

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 a post certification revisit (PCR) to complaint #IN00178580 investigated on 8/6/15.</p> <p>Complaint #IN00178580: Not corrected.</p> <p>This visit was in conjunction with the recertification and state licensure survey.</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 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</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>			

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>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 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</p>	W 0249	<p>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 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.</p> <p>On at least a weekly basis, the Home Manager and/or the QIPD will monitor all objectives and data collected to insure that staff are providing the appropriate opportunities to receive continues active treatment as determined by the ISP. The Home Manager is responsible for insuring that staff has the information and supplies required to assist with individual with programming needs.</p> <p>Staff responsible for the implementation 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 habilitation guidelines outlining programming opportunities.. The Clinical Supervisor will be responsible for providing and documenting the training with each</p>	11/09/2015			

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	<p>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>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</p>		<p>staff person working at the home.</p> <p>Following training, The QIDP, Clinical Supervisor, Program Manager, and Residential Manager will conduct additional coaching and observation in the home for at least two hours a day for a two week period to insure that they had observed each staff person implementing each client's program plan and goals as the opportunities arose. The additional monitoring and observations insured that staff was knowledgeable of the plans and of their responsibilities in implementing them. The QIDP and Residential Manager are responsible for continuing to provide staff training and observation on at least a weekly basis to insure staff continue to follow-through with and maintain an understanding of the individual program plans.</p> <p>The Program Manager is responsible to insure that the Clinical Supervisor monitors the QIDP and Residential Manager in conducting their face to face observations and training in the homes on an ongoing basis.</p>		

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	<p>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 clients A, B, C and D's individual training programs should have been implemented at all opportunities.</p> <p>This federal tag relates to complaint #IN00178580.</p>				

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	This deficiency was cited on 8/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)				