

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00173039.</p> <p>Complaint #IN00173039 - Substantiated, Federal/state deficiency related to the allegations is cited at W104.</p> <p>Survey Dates: June 18, 19 and 22, 2015.</p> <p>Facility Number: 000954 Aim Number: 100244720 Provider Number: 15G440</p> <p>This federal deficiency also reflects 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.</p> <p>Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 6 of 6 clients (A, B, C, D, E, F) living in the group home.</p>	W 0104	The facility will exercise operating direction over the facility to provide a safe and clean environment for all individuals living in the group home. The facility has a Maintenance Prevention Program which involves a monthly check of the home to identify needs and	07/22/2015

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>Findings include:</p> <p>An observation of clients A, B, C, D, E and F (at the group home) was done on 6/18/15 from 4:38p.m. to 5:44p.m. The observation included the following environmental conditions: the living room carpet had 3 large stains and discolored areas, the hallway carpet was stained and had a rip by the bathroom, the living room couch and loveseat had the covering wearing off and the hallway wooden door frames had paint coming off of them. Client C was interviewed on 6/18/15 at 4:57p.m. Client C stated "we could use a new couch."</p> <p>Staff #2 was interviewed on 6/18/15 at 5:23p.m. Staff #2 indicated the facility's carpets had been recently cleaned but the stains did not come out. Staff #2 was not aware of any recent work orders for the identified carpeting and painting needs.</p> <p>This federal tag relates to complaint #IN00173039.</p> <p>9-3-1(a)</p>		<p>repairs. During other times, the facility has a Maintenance Request Process in which all staff can report any repairs or household needs directly to the Maintenance Staff. The Maintenance Coordinator reviews and prioritizes needs on a daily basis. Additionally, the facility Safety Committee visits each home and completes a checklist on at least a quarterly basis. This checklist includes a review of the furniture and carpeting conditions for all areas of the home. The issues identified in the survey had recently been identified by this process. The carpet was cleaned again on 6-25-15 to determine if the stained areas could be addressed. The carpet in the living room and hallway, as well as any other areas as needed, will be replaced as soon as possible. The carpet may not be installed within 30 days of the survey as it requires ordering and scheduling installation. At this point, the carpet is clean and safe until it can be replaced. The worn area on the couch had recently been identified as well. The living room furniture will be replaced. The Maintenance Coordinator is responsible for conducting monthly, semi-monthly, quarterly, semi-annual and annual checklists of all areas of the home. Additionally Program Manager is responsible for</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			ensuring that the Safety Committee visits and completes a check of each home at least quarterly. All environmental issues identified will be addressed immediately.		