

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G387	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 1013 WHITE TAIL 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, 19, 20, 23, 24, 2015</p> <p>Provider Number: 15G387 Aims Number: 100244360 Facility Number: 000901</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 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview the facility failed for 4 of 6 clients residing in the group home (#1, #2, #5, #6) to allow spending opportunities for the clients.</p> <p>Findings include:</p>	W 0126	<p>The individuals in the home will have access to and will be assisted to plan opportunities to spend their money on at the least, a monthly basis.</p> <p>The Residential Manager will</p>	01/04/2016

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 cash on hand (at the group home) entrusted to the facility were reviewed on 11/23/15 at 12:42p.m. The clients' "Individual Petty Cash Request and Reconciliation Form" indicated: client #1's current cash ledger was dated for the month of 1/15. Client #1's most recent money transaction was dated 4/17/15. Client #2's current cash ledger was dated 12/14 with his most recent documented transaction on 12/24/14. Client #5's current cash ledger form was dated for the month of 12/14 and his most recent transaction was on 9/9/15. Client #6's current cash ledger was dated 4/15 and her most recent cash transaction was dated 6/2/15.</p> <p>Staff #3 was interviewed on 11/23/15 at 12:48p.m. Staff #3 indicated the facility had not provided clients #1, #2, #5 and #6 the opportunity to spend their money during the past 12 months.</p> <p>9-3-2(a)</p>		<p>develop a schedule to include community outings and activities to occur in the weekend and evening hours. This schedule will include a specified day that each client can choose an individual recreational activity and will be assisted in purchasing their personal hygiene and other personal needs. This schedule will be posted monthly in the home so that individuals and staff are aware of the schedule and the opportunities. The QIPD will review the community participation log on at least a monthly basis and will report the activities the individual has participated in to the team during the quarterly review meeting. The Residential Manager will insure that the individual has access to money in the home as requested for the chosen outing and any personal items needed. Guidelines are developed that specify the process for scheduling outings and the responsibilities of the Residential Manager to insure</p>		

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			<p>that spending opportunities are provided. All Residential Managers and QIPD's will receive training these guidelines and responsibilities.</p> <p>The QIDP will monitor and audit the client personal funds on at least a quarterly basis and report on the financial activities during the Quarterly IDT Review. The Clinical Supervisor will complete an audit on at least a quarterly basis to ensure that all client funds are being handled appropriately and that spending opportunities have been provided for each client.</p> <p>The Clinical Supervisor will on at least a quarterly basis, conduct a review of each ISP and client records including financial, to insure that specific individual needs are being addressed by programming and that all individuals are being afforded the right to manage their own personal funds either as part of a formal program or a more general, informal series of</p>	

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W 0140 Bldg. 00	<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 4 of 6 client finances reviewed (#1, #3, #5, #6) to maintain their financial system to ensure client funds entrusted to the facility had no missing funds.</p> <p>Findings include:</p> <p>The client financial record book and cash on hand (at the group home) entrusted to the facility were reviewed on 11/23/15 at</p>	W 0140	<p>activities that are geared to the individual's functioning level. The results of this audit and the follow-up to identified issues are submitted to the Program Manager on at least a quarterly basis to insure completion. This audit includes checking each individual's cash and financial records at the home. In the future is issues are noted that individuals have not had ample opportunities to spend their own money, it will be discussed with the Residential Manager who is responsible to see that community outings are offered. The Program Manager is responsible for reviewing the quarterly audits and follow-up.</p> <p>All client 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 Residential manager and Clinical Supervisor will receive training on this policy and the procedures on proper documentation of transactions and on the securing of client personal funds. The Program Manager will be responsible for implementing this training.</p>	01/04/2016

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	<p>7:48a.m. The clients' "Individual Petty Cash Request and Reconciliation Form" indicated: client #1 had a current balance of \$3.58. Client #1's actual cash on hand was \$1.58. Client #6 had a ledger balance of \$4.87 and an actual cash on hand of \$1.39.</p> <p>The clients' funds were also reviewed on 11/23/15 at 12:42p.m. with staff #3. Client #3 had a ledger balance of \$13.01. Client #3's actual cash on hand was \$5.38. Client #3 had 3 recent receipts that had not been reconciled onto his cash ledger. Client #5 had a current ledger balance of \$12.97. Client #5's actual cash on hand was \$2.18. Client #5 had receipts from 4/15 and 9/15 that had not been reconciled onto his cash ledger. Client #5's current cash ledger form was dated for the month of 12/14. Staff #3 produced a bag of change which she indicated she had found in the client locked money box. Staff #3 added money to the client accounts to equal the ledger form balances. Staff #3 indicated she did not know where the money (loose change) in the bag came from or who it may have belonged to.</p> <p>Interview on 11/23/15 at 1:04p.m. of staff #2 indicated the clients' funds entrusted to the facility, the clients' ledger and available funds should match. Staff #2</p>		<p>The Residential Manager and QIPD will monitor and audit client personal funds on at least a weekly basis to assure that client funds are secured and accounted for. The Clinical Supervisor 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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W 0289 Bldg. 00	<p>indicated client transactions and receipts were not being recorded on the petty cash ledger when the transactions had taken place and there was a lack of monthly monitoring.</p> <p>9-3-2(a)</p> <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. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#3) with a restrictive behavior management plan, to ensure that all interventions (door alarms) to manage client #3's behaviors were included in the client's individual support plan (ISP).</p> <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 #3 was</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 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</p>	01/04/2016

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W 0440 Bldg. 00	<p>done on 11/23/15 at 9:12a.m. Client #3's 5/8/15 ISP indicated client #3 had elopement identified as a behavior in his plan. Client #3'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 #3's identified behavior of elopement. Staff #3 indicated client #3's program intervention (door alarms) had not been incorporated into a training program.</p> <p>9-3-5(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>		<p>Client #3 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. 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 being initiated as written and that needs are being addressed and monitored for progress.</p>		

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	<p>Based on record review and interview, the facility failed for 6 of 6 clients (#1, #2, #3, #4, #5, #6) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts (overnight shift), from 3/16/15 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 and #6 was completed on 11/23/15 at 11:05a.m. There were no overnight shift (12a.m. to 8a.m.) evacuation drills documented between 3/16/15 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 overnight shift drills for review. Staff #2 indicated all scheduled overnight shift evacuation drills should have been completed on a quarterly basis.</p> <p>9-3-7(a)</p>	W 0440	<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. The Residential Manager will receive a re-training on their responsibilities to insure that staff receives training in emergency procedures and fire 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 Manager of the home. It is the responsibility of the Clinical Supervisor to track the completion of emergency drills and evacuations on a monthly basis.</p>	01/04/2016	