

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G657	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/14/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2840 N 6TH ST TERRE HAUTE, IN 47804
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 9, 10, 13, and 14, 2015</p> <p>Provider Number: 15G657 Aims Number: 100468760 Facility Number: 001185</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and clean environment for 4 of 4 clients (#1, #2, #3, #4) living in the group home.</p> <p>Findings include: An observation of clients #1, #2, #3 and #4 (at the group home) was done on</p>	W 0104	<p>The gutters were cleaned, the outside chair cushions will be replaced and the door trim in the hall way will be painted.</p> <p>The Residential Manager of the home is responsible on an ongoing <i>at least</i> weekly basis for insuring that the home is clean, safe and all home maintenance needs are</p>	08/13/2015

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>7/13/15 from 4:04p.m. to 5:42p.m. The observation included the following environmental conditions: strap style patio chairs with no cushions and one chair had missing straps (created a hole in middle of chair), several trees growing out of the home's guttering and the hallway and dining room wood trim frames had paint coming off them. Staff #2 was interviewed on 7/13/15 at 4:27p.m. Staff #2 indicated she thought the house was on the maintenance list for painting and landscaping but did not know when work would be done.</p> <p>Staff #1 was interviewed on 7/14/15 at 10:24a.m. Staff #1 indicated he was not aware of any current work orders.</p> <p>9-3-1(a)</p>		<p>reported and completed as soon as possible. The facility has a Maintenance Request Form and process established so that any noted maintenance or repair issues are reported to the Maintenance staff and completed as soon as possible. All staff are trained to submit these requests when issues are noted. The Residential Manager will receive re-training on their responsibilities in identifying, reporting and following up to maintenance and repair issues in order to maintain a safe and clean environment at all times. The Clinical Supervisor is responsible for insuring that the Residential Manager is completing home audits and following up to any of the home needs.</p> <p>The Maintenance staff conducts a monthly, quarterly, and annual checklist at each home to identify repair and maintenance issues. Anything identified during these audits are prioritized and addressed as soon as possible. The Program Manager will review these audits on at least a quarterly basis to insure that they are completed and needs are being addressed.</p> <p>The Safety Committee visits and conducts an audit at each home on</p>	

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W 0159 Bldg. 00	<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, the facility failed for 1 of 2 sampled clients (#1) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring identified behavior tracking data was reviewed by the QIDP and to ensure recommendations for a behavioral consult had been addressed.</p> <p>Findings include: Review of the record of client #1 was</p>	W 0159	<p>at least a quarterly basis. Any Maintenance or repair needs are communicated to the Maintenance Request process at that time. The Committee meets at least quarterly and reviews home visit audits to insure that any issues identified were addressed. The Program Manager is responsible for insuring that the Safety Committee completes quarterly audits and that follow-up is completed if any issues were addressed and any necessary staff training needs are completed.</p> <p>The QIDP will hold a meeting with the IDT to discuss the recommendation from the psychiatrist for Client #1 to work with a behaviorist. The outcome of the IDT will be reported to the Clinical Supervisor and Program Manager.</p> <p>All current QIDP's have received training on the coordination and monitoring of client treatment programs including behavior tracking. The training will include protocols for analyzing and compiling collected data and timelines for completing reports on</p>	08/13/2015

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W 0227 Bldg. 00	<p>done on 7/14/15 at 9:34a.m. Client #1's 1/30/15 individual support plan (ISP) and behavior support plan (BSP) indicated the facility was collecting behavior data for inappropriate socialization, obsession with fluid/caffeine consumption and absconding. Client #1's ISP/BSP did not have any documented behavior data review for the past year. Client #1 had a 5/11/15 recommendation from his psychiatrist that client #1 "needs a behavioralist working with him." There was no documentation this recommendation had been addressed by the QIDP.</p> <p>Staff #3 (QIDP) was interviewed on 7/14/15 at 10:24a.m. Staff #3 indicated she was able to find some documented data for client #1's behaviors but it had not been reviewed by the QIDP. Staff #3 indicated the recommendation for client #1 to work with a behavioralist had not been addressed by the facility's interdisciplinary team (IDT).</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by</p>		<p>the result. On a quarterly basis, the QIDP facilitates a meeting with the IDT to review progress and needs with the team members. The QIDP will be responsible to see that all monitoring and plans are current.</p> <p>The Clinical Supervisor will oversee that the QIDP provides continuous integration, coordination and monitoring of client services by way of monthly tracking and quarterly meetings with the IDT. The Program Manager has completed training with all current QIDP's and Clinical Supervisors as to their responsibilities in the coordination and monitoring of client treatment plans. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectations for providing monitoring of the client's treatment program are not met.</p>		

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	<p>paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (#2) to ensure client #2's individual support plans (ISP) had a training program in place to address his identified need of a rate of drinking training program.</p> <p>Findings include:</p> <p>An observation was done on 7/14/15 from 6:39a.m. to 7:52a.m. at the facility group home. At 7:05a.m., client #2 ate breakfast. Client #2 was drinking his entire (full glass) drink in one long drink. Staff #1 was prompting client #2 to put down his cups and to take sips of the drink. Client #2 ignored staff #1 and quickly drank his full glass. At the end of the drink, client #2 began to cough on the drink. Staff #1 was interviewed on 7/14/15 at 7:11a.m. Staff #1 indicated client #2 often drank too fast and would ignore verbal prompts to slow down. Staff #1 indicated she didn't think client #2 had a training program for this.</p> <p>Record review for client #2 was done on 7/14/15 at 8:42a.m. Client #2's 1/30/15 ISP did not have any training programs to address his need for a rate of drinking fluids from a cup.</p>	W 0227	<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 Residential Manager and staff as to the protocols and formal objectives that they must initiate to meet each individual's needs and assist them toward independence.</p> <p>The QIDP will meet with the IDT and will develop an individual program plan designed to address the training needs for Client #1 for to address the need of a rate of drinking program. 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.</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 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</p>	08/13/2015			

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	Staff #1 was interviewed on 7/14/15 at 10:24a.m. Staff #1 indicated client #2 did not have any training program in place to address rate of drinking fluids from a cup. Staff #1 indicated client #2 was in need of a dining training program. 9-3-4(a)		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 chart 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.		