

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G489		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/05/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 7469 KINGSWOOD ST TERRE HAUTE, IN 47802			
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W0000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of Survey: November 26, 27, 28, 29, 30 and December 4, 5, 2012</p> <p>Provider Number: 15G489 Aims Number: 100235260 Facility Number: 001003</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/13/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

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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W0159	<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 record review and interview, the facility failed for 1 of 4 sampled clients (#2) to ensure client #2's physician ordered medication change was coordinated and monitored and implemented in a timely manner by the facility's qualified mental retardation professional (QMRP).</p> <p>Findings include:</p> <p>The record of client #2 was reviewed on 12/4/12 at 8:55a.m. Client #2's 10/31/12 physician's orders indicated client #2 received the medication Abilify for aggression. A psychiatrist note for client #2 on 7/20/12 indicated "has been more anger outburst (sic), she is having more hallucinations." The doctor on 7/20/12 ordered an increase to 20 milligrams two times a day. The QMRP indicated on 8/15/12 the guardian had approved the medication increase for the medication (Abilify). Record review on 12/4/12 at 9:10a.m. of the August 2012 medication administration record (MAR), for client #2, documented client #2 had received her first dose of the Abilify 20 milligrams on 8/30/12. The nursing notes for client #2,</p>			W0159	<p>The client's active treatment program will be integrated, coordinated, and monitored by a qualified mental retardation professional.</p> <p>The agency procedure for obtaining approvals from the individual/ guardian and the Human Rights Committee has been reviewed and revised to include a timeline for the initiation of and follow-up of orders received by a physician that require approval before it can be implemented.</p> <p>The QMRP is responsible for the implementation and follow-up of the approval process and will do so expeditious as possible. All QMRP's will receive additional training concerning their responsibilities in implementing this process.</p>		01/06/2013

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	<p>reviewed during the 12/4/12 review, indicated: 7/20/12 new order received for increase of Abilify, waiting on guardian and human rights approval. The nurse notes on 7/26/12, 7/30/12, 8/3/12, 8/8/12, 8/15/12, 8/20/12 and on 8/29/12 all indicated they had e-mailed the QMRP in regards to the start of the physician ordered medication increase.</p> <p>Interview of staff #1 on 12/4/12 at 1:18p.m. indicated the QMRP was responsible to monitor and coordinate the client's medication increase order. Staff #1 indicated a medication increase order on 7/20/12 should not take until 8/30/12 to implement.</p> <p>9-3-3(a)</p>				

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W0189	<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 record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure all staff received training on client #3's changes to her behavior support plan (BSP).</p> <p>Findings include:</p> <p>The facility incident reports were reviewed on 11/28/12 at 8:14a.m. Client #3 had an incident report on 11/7/12 that indicated she had picked open a sore on her lower left leg. The report indicated she had a history of self injurious behavior (SIB) that included picking scabs. The facility had a documented 11/7/12 interdisciplinary team meeting (IDT) to address this recent incident. The IDT had implemented on 11/7/12, that client #3 was to be kept in line of staff sight during waking hours.</p> <p>Staff #4 and #5, employed at the facility owned day program, were interviewed on 11/29/12 at 11:01a.m. Staff #4 and #5 stated they worked with client #3 at the day program. Staff #4 and #5 stated they had heard client #3 had been put on</p>	W0189	<p>The facility will provide each employee with the initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently.</p> <p>All staff at the home and at the Day Services Program have completed training on the revised Behavior Support Plan for Client #3. The training was documented and is maintained in each employees training file.</p> <p>The QMRP is responsible to communicate and provide staff training on all changes or revisions to the individual ISP/ BSP as soon as possible following the revision or the IDT decisions for the changes. Training is to be documented. Each QMRP will receive training on their responsibilities in implementing the decisions made by the IDT and in the provision of staff training to communicate any changes or updates.</p> <p>The Program Manager is responsible for reviewing each client record on at least a quarterly basis to insure that needs are being addressed and</p>	01/06/2013			

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	"constant watch for SIB" but they had not been trained on the 11/7/12 behavior program changes for client #3. Interview of staff #1 was done on 12/4/12 at 1:18p.m. Staff #1 indicated all staff had been told of the behavior program changes for client #3. Staff #1 indicated there was no documented day program staff training for client #3's 11/7/12 BSP changes. Staff #1 indicated all of the direct care staff at the day program were to be retrained on client #3's BSP. 9-3-3(a)		follow-up is completed.				

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) with a restrictive behavior management plan, to ensure that all interventions (line of sight when up, 5 minute bed checks when in bedroom) to manage client #1's self injurious behavior were included in the client's behavior support plan (BSP).</p> <p>Findings include:</p> <p>The facility incident reports were reviewed on 11/28/12 at 8:14a.m. Client #3 had an incident report on 11/7/12 that indicated she had picked open a sore on her lower left leg. The report indicated she had a history of self injurious behavior that included picking scabs. The facility had a documented 11/7/12 interdisciplinary team meeting (IDT) to address this recent incident. The IDT had implemented on 11/7/12, that client #3 was to be kept in line of staff sight during waking hours and was to have 5 minute bed checks at night. Record review for client #3 was done on 11/29/12 at</p>	W0289	<p>The use of systematic interventions to manage inappropriate client behavior will be incorporated into the client's individual program plan.</p> <p>The current monitoring needs for Client #3 as determined by the IDT have been included in the client's BSP. Staff at the home and Day Services Program has completed training on the updated plan and it was implemented immediately.</p> <p>The QMRP is responsible for implementing any changes or making revisions to the individual Program Plan as indicated by the IDT. The QMRP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT as needed and revised the individual program plan as determined by the IDT. The QMRP is responsible for reviewing the individual program plans with the IDT on at least a quarterly basis to review progress made or needed revisions. The QMRP is responsible for providing staff with on-going training concerning individual</p>	01/06/2013			

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	<p>8:15a.m. Client #3's current BSP (11/1/11) did not include the line of sight and bed checks intervention for her identified self injurious behavior.</p> <p>Interview of staff #1 on 12/4/12 at 1:18p.m., indicated line of sight supervision when up and 5 minute bed checks were in place since 11/7/12 to address client #3's self injurious behavior. Staff #1 indicated the above interventions had not been included in client #3's current BSP. 9-3-5(a)</p>		<p>program plans and objectives that are in place to address the specific needs of each client.</p> <p>The Program Director is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being addressed as identified in the comprehensive functional assessment or as they are identified by incident.</p>		

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W0316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) who received behavior control medications, to ensure client #1 received an annual medication reduction.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 12/4/12 at 9:34a.m. Client #1's 9/11/12 individual support plan (ISP) indicated client #1 received the behavior medications Lexapro (depression), Remeron and Risperdal for Anxiety Disorder. Client #1 had no (0) documented behavioral incidents from 10/10 through 11/30/12. There was no documentation the interdisciplinary team (IDT) had addressed a behavior medication reduction in regards to a possible annual reduction. There was no documentation by the psychiatrist regarding a medication or contraindications to a medication reduction.</p> <p>Interview of staff #1 on 12/4/12 at 1:18p.m. indicated the facility's IDT had not met and discussed a possible annual reduction for client #1. Staff #1 indicated</p>	W0316	<p>Any individual served that has drugs used for control of inappropriate behavior will be gradually withdrawn at least annually.</p> <p>The QMRP is responsible to monitor the progress of behavior support goals and report the progress or lack of to the physician that monitors the individual's behavior medications. The QMRP reports this progress to the physician and to the team on at least a quarterly basis for review. The QMPR will assure that a medication reduction plan is included in each individual Behavior Support Plan and that a medication reduction is initiated on at least an annual basis. Each QMRP will receive training on their responsibilities for monitoring and reporting progress to the IDT and physician.</p> <p>The Program Manager is responsible for reviewing each individual client record on at least a quarterly basis.</p>	01/06/2013			

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	client #1 had met the criteria for a behavior medication reduction. 9-3-5(a)				