

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G569	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/19/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 921 HAMPTON AVE TERRE HAUTE, IN 47803		
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: June 10, 11, 13, 14 and 19, 2013</p> <p>Provider Number: 15G569 Aims Number: 100245510 Facility Number: 001083</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 26, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview, the facility failed for 8 of 8 clients residing in the group home (#1, #2, #3, #4, #5, #6, #7, #8) to ensure staff received retraining on accident prevention.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports for clients #1, #2, #3, #4, #5, #6, #7 and #8 was done on 6/10/13 at 1:38p.m. An incident report on 5/24/13 indicated client #4 had tripped on client #1's wheelchair in the dining room. Client #4 received a cut to her left eyebrow and needed 6 stitches. The incident report indicated facility staff would be retrained on prevention of injuries. There was no documented staff retraining in regards to prevention of injury.</p> <p>An observation was done at the group home on 6/14/13 from 7:17a.m. to 8:21a.m. At 7:34a.m., there was a broom leaning against the hall wall and it protruded into the walk way of the hall. There were also two rags and a bottle of</p>	W000189	<p>All employees complete an orientation period that includes classroom and on-the-job training that provides the training and experience needed to perform their duties. Training is also provided on at least a monthly basis by the Home Manager, QMRP, or other person as needed to insure that the employee has the current and best information in order to complete their job duties.</p> <p>The Program Coordinator is responsible for developing the Preventative Measures following an incident. The Program Coordinator documents the measure on each incident report form and is responsible for following up as to what the measure indicates. The Program Coordinator is responsible for ensuring that if staff requires additional training in order to elevate the reoccurrence of the incident it is completed and documented. The training is to be documented in each employees training file that is maintained by the Training</p>	07/19/2013	

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	<p>Lysol cleaner on the hallway floor. Clients #2, #3, #4, #5, #6, #7, #8 and staff #4 and #5 were observed to step over and walk around the items left in the hallway. Clients and staff had to encounter the items in order to get to the bathrooms and the clients' bedrooms. At 7:58a.m., client #3 moved the items from the hallway to clean a bathroom.</p> <p>Interview of professional staff #1 was done on 6/14/13 at 11:32a.m. Staff #1 indicated there was no documented staff retraining in place to address prevention of injury. Staff #1 indicated items should not be left in the hallway and staff would receive retraining regarding prevention of injury.</p> <p>9-3-3(a)</p>		<p>Coordinator. The Program Manager is responsible for reviewing each incident report to insure that the Preventative Measure is included and that follow-up is complete.</p> <p>All staff at the home will receive re-training on the prevention of injuries to include slip, trip, and fall hazards. Training will be documented and maintained in the employees training file. The Program Coordinator will be responsible for completing this training with each staff member. The Program Manager will be responsible for providing additional training to the Program Coordinators and the Home Managers as to their responsibilities in following-up to incident reports, Preventative Measures and staff on-going training.</p>		

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W000473	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1 received her breakfast at an appropriate temperature, within 15 minutes upon removal from the temperature control device.</p> <p>Findings include:</p> <p>An observation was done at the group home on 6/14/13 from 7:17a.m. to 8:21a.m. At 7:17a.m. there was a chopped up breakfast burrito on a plate on the dining room table. The chopped up burrito sat on the table until client #1 came to the table for breakfast at 7:59a.m. Staff did not prompt/assist client #1 with reheating the burrito, which appeared dry. Client #1 took two bites of the burrito before she was prompted to go for medications.</p> <p>Interview of staff #4 at 8:07a.m. on 6/14/13 indicated client #1's burrito was on the table around 7:10a.m. and had not been reheated before client #1 began to eat it at 7:59a.m.</p> <p>Interview of professional staff #1 on 6/14/13 at 11:32a.m. indicated client #1's</p>	W000473	<p>All staff at the home will receive training on safe food handling including appropriate food serving temperatures. The Program Coordinator will be responsible for implementing this training.</p> <p>The Home Manager is responsible to provide at least weekly mealtime observations to insure that all staff are knowledgeable and compliant with all safe food handling protocols, as well as to insure that supervision at the meal is adequate to insure the safety of all individuals in the home. The Program Coordinator is responsible for weekly observations during meals served in the home to insure staff competency following the training. The Program Coordinator is responsible for providing additional training in instances where staff competency does not meet expectations.</p>	07/19/2013			

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	breakfast should not have been prepared and on the table at 7:10a.m if she didn't eat breakfast until 8:00a.m. Staff #1 indicated client #1's food should have been reheated and/or something new prepared. 9-3-8(a)				