

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610		
(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	
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 10/1, 10/2, 10/3 and 10/4/13</p> <p>Facility Number: 001085 Provider Number: 15G680 AIMS Number: 100245530</p> <p>Surveyors: Paula Chika, QIDP-TC Jo Anna Scott, QIDP (10/2/13 to 10/4/13)</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/10/13 by Ruth Shackelford, QIDP.</p>	W000000			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
W000136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3) and for 3 additional clients (#4, #5 and #6), the facility failed to encourage the clients to get their hair cut at a community hair salon versus having a beautician come to the facility to provide the service.</p> <p>Findings include:</p> <p>During the 10/1/13 observation period between 4:15 PM and 5:30 PM, at the group home at 5:30 PM, clients #1, #2, #3, #4, #5 and #6 got in the van to go the Res-Care's (facility office) office to get their hair cut and shampooed.</p> <p>Client #1's record was reviewed on 10/2/13 at 12:46 PM. Client #1's 8/1/13 Individual Support Plan (ISP) did not indicate client #1 could not go out into the community for hair care.</p> <p>Client #2's record was reviewed on 10/2/13 at 2:10 PM. Client #2's 7/18/13 ISP did not indicate client #2 could not go out into the community for hair care.</p>	W000136	<p>W136 - The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious and community group activities. -The facility will ensure that clients have the right to go out into the community to have their hair cut.</p> <p>- Staff will be trained on Client Rights. - Residential Manager will be trained on Client Rights. -Residential Manager will oversee through daily observations in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly observations in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -HRC committee will meet quartley to discuss all clients' rights restrictions to ensure that client's rights are not being restricted inappropriately. - IDT meeting will be completed with all clients to</p>	11/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610		
(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	
	<p>Client #3's record was reviewed on 10/2/13 at 1:25 PM. Client #3's 1/11/13 ISP did not indicate client #3 could not go out into the community for hair care.</p> <p>Interview with Program Manager (PM) #1 and Program Coordinator (PC) #1 on 10/3/13 at 8:40 AM indicated clients #1, #2, #3, #4, #5 and #6 came to the Res-Care's office on 10/2/13 to get their cut. PM #1 stated a "Licensed Beautician" came to the facility to cut the clients' hair. PM #1 stated "We have a special room downstairs." PM #1 indicated clients #1, #2, #3, #4, #5 and #6 used to go out into the community to get their hair cut/cared for. PM #1 stated "Some can't do steps" and "It is not as expensive." PM #1 indicated the cost for a community haircut could be \$20 which the facility was responsible to pay for. PM #1 stated it was "cheaper" to have the Beautician come to the facility as they had a "contract for a set price."</p> <p>9-3-2(a)</p>		<p>discuss the individual rights restrictions of each client. If any client is deemed unable to go into the community for haircuts due to health and safety issues their ISP will be updated according and staff will be trained on the updates to the plan. Persons Responsible: Staff, Residential Manager, Program Manager & Executive Director. ADDENDUM: W136 - The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious and community group activities. -The facility will ensure that clients have the right to go out into the community to have their hair cut. - Staff will be trained on Client Rights. - Residential Manager will be trained on Client Rights. -Residential Manager will oversee through daily observations in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly observations in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -HRC committee will meet quarterly to</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610		
(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	
			discuss all clients' rights restrictions to ensure that client's rights are not being restricted inappropriately. - IDT meeting will be completed with all clients to discuss the individual rights restrictions of each client. If any client is deemed unable to go into the community for haircuts due to health and safety issues their ISP will be updated according and staff will be trained on the updates to the plan. - Community hair cuts for all ladies have been scheduled for 11/16/13. Persons Responsible: Staff, Residential Manager, Program Manager & Executive Director.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #3), the facility failed to ensure the individual support plan was revised when an objective had been successfully completed.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 10/2/13 at 1:25 PM. Client #3's 1/11/13 Individual Support Plan (ISP) indicated client #3 had the following training goals:</p> <ol style="list-style-type: none"> 1. Brush her teeth using an up/down motion 85% of the opportunities given 2 or less verbal prompts. 2. Prepare a side dish from the menu with 2 verbal prompts or less 85% of the opportunities per month. 3. Participate in a group activity for 20 minutes with 2 verbal prompts 65% of the opportunities per month. 4. Identify the medication Trileptal and state the reason she takes the medication with 2 verbal prompts or less 80% of the opportunities. 	W000255	<p>W255 - The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. -The Residential Manager will be trained on job responsibilities, including ISP process. -A complete review of all clients residing at the home will be conducted to assure that all ISP's are current and appropriate. -Specifically for client #3, the interdisciplinary team shall meet review and revise the ISP accordingly. -Staff responsible for proper implementation shall be trained regarding client #3's plan and any changes as a result of the IDT meeting. -The Residential Manger will monitor monthly by calculating data to ensure goals are appropriate and will revise goals on a as needed basis but at least annually. -Program Manger shall monitor through requirement that all ISP's must be reviewed prior to</p>	11/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
	<p>5. Demonstrate the proper way to cross the street with 2 verbal prompts or less 85% of the opportunities.</p> <p>6. Bring her clothes to the laundry room, sort whites from darks, place laundry in washer, add detergent and properly set dials with 2 verbal prompts or less 85% of the opportunities.</p> <p>7. Correctly count change up to \$5.00 using bills of varying coins with 3 verbal prompts or less 80% of the opportunities.</p> <p>8. Bathe, apply deodorant and put on clean clothes with 2 verbal prompts or less 80% of the opportunities.</p> <p>9. State her address and phone number with 3 or less verbal prompts 75% of opportunities per month.</p> <p>The ISP Progress Notes 2013 indicated client #3 had achieved the following goals for the months of June, July and August.</p> <p>1. Oral Hygiene: June - 100%, July - 100%, August - 100%</p> <p>2. Meal Prep: June - 100%, July - 92%, August - 100%</p> <p>3. Social/Leisure: June - 84%, July - 93%, August - 100%</p> <p>4. Safety: June - 93%, July - 100%, August - 100%</p> <p>5. Laundry: June - 100%, July - 94%, August 100%</p> <p>6. Self Medication: June - 85%, July - 100%, August - 82%</p> <p>7. Money: June - 50%, July - 100%,</p>		<p>implementation to assure all approvals are obtained. Persons Responsible: Staff, Residential Manger, Program Manger & Executive Director. ADDENDUM: W255 - The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. -The facility has a policy regarding ISP process which includes conducting and revising the ISP at least annually or as needed. -The facility has a policy regarding Residential Manager responsibilities which has been reviewed and remains appropriate. -The Residential Manager will be trained on job responsibilities, including ISP process. -A complete review of all clients residing at the home will be conducted to assure that all ISP's are current and appropriate. -Specifically for client #3, the interdisciplinary team shall meet review and revise the ISP accordingly. -Staff responsible for proper implementation shall be trained regarding client #3's plan and any changes as a result of the IDT meeting. -The Residential Manger will monitor monthly by calculating data to ensure goals are appropriate and will revise goals on a as needed</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2013	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 33 OUTER STATE ST CHANDLER, IN 47610			
(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			
	<p>August - 87%</p> <p>8. Personal Hygiene: June - 91%, July - 100%, August - 94%</p> <p>9. Personal Safety: June - 85%, July - 100%, August - 100%</p> <p>Client #3's record indicated the Qualified Intellectual Disabilities Professional (QIDP) did not revise client #3's achieved goals of oral hygiene, meal prep, social/leisure, safety, laundry, personal hygiene and personal safety.</p> <p>Interview with Program Manager #1 on 10/2/13 at 2:25 PM indicated the home had been without a QIDP/group home manager and the goals had not been changed/revised.</p> <p>9-3-4(a)</p>		<p>basis but at least annually.</p> <p>-Program Manger shall monitor through requirement that all ISP's must be reviewed prior to implementation to assure all approvals are obtained. Persons Responsible: Staff, Residential Manger, Program Manger & Executive Director.</p>				