

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/24/2014
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: October 20, 21, 22, 23, 24, 2014</p> <p>Provider Number: 15G644 Aims Number: 100234350 Facility Number: 001161</p> <p>Surveyors: Mark Ficklin, QIDP-TC Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 3 of 3 sampled clients (#1, #2, #3) to ensure each client's active treatment program was</p>	W000159	<p><b>W159</b> - Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. -</p>	11/23/2014

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>coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring client training programs were being implemented as written (#1, #2), client achieved training programs were not revised (#2, #3) and a behavior medication was not addressed in a plan of reduction (#3).</p> <p>Findings include:</p> <p>1) Client #2's record review was completed on 10/23/2014 at 2:00 p.m. Client #2's individual support plan (ISP) dated 3/12/14 included the record titled -ISP Progress Notes. Client #2's Communication/Speech objective criteria indicated it had been met 100% for the months of March, April, May, June, July, August, and September 2014.</p> <p>Client #3's record review was completed on 10/23/14 at 1:10 p.m. Client #3's ISP dated 5/1/14 included the record titled "ISP Progress Notes." Client #3's training programs: Safety and domestic Laundry objective criteria indicated they had been met at 100% for the months of March, April, May, June, July, August, and September 2014.</p> <p>2) Review of the record of client #3 was done on 10/23/14 at 1:10 p.m. Client #3's</p>		<p>QIPD will be retrained on updating goals and following the Medication Reduction for all psychotropics - Clinical Supervisor will be trained on ensure that all plans/goals are reviewed at least quarterly. -IDT will be conducted to review all clients' program plans &amp; goals to ensure that they remain appropriate. -QIDP will review goals monthly for any updates needed -All corrections will be made by 11/23/14 Persons Responsible: QIDP, Clinical Supervisor, &amp; Executive Director</p>				

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	<p>5/1/14 ISP indicated client #3's diagnosis included, but was not limited to, Depression. Physician's orders dated on 9/26/2014 indicated client #3 received the behavior control medication Citalopram and Trazodone for depression. The ISP failed to include these behavior control medications in a plan which included withdrawal criteria.</p> <p>3) Record review for client #1 was done on 10/23/14 at 2:00p.m. Client #1 had an (ISP) dated 5/1/14. The ISP indicated client #1 had a money training program. Client #1 was to make a purchase (hand cashier the money) in the community. Client #1 had all "0s" on her monthly data sheet from 5/14 through present.</p> <p>Record review for client #2 was done on 10/23/14 at 2:00p.m. Client #2 had an ISP dated 3/12/14. The ISP indicated client #2 had a money training program. Client #2 was to make a purchase (hand cashier the money) in the community. Client #2 had all "0s" on her monthly data sheet from 5/14 through present.</p> <p>Staff #2 (QIDP-D) was interviewed on 10/23/14 at 12:14p.m. Staff #2 indicated client #3 did not have his current behavior control medication addressed in a plan of reduction. Staff #2 indicated the QIDP was responsible for the</p>			

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W000249	<p>coordination and monitoring of the inclusion of a plan of reduction for client behavior medication and ensuring training program implementation and revisions.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#1, #2) to ensure the clients' identified money training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 10/23/14 at 2:00p.m. Client #1 had an</p>	W000249	W249 - To resolve and ensure that each client's treatment program consists of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the program plan the following actions will occur: - Staff responsible for implementing each clients program plan will be re-trained regarding proper oversight and review of each clients plan to ensure that	11/23/2014

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	<p>individual support plan (ISP) dated 5/1/14. The ISP indicated client #1 had a money training program. Client #1 was to make a purchase (hand cashier the money) in the community. Client #1 had all "0s" on her monthly data sheet from 5/14 through present.</p> <p>Record review for client #2 was done on 10/23/14 at 2:00p.m. Client #2 had an ISP dated 3/12/14. The ISP indicated client #2 had a money training program. Client #2 was to make a purchase (hand cashier the money) in the community. Client #2 had all "0s" on her monthly data sheet from 5/14 through present.</p> <p>Professional staff #2 was interviewed on 10/23/14 at 2:47p.m. Staff #2 indicated the facility staff should run clients #1 and #2's money programs on a weekly basis. Staff #2 indicated clients #1 and #2 had not been given the opportunity to practice their money training programs as written for the past 3 months.</p> <p>9-3-4(a)</p>		<p>observations and on-site training are included as part of the overall process for ensuring that each client receives necessary services. -All staff will be re-trained regarding all clients program plan with emphasis on consistently implementing the program plan for each client to assure continuous active treatment at all times.</p> <p>-Specifically for client #1, staff will be retrained with regards to ensuring that client #1 and client #2 has opportunities to make purchases as addressed in clients #1's &amp; 2's ISP.</p> <p>-Residential Manger will observe in the home daily to ensure that Client #1's &amp; #2's program plan is being implemented appropriately and necessary supports are provided. -Clinical Supervisor will observe in the home weekly to ensure that Client #1's &amp; #2's program plan is being implemented appropriately and necessary supports are provided.</p> <p>-QIDP will review the goals monthly to ensure that programming is being implemented appropriately -All corrections will be made by 11/23/14 Persons Responsible: Staff, Residential Manager, QIDP, &amp; Executive Director.</p>		

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W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on interview and record review of 2 of 3 sampled clients (#2, #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to revise the Individual Support Plan (ISP) in regards to the clients (#2, #3) having successfully completed objectives identified in the ISP.</p> <p>Findings include:</p> <p>Client #2's record review was completed on 10/23/2014 at 2:00 p.m. Client #2's ISP dated 3/12/14 included the record titled -ISP Progress Notes. Client #2's Communication/Speech objective criteria indicated it had been met 100% for the months of March, April, May, June, July, August, and September 2014.</p> <p>Client #3's record review was completed on 10/23/14 at 1:10 p.m. Client #3's ISP dated 5/1/14 included the record titled "ISP Progress Notes." Client #3's training programs: Safety and domestic Laundry</p>	W000255	<p>W255 The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. -QIDP will be responsible for overseeing clients' program plan and ensuring that each clients needs are met with the proper supports will be trained on the facilities policy on individual program plans. -QIDP will conduct monthly reviews of clients' overall program and address any areas of identified needs with the Interdisciplinary team. QIDP will also monitor through observations at the home to ensure identified needs are addressed. -The QIDP will complete monthly reviews of data and update the individual support plan as needed. -Specifically for client #2 and #3, the individual support plan will be revised and updated as appropriate. -QIDP and Clinical Supervisor will be</p>	11/23/2014
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	<p>objective criteria indicated they had been met at 100% for the months of March, April, May, June, July, August, and September 2014.</p> <p>Interview with Professional Staff #2 on 10/23/14 at 2:40p.m. indicated clients #2 and #3's goals should have been considered met and revised by the Interdisciplinary Team (IDT). Staff #2 indicated they had failed to review clients #2 and #3's ISP Progress Notes in order to acknowledge completion of these goals set forth in the ISP.</p> <p>9-3-4(a)</p>		<p>retrained on updating clients' plans appropriately -The QIDP will train staff on all updated individual support plans and behavior support plans.</p> <p>-Clinical Supervisor will conduct quarterly reviews of each clients overall program plan to ensure individual support plans are updated, appropriate, and accurate. -All corrections will be made by 11/23/14</p> <p>Persons Responsible: Clinical Supervisor, QIDP, and Executive Director</p>		

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3) who took a behavior control drug, to ensure the behavior control medication was part of client #3's individual support plan (ISP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #3 was done on 10/23/14 at 1:10 p.m. Client #3's 5/1/14 ISP indicated client #3's diagnosis included, but was not limited to, Depression. Physician's orders dated on 9/26/2014 indicated client #3 received the behavior control medications Citalopram and Trazodone for depression. The ISP did not indicate what behaviors staff should be made aware of regarding the diagnosis of depression and how to redirect client away from such unwanted behaviors. The ISP failed to include these behavior control medications in a plan which</p>	W000312	<p><b>W312</b> Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. - An IDT will be completed with Client #3 to discuss any updates to their Individuals Support Plan, Behavioral Support Plan in regards to Anxiety and the use of behavioral medications. - An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are in place for all behavioral medications. -The Human Rights Committee will review any restrictions to Client #3's plan -The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -The Clinical Supervisor will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan</p>	11/23/2014
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	<p>included withdrawal criteria.</p> <p>Interview of professional staff #1 on 10/24/14 at 11:20 a.m. indicated client #3 did not have all of her current behavior control medications addressed in her ISP and in a plan of reduction.</p> <p>9-3-5(a)</p>		<p>for each medication</p> <p>-Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately</p> <p>-Clinical Supervisor will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately -All corrections will be made by 11/23/14</p> <p>Persons Responsible: QIDP, Clinical Supervisor, Executive Director</p>	