

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G621	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/25/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 N 13 1/2 ST TERRE HAUTE, IN 47805
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: August 18, 19, 21, 22 and 25, 2014.</p> <p>Provider Number: 15G621 Aims Number: 100245680 Facility Number: 001158</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 29, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 6 of 6 clients (#1, #2, #3, #4, #5, #6) living in the group home.</p> <p>Findings include:</p>	W000104	<p>The facility will insure that home environments are maintained in a clean and safe manner at all times. The cleaning of the carpet at the home was completed on 8/26/2014.</p> <p>The Residential Manager of the home is responsible on an ongoing <i>at least</i> weekly basis for insuring that the home is clean, safe and all home maintenance</p>	09/24/2014

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>An observation of clients #1, #2, #3, #4, #5 and #6 (at the group home) was done on 8/25/14 from 6:52a.m. to 8:10a.m. The observation included the following environmental condition: the medication room carpeting had several stains and worn areas.</p> <p>Interview of staff #2 on 8/25/14 at 7:58a.m. indicated the medication room carpet was in need of replacement. Staff #1 indicated they were not aware of any work orders in place to replace the carpeting.</p> <p>9-3-1(a)</p>		<p>needs are reported and completed as soon as possible. The Residential Manager is responsible for scheduling carpet cleaning at least every 3 months or as needed. Staff at the home will receive additional training concerning their responsibility in preventing carpeting from becoming soiled and their responsibility of promptly alerting the Manager should a spill or issue occur. The Residential Manager will receive re-training on their responsibilities in identifying, reporting and following up to maintenance and repair issues, including carpet cleaning, in order to maintain a safe and clean environment at all times. The Clinical Supervisor is responsible for insuring that the Residential Manager is completing home audits and following up to any of the home needs.</p> <p>The Maintenance staff conducts a monthly, quarterly, and annual checklist at each home to identify repair and maintenance issues. Anything identified during these audits are prioritized and addressed as soon as possible. The Program Manager will review these audits on at least a quarterly basis to insure that they are completed and needs are being addressed.</p> <p>The Safety Committee visits and conducts an audit at each home</p>	

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>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 2 of 3 sampled clients (#2, #3) to ensure clients #2 and #3's active treatment programs were coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP). For client #3, the QIDP did not complete quarterly program reviews and did not obtain written</p>	W000159	<p>on at least a quarterly basis to insure that the home is in good repair, is clean, and that health and safety policies and procedures are being followed as required. Checking that carpeting is clean and in good repair is addressed during this home visit. Any additional Maintenance or repair needs are communicated to the Maintenance Request process at that time. The Committee meets at least quarterly and reviews home visit audits to insure that any issues identified were addressed. The Program Manager is responsible for insuring that the Safety Committee completes quarterly audits and that follow-up is completed if any issues were addressed and any necessary staff training needs are completed.</p> <p>All current QIDP's will receive training on the coordination and monitoring of client treatment programs. This training will include protocols for analyzing and compiling collected data and timelines for completing reports on the result. On at least a quarterly basis, the QIDP facilitates a meeting with IDT to review progress and needs with</p>	09/25/2014	

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	<p>guardian approval for his 3/28/14 individual support plan (ISP). For client #2, the QIDP failed to ensure the recommendation to retrain day service staff on client #2's behavior support plan (BSP) had been completed.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 8/25/14 at 10:34a.m. Client #2 had an incident report on 7/2/14 of self injurious behavior and physical aggression while at the facility run day program. Day program staff physically restrained client #2 during the behavior. Per the report there was identified uncertainty among day service staff of the implementation of client #2's BSP. The report indicated staff were to be retrained on client #2's BSP and interventions. There was no documentation the QIDP had coordinated the retraining of facility day service staff on client #2's BSP.</p> <p>Record review for client #3 was done on 8/25/14 at 9:28a.m. Client #3's QIDP program reviews indicated client #3 had an ISP dated 3/1/13 and one dated 3/28/14. There were no documented QIDP program reviews during the time period of 3/1/13 through 3/28/14. The ISP indicated client #3 had a guardian. The last written guardian review/consent</p>		<p>team members. Monthly and Quarterly reports will be completed and documented to insure that each plan is current and has been reviewed by the IDT.. The QIDP will be responsible to see that all attempts will be made for the guardian to be able to attend or participate by phone in the Support Team meeting on a quarterly basis, but especially with the annual plan is reviewed. If the guardian is not able to attend the meeting, the facility will make all attempts, and will document those attempts, to contact the guardian and get their input and approval for the ISP. The Facility will review the current protocol for obtaining guardian approvals, which includes timelines and alternatives in the event that the guardian is not responsive to attempts to contact them. The QIPD will receive training on this protocol and on how to maintain documentation of efforts made.</p> <p>The Clinical Supervisor will oversee that the QIDP provides continuous integration, coordination and monitoring of client services by way of monthly tracking and quarterly meetings with the interdisciplinary team by conducting at least a quarterly audit of each Individual Support Plan and following up accordingly. The Program Manager will conduct the training with the</p>				

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W000249	<p>was on 3/1/13.</p> <p>Professional staff #1 was interviewed on 8/25/14 at 12:12p.m. Staff #1 indicated the QIDP should be reviewing the clients' programs at least quarterly. Staff #1 indicated she had sent client #3's guardian a copy of the 3/28/14 ISP during the first week of April 2014 and had not received signed consent from the guardian. Staff #1 indicated she had no documentation of any attempts to get written consent from the guardian since the first week of April 2014. Staff #1 indicated there was no documentation the recommendation to retrain day service staff on client #2's BSP had been done.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>		<p>QIDP and Clinical Supervisor as to their responsibilities for implementing further training or corrective measures instances where the expectations for providing monitoring of client's treatment programs are not met.</p> <p>A review of the BSP for Client #2 will be completed and revisions made to outline the specific techniques that are most safe and successful when intervening in a behavioral incident. All staff will received training on the BSP's for all individuals in the home, specifically the revisions and update to the BSP for Client #2. The Day Services staff will also receive training specifically directed toward these BSP's. The QIPD will insure that this training is completed with staff. The QIPD will also be responsible for insuring that the plan revisions are reviewed and approved by the Human Rights Committee according to the facility policies. The Clinical Supervisor will insure that training and revisions are completed.</p>	
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	<p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#1, #3), to ensure client #3's identified behavior support plan (BSP) and client #1's dining training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 8/22/14 from 3:48p.m. to 5:23p.m. at the facility group home. At 4:05p.m., client #3 smacked himself on his left cheek. Staff #2 had client #3 put on his helmet for 15 minutes. At 4:50p.m., client #3 smacked himself on his left cheek 3 times and was told by staff #5 to put on his helmet for 15 minutes. At 4:50p.m., client #1 was at the dining room table for supper. No communication pictures were used with client #1 during his dining.</p> <p>Record review for client #1 was done on 8/25/14 at 11:12a.m. Client #1 had an individual support plan (ISP) dated 5/8/14. The ISP indicated client #1 had a dining training program to identify a picture of "eat" prior to eating.</p> <p>Record review for client #3 was done on 8/25/14 at 9:28a.m. Client #3 had a BSP dated 3/28/14. The BSP indicated client</p>	W000249	<p>The training objectives form Client #1 and the BSP for Client #1 needs has been reviewed and all staff will be trained on the implementation of the program as written. The QIDP is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan. Following training, on a daily basis for the next 30 days, the Residential Manager and/or the QIPD /Clinical Supervisor will monitor at the home during programming hours to insure that staff are providing the appropriate opportunities to receive continues active treatment as determined by the ISP and the objectives prioritized by the IDT. The Residential Manager, QIPD and Clinical Supervisor are responsible for providing <i>at least</i> weekly observations in the home to monitor staff in the provision of active habilitation opportunities. The Residential Manager is responsible for insuring that staff has the information and supplies required to assist with individual with programming needs. The QIPD is responsible to insure that all staff receive training on the objectives and programmatic needs of each individual on an on-going basis.</p>	09/25/2014			

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W000262	<p>#3 had a program to address his hitting himself and helmet wear. The BSP indicated when client #3 was first noticed to smack himself, staff were to redirect client #3 to an activity or chore that involved his hands. The BSP indicated if client #3 would continue to smack himself, then offer client #3 his helmet for 15 minute wear, using a kitchen timer.</p> <p>Professional staff #1 was interviewed on 8/25/14 at 12:12p.m., Staff #1 indicated client #3 had the identified behavior of SIB (Self Injurious Behavior) included in his BSP. Staff #1 indicated staff should redirect client #3 to an activity before offering him his helmet to wear. Staff #1 indicated client #1 had a dining program to identify the picture "eat" prior to meals. Staff #1 indicated this training program should have been implemented at meal opportunities.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE 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</p>						

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	<p>and rights. Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 1 of 3 sampled clients (#3), with a behavior support plan (BSP), to ensure client #3's BSP (including behavior medications) was reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 8/25/14 at 9:28a.m. Client #3's 3/28/14 individual support plan (ISP) and BSP indicated client #3's diagnosis included, but was not limited to, Autism with Psychosis, for which client #3 received the medication Seroquel. There was no documentation the ISP/BSP had been reviewed by the facility HRC since 6/28/13.</p> <p>Interview of facility staff #1 on 8/25/14 at 12:12p.m. indicated there was no documentation the facility's HRC had reviewed client #3's ISP/BSPs during the past year.</p> <p>9-3-4(a)</p>			W000262	<p>The BSP for Client #3 will be reviewed by the facility Human Rights Committee as soon as possible and at least annually afterwards.</p> <p>The QIDP is responsible for ensuring that informed consent is provided and approvals are obtained from the client and/or their guardian prior to presenting the program to the Human Rights Committee for their review and approval. The facility has a written policy and process in which the QIDP is to follow when reviewing information and obtaining these approvals. The facility encourages active participation of family and guardians on the Interdisciplinary team when discussion and review takes place. If the guardian is not able to attend the meeting, the QIDP is responsible for contacting the guardian by phone or scheduling a meeting with them to discuss plans or issues, and then follow up the discussion in writing in order to obtain a signature for approval.</p> <p>The QIDP will receive training concerning their responsibilities in reviewing and obtaining proper approvals from individuals or guardians and the Human Rights Committee for ISP's, BSP's and programming that may include rights restrictions. The Program Manager will insure that the</p>		09/25/2014

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W000295	<p>483.450(d)(1)(i) PHYSICAL RESTRAINTS</p> <p>The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (#2) with behavior plans with physical restraint, to ensure the type of physical restraint to be used on client #2 was specified in client #2's behavior support plan (BSP).</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 8/19/14 at 12:28p.m. The facility's incident reports indicated</p>	W000295	<p>training is complete and documented.</p> <p>The Clinical Supervisor is responsible for reviewing the plans on a quarterly basis. The Clinical Supervisor will review ISP/BSP and plans that may include restrictions to ensure proper approvals have been obtained prior to the implementation of the plan.</p> <p>The Program Manager is responsible for tracking the timelines for annuals approvals to be obtained.</p> <p>A review of the BSP for Client #2 will be completed and revisions made to outline the specific techniques that are most safe, least restrictive, and successful when intervening in a behavioral incident. All staff will received training on the BSP's for all individuals in the home, specifically the revisions and update to the BSP for Client #2. The Day Services staff will also receive training specifically directed toward these BSP's. The QIPD will insure that this training is completed with staff.</p>	09/25/2014

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	<p>client #2 was reported to have been physically restrained by facility day service staff on 7/2/14. Record review of client #2 was done on 8/25/14 at 10:34a.m. Client #2's current behavior support plan (BSP) was dated 4/14/14. The plan indicated physical intervention could be used for physical aggression and self injurious behaviors using "Your Safe I'm Safe" techniques. The type of physical interventions to be used was not client specific for client #2.</p> <p>Interview of staff #1 was done on 8/25/14 at 12:12p.m. Staff #1 indicated the 4/14/14 BSP was the current BSP for client #2. Staff #1 indicated the type/types of physical restraint to be used was not specified in client #2's BSP.</p> <p>9-3-5(a)</p>		<p>Following training, on a daily basis for the next 30 days, the Residential Manager and/or the QIPD /Clinical Supervisor will monitor at the home during programming hours to insure that staff are providing the appropriate opportunities to receive continues active treatment as determined by the ISP and the objectives prioritized by the IDT. The Residential Manager, QIPD and Clinical Supervisor are responsible for providing <i>at least</i> weekly observations in the home to monitor staff in the provision of active habilitation opportunities. The Residential Manager is responsible for insuring that staff has the information and supplies required to assist with individual with programming needs. The QIPD is responsible to insure that all staff receives training on the objectives and programmatic needs of each individual on an on-going basis.</p> <p>The QIPD will also be responsible for insuring that the plan revisions are reviewed and approved by the Human Rights Committee according to the facility policies. The Clinical Supervisor will insure that training and revisions are completed on an on-going basis. The Clinical Supervisor will conduct an audit of each individual's ISP and BSP to determine that all components are included in the current plans</p>		

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation and interview, the facility failed for 1 of 6 clients residing in the group home (non-sampled client #5) with adaptive equipment, to ensure client #5's wheelchair had footrests for community outings.</p> <p>Findings include:</p> <p>An observation was done on 8/25/14 from 6:52a.m. to 8:10a.m. at the group home. Client #5 was in a wheelchair with no footrest. At 7:55a.m., staff #4 pushed client #5 from the group home out to the</p>	W000436	<p>and that staff are knowledgeable of the plan. This type of audit will be conducted by the Clinical Supervisor on at least a quarterly basis.</p> <p>The QIDP is responsible to insure that BSP's are current, specific to the needs of the individual, reviewed by the IDT and HRC. The Residential Manager and the QIPD is responsible to see that all staff are knowledgeable of and are competent in implementing the BSP as they are written.</p> <p>The wheelchair for client #5 is equipped with footrests. The Home Manager is responsible for providing all staff with training on the use of all adaptive equipment in the home. This training will include protocols for when the equipment becomes missing or in need of repair. The Home Manager and the Clinical Supervisor will provide weekly monitoring to assure adaptive equipment is present and in good repair.</p> <p>The Program Manager will conduct an audit review of all</p>	09/25/2014	

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	<p>facility van for day service transport. Staff #4 started to push client #5 in his wheelchair and client #5 had his feet touching the ground. Staff #4 verbally prompted client #5 to pick his feet up. Client #5 kept his feet down and staff #4 pushed client #5 out to the van with his wheelchair tilted backwards with client #5's feet up in the air. Staff #4 was interviewed on 8/25/14 at 7:58a.m. Staff #4 indicated client #5 had footrests for his wheelchair but thought they were left at the day service building.</p> <p>Interview of professional staff #1 on 8/25/14 at 12:12p.m. indicated client #5 was to use his wheelchair with footrests attached when he was manually pushed by facility staff for safety reasons. Staff #1 indicated client #5 should have had footrests for his wheelchair available for him and used at the group home.</p> <p>9-3-7(a)</p>		client's ISP's to assure that all individuals have access to adaptive equipment as required and as identified in their ISP.		