

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4475 N 17TH ST TERRE HAUTE, IN 47805
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: June 15, 16, 17 and 18, 2015</p> <p>Provider Number: 15G508 Aims Number: 100245140 Facility Number: 001022</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0124 Bldg. 00	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure the client's guardian was informed of door alarms on the entrance/exit doors at the facility.</p> <p>Findings include:</p> <p>An observation was done on 6/15/15 at</p>	W 0124	<p>The facility will insure the rights of all clients are protected at all times.</p> <p>The facility will ensure that guardians, parents are informed regarding changes in the client's medical condition or other restrictions to the client's environment.</p>	07/17/2015

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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W 0130 Bldg. 00	<p>the group home from 4:12p.m. to 6:08p.m. Upon entering the group home front door at 4:12p.m., an alarm sounded when the door was opened. There were active door alarms placed on all entry/exit doors at the facility. Direct care staff #2 was interviewed on 6/15/15 at 5:28p.m. Staff #2 indicated there were door alarms on all entrance/exit doors due to client #5's dementia behavior.</p> <p>The record for client #1 was reviewed on 6/17/15 at 1:00p.m. Client #1's 1/30/15 individual support plan (ISP) indicated client #1 had a guardian. Client #1's record did not have any documentation that client #1's guardian had been informed of the facility's practice to use door alarms on the entrance/exit doors.</p> <p>Professional staff #1 was interviewed on 6/17/15 at 2:48p.m. Staff #1 indicated there was no documentation client #1's guardian had been informed of the facility's practice to use door alarms on the entrance/exit doors.</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p>		<p>The QIDO is responsible for informing other is restrictions change or are no longer needed so that adjustments can be made. The QIDP will receive training regarding responsibilities on maintaining contact with guardians and keeping them abreast of changes in the client's treatment. The Clinical Supervisor will conduct an audit of each Individual Support Plan at least quarterly to insure that restrictions are current and appropriately initiated.</p>				

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W 0325	<p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure the client's privacy during changing and dressing.</p> <p>Findings include:</p> <p>An observation was done on 6/15/15 from 4:12p.m. to 6:08p.m. at the group home. At 4:32p.m., staff #2 and #5 took client #1 to her bedroom to change and reposition her. Staff #2 and #5 left client #1's bedroom door open during the changing of client #1. Client #1 was visible from the hallway while she was getting changed on her bed. Client #1 was naked from the waist down. Staff #2 was interviewed on 6/15/15 at 5:28p.m. Staff #2 indicated client #1's bedroom door was open because staff were in and out of the room during that time.</p> <p>Interview of staff #1 on 6/17/15 at 2:48p.m. indicated the facility should ensure client privacy. Staff #1 indicated the bedroom door should have been shut when staff assisted client #1 with the changing of clothes.</p> <p>9-3-2(a)</p> <p>483.460(a)(3)(iii) PHYSICIAN SERVICES</p>	W 0130	<p>The facility will insure the rights of all clients. The facility will provide the client's with privacy during treatment and care of personal needs.</p> <p>All staff will be re trained on the clients' right to privacy during personal hygiene.</p> <p>The QIDP and/Residential Manager will complete daily observations at the home for 30days at various times to assure staff are meeting expectations with personal hygiene needs and active treatment. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations.</p>	07/17/2015	

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Bldg. 00	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1 received routine laboratory examinations as ordered by his physician.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 6/17/15 at 1:00p.m. Client #1's 2/3/15 physician's orders indicated the physician recommended Folic acid labs yearly and Ammonia/Thyroid-Stimulating Hormone, Complete Blood Count and Comprehensive Metabolic Panel labs done every 6 months. Client #1's most recent documented lab results were dated 7/17/14. There were no documented Folic Acid lab results.</p> <p>Staff #3 (nurse) was interviewed on 6/17/15 at 2:48p.m. Staff #3 indicated the most recent documented labs for client #1 were dated 7/17/14. Staff #3 indicated client #1 should have had labs done per the physician's orders.</p> <p>9-3-6(a)</p>	W 0325	<p>The facility will ensure that all persons served receive annual examinations and routine laboratory screenings. Staff responsible for ensuring annual physical examinations including routine laboratory screenings will receive re training regarding the policy on Nursing Services with the emphasis on ensuring appropriate appointments are made for the individuals in a timely manner.</p> <p>A complete review of all clients receiving services will be done to ensure that all laboratory screenings have been completed.</p>	07/17/2015			

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3, #4) and 3 additional clients (#5, #6, #7), the facility failed to encourage clients to participate in meal preparation and family style dining to the extent they were capable.</p> <p>Findings include:</p> <p>An observation was done at the group home on 6/15/15 from 4:12p.m. to 6:08p.m. At 4:12p.m., staff #6 was observed to begin cooking taco meat in a frying pan. Staff #6 did not have any of the clients who were home at this time (#1, #2, #3, #4, #5, #6, #7) in the kitchen to assist with the meal preparation (at 4:12p.m.). Staff #6 was observed to: get out the taco shells and place them on the table, put tea in a pitcher and add sugar to it. Staff #7 was observed to take out kitchen trash and replace the kitchen trash bag and to clean out the clients' lunch boxes. At 5:20p.m., staff #5 and #7 custodially cut up clients #2, #5, #6 and #7's tacos and bread sticks.</p> <p>Interview of staff #1 on 6/17/15 at 2:48p.m. indicated all the clients were</p>	W 0488	<p>All staff will receive training on active treatment and family style dining expectations to incorporate client involvement to the highest level of their independence during meal preparation and dining. The QIDP is responsible for providing this training.</p> <p>The QIDP and/ or the Residential Manager will complete daily observations at the home for 30 days at various meal times to assure staff are meeting expectations with family style dining and active treatment during meal preparation and dining. Additional training will be provided immediately in instances where staff are observed not to be meeting these expectations.</p>	07/17/2015
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	capable of assisting with the preparation of supper. Staff #1 indicated clients #2, #5, #6 and #7 were capable to assist with their meal set up with some staff assistance (hand over hand). 9-3-8(a)				