

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G592	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/09/2015
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 107 A VILLA CT BRAZIL, IN 47834
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W 0000  Bldg. 00	<p>This visit was for the recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to complaint #IN00178580 investigated on 8/6/15.</p> <p>Dates of Survey: October 5, 6, 7, 8, 9, 2015</p> <p>Provider Number: 15G592 Aims Number: 100240070 Facility Number: 001106</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/14/15.</p>	W 0000		
W 0154  Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>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 2 of 4 incidents reviewed (clients D, G) for injuries of an unknown origin.</p>	W 0154	<p>The facility will have evidence that all incidents/injuries of unknown origin are thoroughly investigated and documented.</p> <p>The agency has current policies and</p>	11/09/2015

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 0249	<p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 10/6/15 at 10:48a.m. A reportable incident report, dated 9/2/15, indicated client G had woken on 9/2/15 with a swollen lower jaw and a bruise on his chin. The facility's 9/3/15 investigation did not have documented staff interviews.</p> <p>A reportable incident report on 9/9/15 for client D, indicated during a shower staff had found a bruise on his right hip (softball size) with some swelling. Client D had been sent for x-rays which were negative. The facility's unknown injury report did not have documented staff interviews.</p> <p>Staff #1 was interviewed on 10/7/15 at 3:12p.m. Staff #1 indicated there were no documented staff interviews for the 9/2/15 and 9/9/15 incidents of client injuries of an unknown origin.</p> <p>9-3-2(a)</p>		<p>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 investigations of unknown injures or incidents.</p> <p>The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs and safety of the individual served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents of unknown injuries.</p> <p>The Residential Manager, Clinical Supervisor and QIDP will complete a retraining on the facility policies and procedures regarding their responsibility to insure that all incidents of injuries of an unknown origin are reported and investigated immediately. The Clinical Supervisor and the QIDP are responsible for initiating and completing the initial investigation of injuries or an unknown origin. The Program Director is responsible for insuring that these incidents of unknown origin are thoroughly investigated and follow-up in completed with the established timelines.</p>		
	483.440(d)(1)				

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Bldg. 00	<p><b>PROGRAM IMPLEMENTATION</b></p> <p>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>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (A, B, C, D), to ensure the clients' dining, leisure, medication and behavioral training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 10/5/15 from 3:29p.m. to 5:40p.m. Throughout the observation time, client C had his hands in and out of the front and back of his pants. Staff did not consistently redirect client C to remove them (his hands) and to wash his hands. Staff did not redirect client C to an activity when he had his hands in his pants. At 3:30p.m. client B was in the surveyor's personal space and client B was grinding his teeth. Staff #4 gave client B a verbal prompt about personal space but did not offer any other activity or address his teeth grinding. At 3:36p.m. staff #4 took client B by the hand and walked him to the living room but did not</p>	W 0249	The training objectives will be reviewed and all staff will complete training on the implementation of the program as written. The QIDP is responsible to ensure that each 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. On at least a weekly basis, the Residential Manager and/or the QIDP will monitor all objectives and data collected to insure that staff are providing appropriate opportunities to receives continuous active treatment as determined by the individual support plan. The Residential Manager is responsible for insuring that staff have the information and supplies required to assist with the individuals programming needs. Staff responsible for the implementation of each client's program plan will receive client specific training regarding the program goals and implementation for the client's programming needs as well as training concerning active	11/09/2015	

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	<p>offer any activity to client B. At 3:53p.m. client A went for his medication. Client A received (applied by staff) Peridex 12% teeth/mouth rinse. Client A did not identify nor was he prompted to identify the Peridex before its administration. At 5:28p.m., client C ate supper. Client C did not use sign language for his drink.</p> <p>An observation was done at the group home on 10/6/15 from 7:05a.m. to 8:35a.m. Throughout the observation client C had his hands in the front and back of his pants without redirection from staff. Client D sat in the activity room (rocking on the couch) by himself from 7:20a.m to 7:53a.m. Client D hit himself on the left thigh 2 times and smacked the top of his head without staff intervention. At 7:53a.m. client D got up and used the bathroom. Client D did not flush the toilet and wash his hands when finished. Staff did not prompt client D to flush the toilet. At 8:32a.m. client D ate breakfast. Client D had food on his face and did not receive a prompt to wipe his mouth. There were no napkins on the table during breakfast.</p> <p>The record of client A was reviewed on 10/7/15 at 4:18p.m. Client A's 8/8/15 individual support plan (ISP) indicated client A had a training program to identify his Peridex mouthwash.</p>		<p>habilitation guidelines outlining programming opportunities. The Clinical Supervisor will be responsible for providing and documentation the training with each staff person working at the home. Addendum added 11-12-15: Following the initial staff training, the Clinical Supervisor, QIPD and other designated management staff are conducting a daily monitoring observation in the home to ensure that staff are consistently providing opportunities for training and programming with the individuals as appropriate and as indicated in each individuals program plan. The Program Manager is coordinating the monitoring efforts and tracking to insure that if further followup is needed, it is provided immediately. The daily observation is being documented and submitted to the Program Manager. any issues noted during the observation is to be addressed at that time or as soon as possible. The daily observations will continue for at least 2 weeks or until the Program Manager determines that staff have developed a stable routine that supports each individuals programmatic needs.</p>		

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	<p>The record of client B was reviewed on 10/7/15 at 2:50p.m. Client B's 8/7/15 ISP indicated client B had a behavior training program to be redirected to an activity when he grinds his teeth. The plan indicated staff should show client B activities available and let him choose.</p> <p>The record of client C was reviewed on 10/7/15 at 3:28p.m. Client C's 8/7/15 ISP indicated client C had training programs to use a napkin, and sign drink. Client C also had a training program to redirect client C from putting his hands in his pants. Staff were to redirect client C to wash his hands and to be given a choice of leisure activities.</p> <p>The record of client D was reviewed on 10/7/15 at 1:20p.m. Client D's 8/7/15 ISP indicated client D had training programs to use a napkin, flush the toilet and to be redirected when he appears to be getting frustrated. Staff were to redirect client D to a meaningful activity which was listed in his ISP.</p> <p>Staff #1 was interviewed on 10/8/15 at 11:18a.m. Staff #1 indicated all clients should be encouraged to use napkins at mealtime. Staff #1 indicated staff should be redirecting client C when he had his hands in his pants. Staff #1 indicated</p>			

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W 0252 Bldg. 00	<p>clients A, B, C and D's individual training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview, the facility failed for 2 of 4 sampled clients (C, D) to document training data for the clients' behavior training programs.</p> <p>Findings include:</p> <p>Record review of client C was done on 10/7/15 at 3:28p.m. Client #2's 8/7/15 behavior support plan (BSP) indicated client C had a behavior training program to address fluid searching, inappropriate social behavior and stereotypical behaviors (hands in his pants). Client C's "Behavior Profile Quarterly" data for 1/1/15 through 9/15 indicated client C had (0) zero behaviors.</p> <p>Record review of client D was done on 10/7/15 at 1:20p.m. Client D's 8/7/15</p>	W 0252	<p>Staff will maintain accurate data concerning program goals and behavior training programs.</p> <p>The Residential Manager is responsible for observing staff during implementation and documentation of client's training programs on at least a weekly basis. The QIDP will observe in the home on a weekly basis to ensure all clients programs are being run and documented accurately. The Clinical Supervisor tracks home audits that indicate that observations have been conducted at the home weekly. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a monthly basis to determine progress</p>	11/09/2015	

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W 0455  Bldg. 00	<p>BSP indicated client D had a behavior training program to address self injurious behavior and inappropriate social behaviors. Client D's "Behavior Profile Quarterly" data for 1/1/15 through 9/15 did not have any documented self injurious behavior from 1/1/15 through 9/15.</p> <p>Staff #2 was interviewed on 10/7/15 at 3:02p.m. Staff #2 indicated clients C and D had behavior training programs and behavior data had not been consistently reported on the behavior profile review sheets for the past 9 months. Staff #2 indicated client C had stereotypical behaviors and client D has had self injurious behavior that should have been indicated on their Behavior Profile" reports.</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, for 3 of 4 sample clients (A, C, D) and 4 additional clients (E, F, G, H), the facility failed to encourage the clients to wash their hands before meals and during the</p>			W 0455	<p>toward goals and to identify any issues.</p> <p>All staff will receive training on each individuals ISP, Behavior Support Plan and the Documentation of objectives and behavioral incidents. The Program Manager will be responsible for providing this training to insure that all staff are aware of the importance of and their responsibility to maintain accurate client documentation records.</p> <p>All staff in the home will receive a re- training on infection control to include prompting client's on hand washing protocols and expectations,</p>		11/09/2015

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	<p>medication pass.</p> <p>Findings include:</p> <p>An observation was done at the group home on 10/5/15 from 3:29p.m. to 5:40p.m. At 3:47p.m. client H received his medication. Client H did not wash his hands prior to the medication pass. Staff did not prompt client H to wash his hands. At 3:53p.m. client A received his medication without washing his hands prior to the medication pass. At 5:28p.m. clients A, C, D, E, F, G and H were verbally prompted to come to the dining room for supper. None of the clients washed their hands before eating supper. Staff did not prompt the clients to wash their hands before dining.</p> <p>Interview of staff #1 on 10/8/15 at 11:18a.m. indicated all clients should be washing their hands prior to dining and receiving medication.</p> <p>9-3-7(a)</p>		<p>especially during meals and medication administration times. The Clinical Supervisor/QIDP will be responsible for this training..</p> <p>All staff receive initial training on infection at the time of hire and annually thereafter. All staff complete training on infection control and hand washing policies/procedures during Core A and B Medication Administration Certification. The QIDP and Residential Manager will be responsible for completing at least weekly monitoring and observations to assure staff are meeting infection protocols at a time of medication administration. The Residential Manager will be responsible for assuring further ongoing training and if necessary corrective action in instances where protocols are not being followed by staff.</p> <p>The QIDD will discuss with each individuals team to determine if formal training programs addressing hand washing are a priority at this time.</p>		