goals are being implemented appropriately. -Program Manager will monitor through monthly observations to ensure that all client's goals are being implemented appropriately. Persons Responsible: Staff, Residential Manager, Program Manager &amp; Executive Director.</p>	12/02/2013			

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	<p>with ketchup The clients were not given the opportunity to serve themselves their own ketchup.</p> <p>Interview with Administrative staff #5 on 10/24/13 at 6:00 PM indicated they used the medicine cups to ensure the clients did not use too much of the condiments. Administrative staff #5 indicated the clients would use too much without using the medicine cups.</p> <p>9-3-8(a)</p>			