

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G505	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/07/2014
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 333 TREELINE DR TERRE HAUTE, IN 47802
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W000000	<p>This visit was for the investigation of complaint #IN00144907.</p> <p>Complaint #IN00144907 - Substantiated, Federal/state deficiency related to the allegation is cited at W149.</p> <p>Survey Dates: March 6, 7, 2014</p> <p>Facility Number: 001019 Aim Number: 100235280 Provider Number: 15G505</p> <p>Survey Team: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 3/14/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed for 1 of 2 allegations of client neglect reviewed (client D), to implement policy and procedures to ensure client D received medical treatment/services as indicated by his medical needs.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 3/6/14 at 1:14p.m. An incident report on 10/19/13 at 4p.m. indicated client D</p>	W000149	The facility has policies and procedures that outline the definition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow-up to any such allegations reported. The facility will consistently implement written policies that prohibit mistreatment, neglect or abuse of the client. In the case of this	04/09/2014

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>had accidentally been hit on the forehead by a bowling ball during a peer's bowling backswing. The report indicated client D had developed a 1 1/2 inch knot on the right side of his forehead. The incident report indicated group home staff did not contact the nurse to report the head injury until 5:12p.m. At 5:15p.m. a head injury tracking was started for client D and ice was applied to the client's forehead. The guardian was contacted at approximately 5:40p.m. Client D was then taken to the emergency room at approximately 6p.m.</p> <p>Record review of the facility's policy and procedures was done on 3/7/14 at 12:30p.m. The undated policy "Nursing On Call Procedures" indicated the nurse was to be notified for: abuse/neglect that result in an injury; accidents that result in injury/accidents that didn't result in injury. The policy indicated "the nurse will determine at the time of the page if illness or injury requires physician treatment (emergency room-ER visit) and an immediate nursing assessment on the person served is needed."</p> <p>Professional staff #1 was interviewed on 3/7/14 at 12:50p.m. Staff #1 indicated the initial injury occurred at approximately 4p.m. Staff #1 indicated it was reported by staff that client D initially had just a reddened area on the forehead and wanted to continue the bowling tournament. Staff #1 indicated client D finished the bowling tournament and had developed a knot on forehead (by 5p.m). The manager and nurse were contacted at 5:12p.m. Staff #1 thought the guardian had been contacted between 5:30p.m. and 5:40p.m. and client D had gone to the ER by 6p.m. Staff #1 indicated per the facility policy, direct care staff should have notified the</p>		<p>incident, the injury occurred while Client D was participating in a Special Olympics event in the community. Client D was immediately assessed by the designated first aid team at the event and at that time they felt that Client D was okay to continue his bowling competition as he was adamantly requesting to do. It was not until staff arrived home with Client D approximately one hour later that they noted swelling and further injury. Staff immediately contacted the nurse at that time and followed the procedure and protocol appropriately. Client D was then immediately assessed in the Emergency Room within the hour. He returned home with no further treatment required. All of the staff at the home will receive retraining on the facility's "Nursing On-call Procedure" which specifically outlines when to call the nurse and responding to emergency situations. All staff receives this training at least upon hire and a copy is available at the home for review. The QIPD and the nurse assigned to the home will be responsible to see that re-training is completed with staff. The Nursing Manager will inform the Program Manager if there are any further issues with staff not contacting the nurse or others according to facility policy. The Residential Manager is responsible to insure that all staff receive training and are</p>		

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	<p>home manager and the nurse at the time of the incident (4p.m.) of the injury.</p> <p>This federal tag relates to complaint #IN00144907.</p> <p>9-3-2(a)</p>		<p>knowledgeable of their responsibility in the event of an injury or illness. Additionally, each employee is certified in CPR and First Aid which provides them with the knowledge to recognize and respond to emergency situations. Addendum (added 4-21-14): The facility monitor to ensure compliance by providing staff training to ensure that each staff is aware of their responsibility for reporting injuries and illness to the nurse and their responsibility in providing immediate care in the event of an emergency. Any incidents or injuries that the staff fail to report according to the facilities policies and protocol will be addressed with corrective action, up to and including termination. The Home Manager and QIPD are responsible for insuring that staff had followed the reporting protocols. The Nurse reviews each incident report for the home. If there is an incident in which they nurse was not notified in a timely fashion, she will inform the QIPD for follow-up. The internal incident report form includes a place for staff to document when the nurse and Home Manager was contacted following the incident and includes the time. The QA Coordinator reviews all incident reports and will inform the QIPD if the reporting was untimely in any way.</p>		