

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G662	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 CRUFT AVE TERRE HAUTE, IN 47803
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W000000	<p>This visit was for the investigation of complaint #IN00151584.</p> <p>Complaint #IN00151584 - Substantiated. Federal/State deficiency related to the allegation was cited at W159.</p> <p>Dates of Survey: July 17, 18, 2014</p> <p>Provider Number: 15G662 Aims Number: 100245260 Facility Number: 001207</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/24/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (B) to ensure client B's treatment program was coordinated and</p>	W000159	The orders for Client B to "keep from further trauma and monitor bruising" were implemented immediately with the Day Program on 7-18-14. Staff at the	08/15/2014

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>monitored by the facility's qualified intellectual disabilities professional (QIDP). The QIDP failed to ensure client B's program orders for his 2 fractured ribs ("keep from further trauma and monitor bruising") was communicated to and documented for client B's day service staff.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 7/17/14 at 9:48a.m. Client B had an incident report on 6/20/14 that indicated client B had an accident and had 2 hairline fractured ribs. The report indicated client B had program orders on 6/20/14 for the facility to "keep from further trauma for a month and monitor for bruising." The orders indicated client B was to return to the doctor on 7/21/14.</p> <p>An observation was done for client B on 7/17/14 at 10:32a.m. at the facility day service program. Client B was kicking a soccer ball with staff #4 and 2 peers. Staff #4 was interviewed on 7/17/14 at 10:53a.m. Staff #4 indicated she was not aware client B had fractured 2 ribs and was not aware of any program order for his ribs. Staff #4 indicated she was a regular staff at day service and that she often worked with client B. Day service</p>		<p>Day Program received training by the Program Manager on 7-18-14. This training was documented. The QIDP had met with the IDT on Friday, 7-11-14 concerning plan to address Client B's fractured ribs. The Program Coordinator for the Day Services program attended this meeting and participated in the discussion. She then failed to implement and communicate the plan for Client B's fractured ribs with staff that were responsible for his supervision at the Day Services Program. This Program Coordinator received a formal corrective action for her failure to communicate and to implement the plan. The Program Manager also completed training with both Program Coordinators on their responsibilities in implementing and communicating the decisions made by the IDT, for attending IDT meetings and documentation requirements. She has implemented a plan that following all IDT meetings, she will receive a copy of the IDT minutes from the meeting for review. At that time she will insure that follow-up is completed. The QIDP (from the home) is responsible for conducting an unannounced visit to the Day Services Program on at least a weekly basis. The facility has a policy that outlines the responsibilities of the QIDP in monitoring the Day Services Programs. A Day Services Monitoring Form is completed</p>				

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	<p>staff #5 was interviewed on 7/17/14 at 10:59a.m. Day service staff #5 indicated she was not aware of client B's injury.</p> <p>Staff #1 (program manager) was interviewed on 7/18/14 at 11:33a.m. Staff #1 indicated client B had had no further rib injury nor had communicated any discomfort regarding his ribs. Staff #1 indicated all staff that work with client B should have been made aware of his injury and his program plan. Staff #1 indicated the QIDP was responsible to ensure client B's programs were communicated (to day service) and in place at the facility run day service.</p> <p>This federal tag relates to complaint #IN00151584.</p> <p>9-3-3(a)</p>		and submitted to the Program Director for review. Any issues with the observation or documentation review noted are followed up immediately.				