

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 02/15/2016
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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
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00190924.</p> <p>Complaint #IN00190924 - Substantiated, Federal/state deficiencies related to the allegations are cited at W140, W149, W154, W157.</p> <p>Survey Dates: February 11, 12, 15, 2016</p> <p>Facility Number: 000954 Aim Number: 100244720 Provider Number: 15G440</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/19/16.</p>	W 0000		
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed for 6 of 6 clients residing in the group home (A, B, C, D, E, F), to maintain a complete and</p>	W 0140	All client funds are currently secured and accounted for. The agency has current policies and procedures regarding client's personal funds. All	03/17/2016

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>accurate accounting system of clients' funds entrusted to the facility.</p> <p>Findings include:</p> <p>Record review of the facility's reportable incident reports was done on 2/11/16 at 1:14p.m. An incident report on 1/10/16 indicated client B had an alleged mistreatment incident (missing funds totaling \$20.00). The allegation alleged client B had \$20.00 missing from his personal funds kept by the facility in a lock box at the group home (entrusted to the facility). The facility's 1/10/16 investigation was unable to determine the reason for the missing funds. Client B was reimbursed his \$20.00. The investigation indicated facility staff had failed to reconcile clients A, B, C, D, E and F's entrusted funds on a daily basis as indicated in the facility undated "Client Money" plan. The facility investigation had recommendations for all staff to be retrained on the client money plan.</p> <p>Staff #1 was interviewed on 2/11/16 at 2:27p.m. Staff #1 indicated client funds entrusted to the facility should be kept locked and monitored by staff doing a client money check at the end of each shift. Staff #1 indicated facility staff had been trained on this plan on 11/6/15 but had not been retrained since the 1/10/16</p>		<p>staff at the home along with the Residential Manager and Program Coordinator will receive training on this policy and the procedures on proper documentation of transactions and on the securing of client personal funds. The Program Manager will be responsible for implementing this training.</p> <p>The Residential Manager and QIPD will monitor and audit client personal funds on at least a weekly basis to assure that client funds are secured and accounted for. The Program Coordinator will also complete an audit on at least a quarterly basis to ensure that all client funds are being handled and secured according to facility policy and procedures. Any discrepancies noted will be resolved immediately.</p>				

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W 0149 Bldg. 00	<p>incident. Staff #1 indicated the facility investigation suspected a staff (who no longer works for the facility) had taken the missing funds, but the facility could not prove it. Staff #1 indicated client B had been reimbursed for the missing funds.</p> <p>This federal tag relates to complaint #IN00190924.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement its policy and procedures to prevent client mistreatment (A, B, C, D, E, F) of missing client funds (B) and failure to implement clients' money plan procedures (A, B, C, D, E, F). The facility failed to thoroughly investigate 1 of 1 incident reviewed for an injury of an unknown origin (C) and to ensure appropriate identified corrective action was taken.</p>	W 0149	<p>The facility has developed and will consistently implement written policies that prohibit mistreatment, neglect or abuse of the clients.</p> <p>The facility has policies and procedures that outline the definition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibly of reporting abuse; and the process for reporting and</p>	03/17/2016

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	<p>Findings include:</p> <p>Record review of the facility's reportable incident reports was done on 2/11/16 at 1:14p.m.</p> <p>1. An incident report on 1/10/16 indicated client B had an alleged mistreatment incident (missing funds totaling \$20.00). The allegation alleged client B had \$20.00 missing from his personal funds kept by the facility in a lock box at the group home (entrusted to the facility). The facility's 1/10/16 investigation was unable to determine the reason for the missing funds. Client B was reimbursed his \$20.00. The investigation indicated facility staff had failed to reconcile clients A, B, C, D, E and F's entrusted funds on a daily basis as indicated in the facility undated "Client Money" plan. The facility investigation had recommendations for all staff to be retrained on the client money plan.</p> <p>2. A reportable incident report, dated 12/6/15, indicated client C had an unknown injury on 12/6/15. The report indicated staff were assisting client C with her shower when client C was discovered to have a 12" (inch) by 1" reddened bruised area down her back (on left side). The incident report indicated</p>				<p>appropriate follow-up to any such allegations reported.</p> <p>The agency is very adamant that no person served by the facility is subject to abuse and neglect at any time. All staff are trained and show competency in the Abuse, Neglect and Mistreatment policies and procedures upon hire and at least annually thereafter. All allegations of abuse are to be reported and investigation according the written policies of the facility. Normal Life of Indiana has a "zero-tolerance" policy for abuse, neglect or mistreatment of individual served. Normal Life of Indiana will actively and aggressively investigation all allegations of abuse, neglect and/or mistreatment. All incidents are to be reported immediately according to the facility procedures. The policy states that failure to report can be cause for correction action, up to and including termination.</p> <p>All staff will receive retraining on the agency policies and procedures that outline their responsibilities in the immediate reporting of suspected abuse or neglect. The Residential Manager is responsible to insure that staffs receive training on the agency policy and procedure concerning the prohibition of abuse, neglect</p>		

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	<p>an investigation would be done for the injury of an unknown origin. The facility investigation did not have documented interviews of all facility staff and clients.</p> <p>The facility policy and procedures were reviewed on 2/12/16 at 1:49p.m. The facility's 6/15/13 policy and procedure entitled "Individual Abuse, Neglect, Exploitation and Mistreatment" indicated: the facility "shall prohibit any form of mistreatment, neglect or abuse, including physical, verbal, mental or sexual abuse." The policy indicated after receiving a full report the Executive Director shall determine if initial or further corrective action is merited.</p> <p>The facility's 5/1/12 policy and procedures entitled "Incident Reports" indicated for injuries of unknown origin: "The program coordinator is responsible to investigate all injuries of unknown origin within 24 hours of the written incident report. This should be done by interviewing all staff...Documentation of this investigation must be written on the Injuries of Unknown Origin Report Form or a accompany the incident report (specifically, who you talked to and when, what was said, documents reviewed, overall conclusions and recommendations for improvement or protection, as necessary)."</p>			

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	<p>The facility's undated "Client Money" plan indicated: "When coming on shift, and before leaving your shift, staff are to count the money together. Staff will count out all the money together and put the totals on the provided sheet. If staff notice a discrepancy with the money, they are to contact the manager as soon as possible."</p> <p>Staff #1 was interviewed on 2/11/16 at 2:27p.m. Staff #1 indicated the facility failed to complete a thorough investigation for the 12/6/15 injury of unknown origin (client C). Staff #1 indicated the facility failed to have documented staff and client interviews in regards to the injury of an unknown origin.</p> <p>Staff #1 was interviewed on 2/11/16 at 2:27p.m. Staff #1 indicated client funds entrusted to the facility should be kept locked and monitored daily by staff. Staff #1 indicated facility staff were to do a client money check at the end of each shift. Staff #1 indicated staff had not been doing the daily money check of client funds. Staff #1 indicated facility staff had been trained on this plan on 11/6/15 but had not been retrained since the 1/10/16 incident. Staff #1 indicated the 1/10/16 investigation recommendation to retrain</p>			

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W 0154 Bldg. 00	<p>staff on the client money plan had not been done.</p> <p>This federal tag relates to complaint #IN00190924.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 1 of 2 incidents reviewed (client C) for injuries of an unknown origin.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 2/11/16 at 1:14p.m. A reportable incident report, dated 12/6/15, indicated client C had an unknown injury on 12/6/15. The report indicated staff were assisting client C with her shower when client C was discovered to have a 12" (inch) by 1" reddened bruised area down her back (on left side). The incident report indicated an investigation would</p>	W 0154	<p>The facility will have evidence that all incidents/ injuries of unknown origin are thoroughly investigated and documented. This incident has been thoroughly investigated at this time to include statements from all staff members and clients as possible and including information as to the location of staff at the time of the incident. The QIDP is responsible for insuring that any follow-up identified is initiated and completed in order to ensure the safety of the individuals.</p> <p>The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of</p>	03/17/2016

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	<p>be done for the injury of an unknown origin. The facility investigation did not have documented interviews of all facility staff and clients.</p> <p>Staff #1 was interviewed on 2/11/16 at 2:27p.m. Staff #1 indicated the facility failed to complete a thorough investigation for the 12/6/15 injury of unknown origin (client C). Staff #1 indicated the facility failed to have documented staff and client interviews in regards to the injury of an unknown origin.</p> <p>This federal tag relates to complaint #IN00190924.</p> <p>9-3-2(a)</p>		<p>investigations of unknown injuries or incidents.</p> <p>The Home Manager, Program Coordinator and QIPD have completed re-training on the facility policies and procedures regarding their responsibilities to insure that all incidents as defined by the policy are reported immediately and investigated thoroughly. The Program Coordinator and/ or QIPD is responsible for initiating and completing initial investigation of injuries of unknown origin. The Program Manager is responsible for insuring that these incidents of unknown origin are thoroughly investigated and follow-up is completed within the established timelines.</p> <p>The Program Manager is responsible for insuring that all incidents of unknown origin are thoroughly investigated, follow-up is completed within the established timelines, and that all identified service needs are addressed and presented to the IDT as necessary. The facility has a specific written format in which injuries of unknown origin are to be investigated and documented. The completed investigation will now be attached to the original Incident Report for review. If there are additional questions or concerns that result from these reviews, they will be addressed immediately.</p>		

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W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed for 1 of 1 investigation of alleged mistreatment reviewed (clients A, B, C, D, E, F), to ensure appropriate identified corrective action was taken.</p> <p>Findings include:</p> <p>Record review of the facility's reportable incident reports was done on 2/11/16 at 1:14p.m. An incident report on 1/10/16 indicated client B had an alleged mistreatment incident (missing funds totaling \$20.00). The allegation alleged client B had \$20.00 missing from his personal funds kept by the facility in a lock box at the group home (entrusted to the facility). The facility's 1/10/16 investigation was unable to determine the reason for the missing funds. Client B was reimbursed his \$20.00. The investigation indicated facility staff had failed to reconcile clients A, B, C, D, E and F's entrusted funds on a daily basis as indicated in the facility undated "Client Money" plan. The facility investigation had recommendations for all staff to be retrained on the client money plan.</p> <p>Staff #1 was interviewed on 2/11/16 at</p>			W 0157	<p>The facility has a "zero-tolerance" policy for abuse, neglect or mistreatment of individuals served. The facility will actively and aggressively investigate all allegations of abuse, neglect, and/or mistreatment. All incidents are to be reported immediately according to the facility procedures and will be followed up accordingly.</p> <p>At the conclusion of each investigation, the Executive Director or Program Manager will complete an Investigation Checklist to review that the facility's established investigation process, required time lines, and follow-up to recommendations or needs identified have been addressed according to facility and regulatory guidelines. This post- review of the investigation will eliminate the opportunity for the facility to fail to follow-up to recommendations. The completed checklist will be filed with the Investigation Packet once it is completed. Both the Executive Director and the Program Manager have reviewed their responsibilities in concluding and closing an investigation.</p> <p>All staff including the home manager</p>		03/21/2016

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	<p>2:27p.m. Staff #1 indicated client funds entrusted to the facility should be kept locked and monitored by staff doing a client money check at the end of each shift. Staff #1 indicated facility staff had been trained on this plan on 11/6/15 but had not been retrained since the 1/10/16 incident. Staff #1 indicated the 1/10/16 investigation recommendation to retrain staff on the client money plan had not been done.</p> <p>This federal tag relates to complaint #IN00190924.</p> <p>9-3-2(a)</p>		<p>will complete training on the agency's abuse/neglect policy including recognizing and reporting allegations. The Program Coordinator/QIDP will be responsible for implementing this training with all staff members. The Residential Manager , Program Coordinator and QIDP will complete weekly monitoring/ observations at the home to ensure interactions between staff and residents are appropriate at all times and to maintain consistent face to face contact with staff and individuals in the home.</p>		