

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G370		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/05/2013	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 3214 W ELLEN DR TERRE HAUTE, IN 47803			
(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 recertification and state licensure survey.</p> <p>Dates of Survey: June 24, 27, 28 and July 1, 2, 5, 2013</p> <p>Provider Number: 15G370 Aims Number: 100235090 Facility Number: 000884</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/11/13 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.

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe environment for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) living in the group home.</p> <p>Findings include:</p> <p>An observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 (at the group home) was done on 6/27/13 from 4:08p.m. to 6:02p.m. The observation included the following environmental issues: the back deck had rotted areas of wood and also had a 2 inch gap between boards in the middle of the deck. Also one area of the side rail was loose and leaning over. All clients were observed to use the deck during the observation. Client #2 had an uneven gait.</p> <p>Staff #2 was interviewed on 6/27/13 at 5:30p.m. Staff #2 indicated the facility replaced half the wood on the deck last year which left a gap between the old wood and the new wood. Staff #2 indicated the old wood was rotting and needed to be replaced. Staff #2 indicated they were concerned a client would fall</p>	W000104	<p>The repair of the gap between the old and new wood was completed on 7/3/13. Additional repairs to replace rotted wood and secure the loose side rail will be completed by 7/25/13.</p> <p>Monthly maintenance inspections of the home are routinely completed and documented by the Maintenance Coordinator. A visual inspection of the deck will be added as a documented item on the home inspection report. The Maintenance Coordinator will inform the Quality Manager of any structural safety issues that are discovered immediately upon completion of the inspection. The Maintenance Coordinator will be responsible for completing or arranging for the completion of necessary repairs as immediate as possible. If necessary the Maintenance Coordinator will implement temporary measure to assure client safety pending completion of full repairs. The Maintenance Coordinator will be responsible to communicate the progress of repairs including any delays to the Quality Manager daily up to the completion of the repair.</p>	07/25/2013			

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	<p>on the uneven surface of the deck. Staff #2 indicated client #2 had a history of falls.</p> <p>Interview of staff #1 on 7/2/13 at 3:22p.m. indicated they were not aware the deck had not been redone with new wood. Staff #1 indicated they were not aware of any work orders in place to repair the deck wood.</p> <p>9-3-1(a)</p>				