

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2016
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 6, 7, 8, 11, 12 and 13, 2016.</p> <p>Facility Number: 000696 Provider Number: 15G160 AIMS Number: 100243160</p> <p>This federal deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/19/16 by #09182.</p>	W 0000		
W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 4 of 4 sampled (#1, #2, #3 and #4), and 4 of 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients washed their hands prior to the dinner meal.</p> <p>Findings include:</p>	W 0455	<p>W455- There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>-The facility has a policy on Universal Precautions which remains appropriate.</p>	02/10/2016

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>During evening observation at the group home on 1/11/16 from 3:30 PM until 5:45 PM, clients #1, #2 and #6 and the QIDP (Qualified Intellectual Disabilities Professional) were playing a board game at the dining room table. At 4:45 PM, staff prompted clients #1, #2, #3, #4, #5, #6, #7 and #8 to sit down at the dining room table for dinner. The dinner meal consisted of salad, mixed vegetables, bread, juice, water and/or milk. No clients were prompted to wash their hands or to utilize any alcohol hand sanitizer prior to the meal.</p> <p>The RM (Residential Manager) was interviewed on 1/11/16 at 5:10 PM. She indicated all the clients should be prompted to wash their hands with soap and water or utilize an alcohol based hand sanitizer prior to all meals.</p> <p>The Director of Nursing Services was interviewed on 1/13/2016 at 9:50 AM regarding the facility's handwashing protocol. She stated "staff should be prompting all clients to wash their hands or utilize an alcohol based hand sanitizer prior to eating any meal."</p> <p>9-3-7(a)</p>				<p>-Staff will be retrained on Universal Precautions to ensure that the transmission of infections is prevented whenever needed. Emphasis to be given on proper hand-washing and the importance of hand-washing.</p> <p>-The QIDP will be retrained on completing the comprehensive functional assessment.</p> <p>-Staff responsible for assuring that all client plans are implemented as written will be trained regarding any changes to all clients plans</p> <p>-Residential Manager will complete weekly audits to assure all client plans are implemented properly.</p> <p>-QIDP will complete monthly audits to assure all client plans are implemented properly.</p> <p>-Clinical Supervisor will complete quarterly audits to assure all client</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			plans are implemented properly. - Persons Responsible: Executive Director, Clinical Supervisor, QIDP, Residential Manager		