

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/25/2014
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3214 W ELLEN DR TERRE HAUTE, IN 47803
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: August 18, 19, 20, 21 and 25, 2014.</p> <p>Provider Number: 15G370 Aims Number: 100235090 Facility Number: 000884</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 29, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<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 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) living in the group home.</p> <p>Findings include:</p>	W000104	<p>The facility will maintain a safe and clean environment for the individuals that live all homes at all times. The following actions were completed immediately following the survey:</p> <ol style="list-style-type: none"> <li>1. The swing was removed from the property.</li> <li>2. The love seat was removed and replaced.</li> <li>3. The kitchen cabinet was reattached.</li> <li>4. The walls in the main entry of</li> </ol>	09/24/2014

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 of clients #1, #2, #3, #4, #5, #6, #7 and #8 (at the group home) was done on 8/18/14 from 4:09p.m. to 6:24p.m. The observation included the following environmental conditions: A fabric style outdoor swing, on the back deck, had a large tear down the middle and was dry rotting. It was positioned on the deck in a main seating area for the clients. A loveseat in the living room had a large area of fabric covering peeling off. A kitchen cabinet was missing a door. The walls around the main entry way were stained and had worn areas and were in need of repainting. The plastic cover on the light switch in the dining room had a piece missing/broken off.</p> <p>Interview of staff #1 on 8/25/14 at 11:48a.m. indicated they were not aware of the deck swing, the light switch and the need to repaint the entry area. Staff #1 indicated they were not aware of any work orders in place to repair the swing, loveseat and cabinet door.</p> <p>9-3-1(a)</p>		<p>the home and other areas as needed were repainted.</p> <p>5.The cracked plastic light switch cover was replaced. The Residential Manager of the home is responsible on an ongoing <i>at least</i> weekly basis for insuring that the home is clean, safe and all home maintenance needs are reported and completed as soon as possible. The facility has a Maintenance Request Form and process established so that any noted maintenance or repair issues are reported to the Maintenance staff and completed as soon as possible. All staff are trained to submit these requests when issues are noted. The Residential Manager will receive re-training on their responsibilities in identifying, reporting and following up to maintenance and repair issues in order to maintain a safe and clean environment at all times. The Clinical Supervisor is responsible for insuring that the Residential Manager is completing home audits and following up to any of the home needs. The Maintenance staff conducts a monthly, quarterly, and annual checklist at each home to identify repair and maintenance issues. Anything identified during these audits are prioritized and addressed as soon as possible. The Program Manager will review these audits on at least a quarterly basis to insure that they are completed</p>				

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			and needs are being addressed. The Safety Committee visits and conducts an audit at each home on at least a quarterly basis. Any Maintenance or repair needs are communicated to the Maintenance Request process at that time. The Committee meets at least quarterly and reviews home visit audits to insure that any issues identified were addressed. The Program Manager is responsible for insuring that the Safety Committee completes quarterly audits and that follow-up is completed if any issues were addressed and any necessary staff training needs are completed.		