

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G130	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4477 FOXMOOR DR NEWBURGH, IN 47630
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 13, 16, 17, 18, 2015</p> <p>Provider Number: 15G130 AIMS Number: 100234360 Facility Number: 000667</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/3/15.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 3 additional clients (#5), the facility failed to conduct a thorough investigation of client #5's elopement.</p> <p>Findings include:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report dated 9/5/15</p>	W 0154	<p>W154</p> <p>- The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>- QIDP will be retrained on</p>	12/22/2015

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>was reviewed on 11/13/15 at 12:34 PM which indicated "[client #5] eloped from the group home and was out of line of sight for approximately 3 minutes. [Client #5] is safe. He was taken to the ER (emergency room) to be evaluated and released with no new orders. He is to follow up with his psychiatrist." A follow up to the 9/5/15 BDDS report filed on 11/1/15 indicated "[Client #5] had a psychiatric evaluation completed with no new orders. The individual's BSP addresses elopement and no changes have been made at this time." A facility nursing note dated 9/5/15 indicated "Client became agitated/struck his wall x 2 and eloped. Sent to (Name of Hospital) ER (Emergency Room). Testing performed (sic). Client placed on 15 minute checks and locked sharps."</p> <p>During interview with the Director of Nursing Services/Acting Program Manager on 11/13/15 at 1:54 PM, she stated "there was not an investigation completed on [Client #5's] elopement. There should have been one initiated especially since he was out of line of sight."</p> <p>9-3-2(a)</p>		<p>conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>- Clinical supervisor will be retrained on ensuring the QIDP's are conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>-The Executive Director shall assure through review of incidents and investigations to assure proper documentation and review occurs within 5 days. Any issues shall be dealt with through ResCare policy and procedure.</p> <p>Persons Responsible: QIDP, Clinical supervisor, and Executive Director</p>		

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to integrate, coordinate and monitor the client's active treatment schedule which reflected the goals set forth in his ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Review of client #2's record on 11/17/15 at 9:25 AM indicated his objectives in his 6/10/15 ISP included but were not limited to:</p> <p>___ "To increase oral hygiene skills - client will brush and floss his teeth twice daily 100% of the opportunities per month across 12 consecutive months.</p> <p>___ To increase cooking skills - client will prepare an entree from the menu with 2 verbal prompts 100% of the opportunities per month across 12 consecutive months.</p>	W 0159	<p>W159</p> <p>- Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>- QIPD will be retrained on updating goals and following the Medication Reduction for all psychotropics</p> <p>- Clinical Supervisor will be trained on ensure that all plans/goals are reviewed at least quarterly.</p> <p>-IDT will be conducted to review all clients' program plans & goals to ensure that they remain appropriate.</p>	12/22/2015

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	<p>__ To increase social skills - client will participate in a group activity for 20 minutes independently 100% of the opportunities per month across 12 consecutive months.</p> <p>__ To improve safety skills, client will state where to locate emergency numbers and how to summon help when needed independently 100% of the opportunities across 12 months.</p> <p>__ To improve domestic skills, client will clean his room independently 100% of opportunities per month across 12 consecutive months.</p> <p>__ To improve domestic skills, client will complete his daily chore independently 95% of opportunities per month across 12 consecutive months.</p> <p>__ To improve domestic skills, client will complete his entire laundry routine independently 100% of opportunities across 12 consecutive months.</p> <p>__ To increase knowledge of money, client will use money and control major expenditures independently 100% of the opportunities across 12 consecutive months.</p> <p>__ To improve social skills, client will fill out job applications independently 95% of opportunities over month across 12 consecutive months.</p> <p>__ To improve social skills, client will complete an interview with staff independently 95% of opportunities per</p>		<p>-QIDP will review goals monthly for any updates needed</p> <p>Persons Responsible: QIDP, Clinical Supervisor, & Executive Director</p>	

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	<p>month across 12 consecutive months.</p> <p>___ To improve shopping skills, client will assist with making a grocery list from the menu twice a month, and assist with shopping twice monthly independently 100% of opportunities per month across 12 consecutive months.</p> <p>___ To improve personal hygiene skills, client will bathe, shampoo his hair and apply deodorant and put on clean clothes independently 100% of the opportunities per month across 12 consecutive months."</p> <p>During the record review, client #2's ISP Progress Notes 2015 indicated the following monitoring of his goals.</p> <p>"Oral Hygiene: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, Apr. - not indicated, May - 15%, June - not indicated, July - 0%, Aug. - 0%, Sept. - 0%.</p> <p>Meal Prep: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, Apr - not indicated, May - 50%, June - not indicated, July 0.4%, Aug. - 50%, Sept. - 0%.</p> <p>Leisure Skills: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May - 44%, June - not indicated, July 20%, Aug. - 55%, Sept.</p>			

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	<p>0%.</p> <p>Self Medication: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May - 100%, June - not indicated, July - 90%, Aug. - 100%, Sept. - 100%.</p> <p>Safety skills: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May - 100%, Jun - not indicated, July 100%, Aug. - 100%, Sept. - 100%.</p> <p>Domestic/Room: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May - 13%, June - not indicated, July - 51%, Aug - 45%, Sept. 10%.</p> <p>Domestic/Laundry: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May 20%, June - not indicated, July 100%, Aug. - 25%, Sept. - 100%.</p> <p>Money Management: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May - 50 %, June - not indicated, July - 85%, Aug - 100%, Sept. - 100%.</p> <p>Grocery Shopping: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated,</p>			

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	<p>April - not indicated, May 20 %, June - not indicated, July - 100, Aug. - 100%, Sept. - 100%.</p> <p>Personal Hygiene: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, April - not indicated, May - 40%, June - not indicated, July - 100%, Aug. - 100%, Sept. - 78%</p> <p>Chores: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, Apr. - not indicated, May - not indicated, June - not indicated, July - 93%, Aug. - 74%, Sept. - 100%.</p> <p>Job Applications: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, Apr. - not indicated, May - not indicated, June - not indicated, July - 0%, Aug. - 0%, Sept. - 0%.</p> <p>Job Interview: Jan. - not indicated, Feb. - not indicated, Mar. - not indicated, Apr. - not indicated, May - not indicated, June - not indicated, July - not indicated, Aug. - not indicated, Sept. - 0%."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/17/15 at 2:57 PM. He stated "all goals should be evaluated at the end of each month to be able to monitor the progress or lack of progress</p>			

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W 9999 Bldg. 00	towards the clients' goals. If necessary, the plan might need to be revised. [Client #2] has a lot of refusals. The IDT (Interdisciplinary Team) has not met to discuss how his ISP should be revised." 9-3-3(a) State Findings The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met: 460 IAC 9-3-1 Governing Body b) The residential provider shall report the following circumstances to the division by telephone no later than the	W 9999	W9999 460 IAC 9-3-1 Governing Body b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 11. An emergency intervention for the individual resulting from: a physical symptom,	12/22/2015
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	<p>first business day followed by written summaries as requested by the division:</p> <p>11. An emergency intervention for the individual resulting from: a physical symptom, a medical or psychiatric condition, or any other event.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to report an emergency intervention to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>During review of the facility's internal reports, reportable BDDS (Bureau of Developmental Disabilities Services) reports, and investigations on 11/13/15 at 12:10 PM, an incident report dated 11/2/15 indicated "[client #2] was taken to the ER (Emergency Room) to be evaluated for UTI (Urinary Tract Infection) and STD (Sexually Transmitted Diseases). [Client #2] was diagnosed with a bladder infection, given meds and a shot. Continue to monitor. Nurse will call if an STD is diagnosed."</p> <p>The Director of Nursing Services/Acting</p>		<p>a medical or psychiatric condition, or any other event.</p> <p>-QIDP will be retrained on incident reporting and emergency intervention with the BDDS office immediately following the incident</p> <p>-Clinical supervisor will be retrained on incident reporting and emergency intervention with BDDS office immediately following the incident</p> <p>Persons Responsible: QIDP, Clinical Supervisor, Executive Director</p>	

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	<p>Program Manager was interviewed on 11/17/15 at 10:50 AM. When asked why client #2 was taken to the ER to be checked for a UTI and STDs, she stated "when [client #2] returned from a home visit the previous weekend, he told staff he had gone down the street from his mother's house to visit an ex-girlfriend. He stated they had sexual relations." The Director of Nursing Services stated "it doesn't look like it was reported to BDDS (State reporting agency), but should have been."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/18/15 at 3:35 PM. He stated "the incident was not reported to BDDS. I wasn't aware something of that nature should be reported."</p> <p>9-3-1(b)</p>			