

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G060	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ALLENDALE TERRE HAUTE, IN 47802
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: May 19, 20, 21, 22, 2015</p> <p>Provider Number: 15G060 Aims Number: 100233640 Facility Number: 000612</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6, #7), the facility failed to ensure the clients had the right to due process in regard to locking food items: sugar and fruit at the group home.</p> <p>Findings include:</p>	W 0125	<p>The QIDP is responsible to insure that all the needs of each individual is addressed in the Individual Support Plan (ISP) and addressed formally ad recommended by the IDT. The QIDP is responsible to provide information to the Residential Manager and staff as to the formal objectives that they</p>	06/19/2015

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>An observation was done on 5/20/15 at the group home from 6:43a.m. to 8:10a.m. At 7:08a.m., client #4 returned a container of sugar to the staff office and staff locked it in a cabinet. At 7:38a.m., client #6 asked staff for a banana. Staff #5 unlocked the staff office and got client #6 a banana. Staff #2 was interviewed on 5/20/15 at 8:04a.m. Staff #2 indicated the sugar and bananas were kept locked in the office due to client #5 consuming large portions of sugar and food.</p> <p>Record review for client #1 was done on 5/21/15 at 3:18p.m. Client #1's 1/13/15 individual support plan (ISP) did not indicate any food items were to be kept locked.</p> <p>Record review for client #2 was done on 5/21/15 at 2:58p.m. Client #2's 7/1/14 ISP did not indicate any food items were to be kept locked.</p> <p>Record review for client #3 was done on 5/21/15 at 2:30p.m. Client #3's 11/17/14 ISP did not indicate any food items were to be kept locked.</p> <p>Record review for client #4 was done on 5/21/15 at 1:54p.m. Client #4's 1/6/15 ISP did not indicate any food items were to be kept locked.</p>		<p>must initiate to meet each individuals needs and assist them toward independence.</p> <p>The fruit and sugar have been removed from the office. All staff at the home along will received training on client rights and restrictions. The Clinical Supervisor will be responsible for providing this training. The Residential Manager and QIDP will provide on-going weekly monitoring to assure that food is not locked in the office and that staff are ensuring client have access to these items.</p>		

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W 0153 Bldg. 00	<p>Staff #1 was interviewed on 5/21/15 at 3:58p.m. Staff #1 indicated the group home sugar, bananas and any other food items were not to be kept locked. Staff #1 indicated client #5 has issues with the overuse of sugar and has had recent weight gain. Staff #1 indicated this was probably the reason the group home staff had locked some of the food items. Staff #1 indicated only staff had the key to the locked office.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 of 1 injuries of unknown origin reviewed, for one additional client (client #6), to immediately report injuries of an unknown origin to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p>	W 0153	<p>The facility has current policies and procedures that prohibit the mistreatment, neglect and abuse of individual served as well as policies that specifically address the reporting of and completion of reports regarding unknown injuries.</p> <p>All staff receive training on these policies upon hire and annually thereafter. The training includes a review of competency of the</p>	06/19/2015

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	<p>Record review of the facility incident reports was done on 5/19/15 at 1:42p.m. A BDDS reportable incident report on 3/20/15 indicated client #6 had an injury of unknown origin on 3/10/15. The 3/20/15 report indicated client #6 had reported right foot pain (had a "slight limp and swelling) on 3/10/15 and was taken for x-rays. The report indicated client #6 had a "small" stress fracture and was fitted with a walking boot. The 3/20/15 report indicated an investigation will be completed for the injury of unknown origin. There was no documentation to indicate the 3/10/15 stress fracture of unknown origin had been reported to the administrator and BDDS until the 3/20/15 BDDS report.</p> <p>Staff #1 was interviewed on 5/21/15 at 3:58p.m. Staff #1 indicated the above identified incident of injury of an unknown origin had not been immediately reported to the administrator and BDDS. Staff #1 indicated the home manager was a new employee and the facility had failed to immediately report the incident.</p> <p>9-3-2(a)</p>		<p>process for reporting and investigating any incident and unknown injuries. The current incident report form has been reviewed and prompting has been added to prompt staff to initiate an investigation if necessary.</p> <p>The Residential Manager, Clinical Supervisor and QIDP will complete a retraining on the facility policies and procedures regarding their responsibly to insure that all incidents as defined by policy are reported and investigated immediately. The Clinical Supervisor is responsible for initiating and completing initial investigation of injuries of unknown origin.</p>	

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W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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 observation, record review and interview, the facility failed for 1 non-sampled client (#5) to ensure client #5's individual support plan (ISP) had training programs in place to address his identified consumption of large amounts of sugar and weight gain.</p> <p>Findings include:</p> <p>An observation was done on 5/20/15 at the group home from 6:43a.m. to 8:10a.m. At 7:08a.m., client #4 returned a container of sugar to the staff office and staff locked it in a cabinet. At 7:38a.m., client #6 asked staff for a banana. Staff #5 unlocked the staff office and got client #6 a banana. Staff #2 was interviewed on 5/20/15 at 8:04a.m. Staff #2 indicated the sugar and bananas were kept locked in the office due to client #5 consuming large portions of sugar and food. Staff #2 indicated he was concerned about client #5's recent weight gain.</p> <p>Record review for client #5 was done on 5/21/15 at 1:40p.m. Client #5 had a 2/3/15 nutritional review. The 2/3/15</p>	W 0227	<p>The QIPD will address the specific needs for all of the clients in the home with the team and will develop formal programing for needs identified. The QIPD will provide staning and support to the staff to insure that all staff are aware of the implementation of the program goals for each individual. The QIDP is responsible to insure that each individual's needs are addressed in their Individual Support 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 individuals needs and assist them toward independence. 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 individual program plan as determined by the IDT. The QIDP is responsible for reviewing the individual program plans with</p>	06/19/2015			

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	<p>review indicated "despite 1800 calorie diet weight remains uncontrollable." The review indicated client #5 had gained 22 pounds during the past year. Client #5's 1/16/15 individual support plan (ISP) did not have a documented training program in place to address his identified behavior of eating large amounts of sugar and weight gain.</p> <p>Staff #1 was interviewed on 5/21/15 at 3:58p.m. Staff #1 indicated client #5 would consume large amounts of sugar with his drinks. Staff #1 indicated client #5 has had a weight gain over the past year. Staff #1 indicated client #5's identified overuse of consuming sugar was not addressed with a documented training programs. Staff #1 indicated client #5 was in need of a training program for healthy food choices.</p> <p>9-3-4(a)</p>		<p>the IDT on at least a quarterly basis to review progress made or needed revisions. The QIDP is responsible for providing staff with ongoing training concerning individual program plans and objectives that are in place to address the specific needs of each client. The Clinical Supervisor and/or 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. Client #5 has been discharged from the SGL home and is currently admitted into supported living. Information regarding his consumption of large amounts of sugar and weight gain have been communicated to his team to ensure that this issue is addressed within his new Individual Support Plan.</p>		