

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G489	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2011
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7469 KINGSWOOD ST TERRE HAUTE, IN47802
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W0000	<p>This visit was for the recertification and state licensure survey.</p> <p>Dates of Survey: November 16, 17, 18, 22, 2011.</p> <p>Provider Number: 15G489 Aims Number: 100235260 Facility Number: 001003</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/8/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure the clients' rights to be free from unnecessary locked cleaning supplies located in the cleaning supply closet, to which only staff had a key.</p> <p>Findings include:</p>	W0125	<p>The facility will insure the rights of all clients and therefore will allow and encourage individuals to exercise their rights as clients of the facility and as citizens of the United States.</p> <p>The agency has recently revised</p>	12/22/2011

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>Observation of clients #1, #2, #3 and #4 was done at the group home on 11/18/11 from 7:12a.m. to 8:54a.m. At 7:31a.m., staff #5 had a key and unlocked a closet that contained household cleaning supplies. Client #6 got bathroom cleaning supplies and client #4 got furniture polish. Staff #5 locked the closet after the clients took the cleaning supplies out. Interview of staff #3 on 11/18/11 at 7:33a.m. indicated the cleaning supplies were kept locked and only staff had a key. Staff #3 indicated they were not sure why the supplies were locked and was not aware of any client misuse of the cleaning supplies.</p> <p>Record review for client #1 was done on 11/22/11 at 11:44a.m. Client #1 had an individual support plan (ISP) dated 10/31/11. There was no documentation to indicate client #1 was in need of locked cleaning supplies.</p> <p>Record review for client #2 was done on 11/22/11 at 12:11p.m. Client #2 had an ISP dated 9/6/11. There was no documentation to indicate client #2 was in need of locked cleaning supplies.</p> <p>Record review for client #3 was done on 11/22/11 at 1:02p.m. Client #3 had an ISP dated 9/6/11. There was no documentation to indicate client #3 was in need of locked cleaning supplies.</p> <p>Record review for client #4 was done on 11/22/11 at 11:14a.m. Client #4 had an</p>		<p>the current policy on the Use and Security of Cleaning Supplies. The revision includes specific guidelines for when and if cleaning supplies need to be locked for safety purposes. An annual assessment is completed with each client to determine their ability to utilize and recognize the dangers of cleaning agents. For clients assessed to require cleaning supplies to be locked due to a lack of skills in safely utilizing cleaning supplies, the necessary HRC approvals will be obtained to outline any rights restrictions that may be imposed. The Program Coordinator is responsible for documenting any types of rights restrictions in the ISP, reviewing with Interdisciplinary Support Team members, and obtaining necessary HRC approvals. The Program Coordinator is responsible to assure staff are trained on each individuals restrictions.</p> <p>All staff along with the Home Manager and Program Coordinator will be trained on the revised policy on the security of cleaning supplies and on rights restrictions. The Program Director will be responsible for this training.</p> <p>The Home Manager and Program Coordinator will monitor that staff are in</p>		

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W0140	<p>ISP dated 10/31/11. There was no documentation to indicate client #4 was in need of locked cleaning supplies.</p> <p>Staff #1 was interviewed on 11/22/11 at 2:29p.m. Staff #1 indicated they were not aware the cleaning supplies were kept locked in the group home. Staff #1 indicated there were no clients in the group home that needed the cleaning supplies kept locked and the cleaning supply closet should not have locked. 9-3-2(a)</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed for 1 of 3 client finance files reviewed (#4), to implement facility policy and procedures in regards to securing client funds entrusted to the facility.</p> <p>Findings include:</p> <p>Review of client #4's finances entrusted to the facility was done on 11/18/11 at 8:31a.m. Client #4 had a ledger balance of 33 cents. Client #4 did not have any money in her file and did not have her money bag. Staff #3 (home manager) was interviewed on 11/18/11 at 8:31a.m. Staff #3 indicated staff had taken client #4's money bag out of the home on 11/11/11 when client #4 went on an outing. Staff #3 then went out and checked the van and found client #4's money bag on the facility</p>			W0140	<p>compliance with these policies on a weekly basis. Quarterly safety inspections will also verify that cleaning supplies are stored in accordance with policy and the rights of the individuals that live in the home.</p> <p>The facility has established and maintains a system that assures a complete accounting of each client personal funds entrusted to the facility on the client's behalf. All client personal funds are currently secured and accounted for. The agency has current policies and procedures regarding client's personal funds. All staff at the home along with the Home Manager and Program Coordinator will receive training on this policy and the procedures on proper documentation of transactions and on the securing of client personal funds. The Program Director will be responsible for implementing this training. The Home Manager and Program Coordinator will monitor and audit client personal funds</p>		12/22/2011

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W0148	<p>van. Staff #3 indicated client #4's money bag had been left on the van for 7 days. Staff #3 indicated the facility staff should have returned the money bag to client #4's locked file on 11/11/11. Staff #3 indicated client finances were reviewed on Tuesdays and Fridays and they must have missed not knowing client #4's money was missing.</p> <p>The facility's policy and procedures were reviewed on 11/22/11 at 1:14p.m. The facility's undated policy and procedure entitled "Manager Financial Responsibilities and Petty Cash Ledgers" indicated "all client money must be kept in the home and kept locked. Each manager is responsible to compare the balance of the petty cash ledger and the actual cash on hand daily. The program coordinator is responsible to compare the balance of the petty cash and the actual cash on hand weekly."</p> <p>Staff #1 was interviewed on 11/22/11 at 2:29p.m. Staff #1 indicated client funds entrusted to the facility should be kept locked and monitored by the home manager and program coordinator weekly. 9-3-2(a)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed for 2 of 2 clients (#1, #4) with guardians, to ensure the facility immediately informed client #1 and #4's guardians in regards to bed bugs found in the clients' bedroom and the need to sleep on the couch (#1) and the purchase of new mattresses and headboards (#1, #4).</p>	W0148	<p>weekly to assure that client funds are secured and accounted for.</p> <p>The facility will promptly notify the client's parents or guardians of any significant incidents or changes in the clients condition including but not limited to; serious illness, accident, death, abuse or unauthorized</p>	12/22/2011			

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	<p>Findings include:</p> <p>Record review of the facility's incident reports was done on 11/17/11 at 11:18a.m. The facility had reported on 11/1/11 client #4 had received a new mattress due to 3 bed bugs found on her bed. On 11/16/11 it was indicated more bed bugs were found on client #1's (roommate of client #4) headboard of her bed. A professional company was hired and performed a treatment to the entire home on 11/21/11.</p> <p>Interview of staff #2 on 11/22/11 at 1:40p.m. indicated clients #1 and #4 had new mattresses with a zippered plastic cover, client #1 had a new headboard, all clients' clothes and bedding had been washed and the entire home had been treated by a professional extermination company. Staff #2 indicated client #4 had to spend one night out of her bedroom and slept on the couch in the living room. Interview of staff #1 on 11/22/11 at 2:29p.m. indicated clients #1 and #4 had guardians. Staff #1 indicated they did not have any documentation to indicate client #1 and #4's guardians had been informed of the incident with bed bugs. 9-3-2(a)</p>		<p>absence. The guardians for clients #1 and #4 have been notified that bedbugs were present in their bedroom. The house has been professionally treated and there is no further evidence that bedbugs are present. The agency has a current policy on Communicating Significant Events to Guardians and Families. The Program Coordinator/ QMRP has the responsibility of reporting significant incidents to guardians and families as immediate as possible to the time of the incident. The Program Coordinator/QMRP will receive training on this policy. The Program Director will be responsible for implementing this training. The Program Director will have the responsibility of monitoring Program Coordinators/ QMRP to assure compliance with this policy.</p>		