

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/13/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 605 W CRAIG BRAZIL, IN 47834		
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: November 5, 7, 12, 13, 2013</p> <p>Provider Number: 15G400 Aims Number: 100244450 Facility Number: 000914</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/19/13 by Ruth Shackelford, QIDP.</p>	W000000			

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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W000227	<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 paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure the client's individual support program (ISP) had a training program in place to address client #3's identified need for better toileting hygiene.</p> <p>Findings include:</p> <p>Record review of client #3 was done on 11/7/13 at 11:34a.m. Client #3 had a 3/21/13 Urologist note that indicated client #3 was to be encouraged to have better toileting hygiene. Client #3's 6/13/13 ISP indicated client #3 had recently had an urinary tract infection (UTI) and was to follow up with her doctor. The ISP indicated client #3 "needs to work on her wiping goals, she has been getting UTI's." Client #3 had a 10/8/13 nursing note that indicated to reinforce proper hygiene due to UTIs. Client #3's 6/13/13 ISP did not have any training programs in place to address her identified toileting (wiping) hygiene training needs.</p>	W000227	<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 #3 in toileting (wiping) needs. 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 as needed and revised the individual program plan as determined by the IDT. The QIDP is responsible for reviewing the individual</p>	12/13/2013			

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	Staff #1 was interviewed on 11/7/13 at 2:00p.m. Staff #1 indicated client #3 had toileting hygiene training needs. Staff #1 indicated client #3 did not have a training program in place to address this identified need. 9-3-4(a)		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. Addendum added 1-9-14: The QIPD and/or Home Manager will complete daily observations at the home for 30 days to insure that staff are implementing and documenting programs as written and as opportunities are available. Any noted issues will be addressed immediately with staff to insure compliance and competency with training and client needs. The Program Manager will insure that daily observations are completed as expected and that any issues are addressed as needed. Following the 30 day observation period, the QIPD and/or Home Manager will conduct at least weekly observations in the home during the time that active treatment is in process and individuals are home. These observations will be documented		

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			on a Weekly Home Visit checklist that is submitted to the Program Manager for review.		

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#1, #4) to ensure clients #1 and #4's (medication) training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 11/5/13 from 4:29p.m. to 6:20p.m. At 4:45p.m., client #1 received his medications (Metformin and Depakote). At 4:49p.m., client #4 received her medications (Lasix, Seroquel, Klor-Con Potassium, Verapamil). Clients #1 and #4 did not receive any medication training during the medication pass.</p> <p>Record review of client #1 was done on 11/7/13 at 12:22p.m. Client #1's 8/26/13 individual support plan (ISP) indicated client #1 had a medication program to punch out his medications with hand over hand assistance.</p>	W000249	<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 objectives identified in the individual program plan. The Training objectives for Client #1 and #4 to address their medication training needs has been reviewed and and implemented. All staff will be trained on their responsibilities to implement 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</p>	12/13/2013			

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	<p>Record review of client #4 was done on 11/7/13 at 11:01a.m. Client #4's 6/13/13 ISP indicated client #4 had a medication training program to identify her potassium tablet with 3 verbal prompts.</p> <p>Professional staff #1 was interviewed on 11/7/13 at 2:00p.m. Staff #1 indicated client #1 and #4's medication training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>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 Program Manager tracks home audits that indicate that observations have been conducted at the home weekly. Addendum added 1-9-13: The QIPD and/or Home Manager will complete daily observations at the home for 30 days to insure that staff are implementing and documenting programs as written and as opportunities are available. Any noted issues will be addressed immediately with staff to insure compliance and competency with training and client needs. The Program Manager will insure that daily observations are completed as expected and that any issues are addressed as needed. Following the 30 day observation</p>		

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			period, the QIPD and/or Home Manager will conduct at least weekly observations in the home during the time that active treatment is in process and individuals are home. These observations will be documented on a Weekly Home Visit checklist that is submitted to the Program Manager for review.		

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) who received behavior control medications, to ensure client #4 received an annual medication reduction.</p> <p>Findings include:</p> <p>The record of client #4 was reviewed on 11/7/13 at 11:01a.m. Client #4's 6/13/13 individual support plan (ISP) indicated client #4 received the behavior medications Seroquel for Psychotic Disorder and Zoloft for Depression. Client #4's behavior data indicated client #4 had (1) documented "disturbing interpersonal behavior" behavioral incident from 4/13 through 10/13. Client #4's medication reduction plan indicated a medication reduction would be considered if client #4 had "no more than 25 episodes of disturbing interpersonal behaviors per month across a 3 month period." There was no documentation the interdisciplinary team (IDT) had addressed a possible behavior medication reduction. There was no documentation by the psychiatrist regarding a contraindication to a medication reduction. There was no documentation</p>	W000316	Drugs used for control of inappropriate behavior are gradually withdrawn at least annually and is outlined in the BSP. The BSP for all individuals in the home, as well as Client #4 have been reviewed to insure that a medication reduction plan is in place and are current. The QIPD is responsible to monitor the progress of behavior support goals and report the progress or lack of to the physician that monitors the individual's behavior medications. The QIPD reports this progress to the physician and to the team on at least a quarterly basis for review. The QIPD will assure that a medication reduction plan is included in each individual Behavior Support Plan and that a medication reduction is initiated on at least an annual basis. Each QIPD will receive training on their responsibilities for monitoring and reporting progress to the IDT and physician. The Program Manager and/or designee is responsible for reviewing each individual client record on at least a quarterly basis.	12/13/2013			

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	<p>client #4's medication had been reduced during the past year.</p> <p>Interview of staff #1 on 11/7/13 at 2:00p.m. indicated the facility's IDT had not met and discussed a possible annual reduction for client #4. Staff #1 indicated client #4 had met the criteria for a behavior medication reduction.</p> <p>9-3-5(a)</p>				