

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G391	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/30/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1144 SHEFFIELD DR EVANSVILLE, IN 47710
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 23, 24, 25 and 30, 2015</p> <p>Provider Number: 15G391 AIMS Number: 100249280 Facility Number: 000905</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/10/15.</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 for 3 of 3 sampled clients (#1, #2 and #3) and 2 additional clients (#4 and #5), the governing body failed to exercise general policy and operating direction over the facility to ensure the walls were maintained and kept in good repair.</p>	W 0104	<p>W104</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p>	12/30/2015

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>During observation at the group home on 11/24/15 from 5:30 AM until 7:55 AM, clients #1, #2, #3, #4, and #5 were either sitting in the living room watching TV or helping set the dining room table in preparation for dinner. The inside living room wall going into the dining room area had seven large scrapes of various sizes. Six areas ranging in size from 4" (inches) x 5" up to 8" x 10" had been filled in with plaster/filler. The plaster on the lower doorway edges going from the living room into the dining room had been removed from the corners.</p> <p>During interview with the RM (Residential Manager) at 7:15 AM on 11/24/15, she stated "we had a client in a wheelchair who caused a lot of this damage. He was transferred out of the group home about 6 months ago."</p> <p>The Director of Nursing Services/Acting Program Manager was interviewed on 11/30/15 at 1:40 PM. She stated "[Name of Former Client] was in a wheelchair and went to a nursing home. The damage is from his wheelchair. It definitely needs repaired."</p> <p>9-3-1(a)</p>		<p>-A construction has been contacted on repairing walls and painting. They stated that it will be completed by December 30, 2015.</p> <p>-Maintenance Coordinator will be inserviced on addressing issues in a timely manner and notifying Executive Director of any issues</p> <p>-Clinical Supervisor and QIDP will be inserviced on notifying the Maintenance Coordinator and Executive Director of any property issues during their monthly audits and observations</p> <p>-Residential Manager will be inserviced on Chain of Command to notify all parties of any issues in the home that need addressed</p> <p>-Residential Manager will monitor through daily observation and notify Maintenance Coordinator, Clinical Supervisor, or QIDP of any property issues</p> <p>Persons Responsible: Residential Manager, Clinical Supervisor, QIDP, Maintenance</p>		

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W 0262 Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3) who took a behavior control medication, the facility failed to obtain approval/review from the Human Rights Committee (HRC) for the medication.</p> <p>Findings include:</p> <p>Review of client #3's record was completed on 11/25/15 at 10:45 AM. The physician's orders dated 11/1 - 11/30/15 indicated client #3 received "Olanzapine (Zyprexa) Tab 10 (Milligrams) twice daily for Autistic Spectrum Disorder - Severe including self injurious behaviors, elopement, stealing and pulling". A form entitled "Doctor's Orders and Progress Notes" dated 7/17/15 and signed by the facility's psychiatrist indicated "start Zyprexa 10 mg PO (by mouth) BID (twice daily)." Review of the Behavior Medication Restrictions included in</p>	W 0262	<p>Coordinator, and Executive Director</p> <p>W262</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>-QIDP will be retrained on completing team meeting and obtaining Human Rights Committee approval before beginning a medication</p> <p>-Clinical Supervisor will be retrained on completing a team meeting and obtaining Human Rights Committee approval</p>	12/30/2015

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W 0312	<p>client #3's BSP (Behavior Support Plan) dated 4/23/15 did not include the medication Zyprexa. Review of the record did not indicate HRC approval of the medication.</p> <p>Interview with the facility's Director of Nursing services was completed on 11/30/15 at 2:15 PM. She stated "the team (IDT) should have met after [Name of Psychiatrist] prescribed the medication to discuss and approve it. After that, it should have gone to the Human Rights Committee for their approval." The Director of Nursing indicated there was no evidence of HRC approval for the Zyprexa.</p> <p>9-3-4(a)</p> <p>483.450(e)(2)</p>		<p>before beginning a medication</p> <p>-Nurse will be retrained on obtaining Human Rights Committee approval before beginning a medication</p> <p>-Specifically for Client #3, an IDT will be completed to discuss increase in behavior medication</p> <p>-Nurse, QIDP, and Clinical supervisor will monitor through quarterly audits of clients' charts</p> <p>- QIDP and Clinical supervisor will monitor monthly during home audits</p> <p>-Nurse will monitor monthly during check of Physicians Orders</p> <p>Persons Responsible: QIDP, Clinical Supervisor, Nurse, Director of Health Services, and Executive Director</p>		

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Bldg. 00	<p>DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients (#3) who took a behavior control medication, the facility failed to ensure the medication was included as part of the client's Behavioral Support Plan (BSP).</p> <p>Findings include:</p> <p>Review of client #3's record was completed on 11/25/15 at 10:45 AM. The physician's orders dated 11/1 - 11/30/15 indicated client #3 received "Olanzapine (Zyprexa) Tab 10 (Milligrams) twice daily for Autistic Spectrum Disorder - Severe including self injurious behaviors, elopement, stealing and pulling". A form entitled "Doctor's Orders and Progress Notes" dated 7/17/15 and signed by the facility's psychiatrist indicates " start Zyprexa 10 mg PO (by mouth) BID (twice daily)." Review of the Behavior Medication Restrictions included in client #3's BSP dated 4/23/15 did not include the medication Zyprexa.</p> <p>Interview with the facility's Director of Nursing services was completed on</p>			W 0312	<p>W312</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>-QIDP will be retrained on ensuring that the Behavior Modification of Rights page is completed for every behavior control medication</p> <p>-Nurse will be retrained on reviewing each behavior control medication quarterly for any possible reduction</p> <p>-QIDP and Clinical Supervisor will</p>		12/30/2015

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	11/30/15 at 2:15 PM. She stated "the new medication should have been included in the client's plan but was not." 9-3-5(a)		monitor during quarterly Human Rights Committee meetings and quarterly IDTs -Nurse will monitor through monthly checks on Physician's Orders Persons Responsible: QIDP, Clinical Supervisor, Nurse, Director of Health Services, and Executive Director	