

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G387	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/05/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1013 WHITE TAIL BRAZIL, IN 47834		
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: October 30, 31, November 4 and 5, 2013.</p> <p>Provider Number: 15G387 Aims Number: 100244360 Facility Number: 000901</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 11/14/13 by Dotty Walton, 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.

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#2), to ensure the client's individual support program (ISP) had a training program in place to address client #2's identified training need to wipe his mouth.</p> <p>Findings include:</p> <p>An observation was done at the group home on 11/4/13 from 7:12a.m. to 8:34a.m. Throughout the observation, client #2 had saliva draining from his bottom lip. Client #2 did not receive verbal prompts to use a tissue to wipe his mouth. At 8:11a.m., client #2 had saliva from his bottom lip fall onto the dining room table and onto his crafts project paper.</p> <p>Record review of client #2 was done on 11/4/13 at 11:17a.m. Client #2 had a 5/7/13 ISP. Client #2's ISP did not address client #2's identified need to wipe his mouth.</p> <p>Staff #2 was interviewed on 11/4/13 at</p>	W000227	<p>The QIDP is responsible to insure that each individual's needs are addressed in their Individual Program Plan and addressed formally as recommended by the IDT. The QIDP is responsible to provide information to the Home Manager and staff as to the protocols and formal objectives that they must initiate to meet each individuals needs and assist them toward independence. The QIDP has met with the IDT and has developed an individual program plan designed to address the training needs for Client #2 to wipe his mouth. The QIDP will provide training to all staff in the home on the specific implementation of the plan. Data will be 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 any issues or progress made and will revise as needed. The QIDP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT as needed and revised the individual program plan as determined by the IDT. The QIDP is responsible for reviewing the individual program plans with</p>	12/05/2013	

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	<p>8:25a.m. Staff #2 indicated client #2 does have issues with saliva and some days were worse than others. Staff #1 was interviewed on 11/4/13 at 12:10p.m. Staff #1 indicated client #2 did not have a training program in place to address the saliva and the wiping of his mouth.</p> <p>9-3-4(a)</p>		<p>the IDT on at least a quarterly basis to review progress made or needed revisions. The QIDP is responsible for providing staff with on-going training concerning individual program plans and objectives that are in place to address the specific needs of each client. The Clinical Supervisor and/or the Program Manager is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being addressed and monitored for progress.</p>		

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; 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 and rights. Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 1 of 3 sampled clients (#1) with behavior support plans (BSP) to ensure client #1's BSP (including behavior medications) was reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 11/4/13 at 10:52a.m. Client #1's 5/2/13 individual support plan (ISP) and 5/2/13 BSP indicated client #1's diagnoses included, but were not limited to, Autism and Schizophrenia for which client #1 received the medication Risperdal. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>Interview of facility staff #1 on 11/4/13 at 12:10p.m. indicated there was no documentation the facility's HRC had reviewed client #1's ISP/BSP during the past year.</p> <p>9-3-4(a)</p>	W000262	<p>The QIPD 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 QIPD 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 QIPD 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. The QIPD will review the ISP and the BSP for Client #1 with the guardians to insure that informed consent is obtained and will review the plans with the HRC for approval. The QIPD will also check to ensure that all clients ISP's and Behavior and Restriction plans have the proper</p>	12/05/2013	

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			<p>approvals and signatures. 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 individual rights restrictions. The Program Manager will insure that the training is complete and documented. The Clinical Supervisor and/ or the Program Manager is responsible for reviewing plans on a quarterly basis. The Clinical Supervisor and/ or the Program Manager will review ISP/ BSP and plans that may include restrictions to ensure that proper approvals have been obtained prior to the implementation of the plan. The Program Manager is responsible for tracking the timelines for annual approvals to be obtained.</p>		