

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 08/13/2015
--	---	--	---

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
--	--

(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 a post certification revisit (PCR) to complaint #IN00173039 investigated on 6/22/15.</p> <p>This visit was in conjunction with the recertification and state licensure survey.</p> <p>Complaint #IN00173039 - Not corrected.</p> <p>Survey Dates: August 6, 7, 10, 11 and 13, 2015.</p> <p>Facility Number: 000954 Aim Number: 100244720 Provider Number: 15G440</p> <p>This 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</p> <p>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 5 of 5</p>	W 0104	The facility will provide a safe and clean environment for the individuals served. Carpeting for the living room, hallway and 2 bedrooms has been ordered and is scheduled to be in place by	09/18/2015

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.

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 08/13/2015	
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			
(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			
	<p>clients (A, B, C, D, E) living in the group home.</p> <p>Findings include:</p> <p>An observation of clients A, B, C, D and E (at the group home) was done on 8/6/15 from 4:41p.m. to 6:12p.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 wood door frames had paint coming off of them.</p> <p>Staff #1 was interviewed on 8/13/15 at 10:58a.m. Staff #1 indicated the facility had not completed any of the identified needed home improvements. Staff #1 indicated he thought carpet measurements had been taken but had no documentation of this nor a timeline for improvements.</p> <p>This federal tag relates to complaint #IN00173039.</p> <p>This deficiency was cited on 6/22/15. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>		<p>9-18-15. An original arrangement for the delivery of carpeting did not occur as planned, thus delaying the installation. A new vendor has been identified and is scheduled to install the carpeting in the home. Additionally, it is anticipated that the living furniture will be delivered to the home by this same date. Door frames, as well as any other areas of the home identified as needing paint, have been completed. All employees are responsible to insure that the home is maintained in a clean and safe manner. The Residential Manager is responsible for conducting an at least weekly check of the home to insure that all areas are clean and safe. The QIPD/ and or Clinical Supervisor is responsible to visit the home on at least a weekly basis to also ensure that the home is maintained in a safe and clean manner. All staff are responsible to submit a maintenance work order or to alert the Program Manager or Executive Director in the event that an area of the home requires attention. The need for carpet in this home had been identified and was in the process of being addressed. Additionally, the Executive Director and/ or the members of the Safety Committee conducts a safety check of the home on at least a quarterly basis with the intent to identify areas of the home that</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/13/2015
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		
(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	
	9-3-1(a)		may need attention. Identified needs are communicated to the appropriate person or department for resolve.		