

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  02/03/2015
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3214 W ELLEN DR TERRE HAUTE, IN 47803
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(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 the investigation of complaint #IN00162153.</p> <p>Complaint #IN00162153: Substantiated, Federal/State deficiency related to the allegation is cited at W154.</p> <p>Survey Dates: February 2 and 3, 2015.</p> <p>Facility Number: 000884 Aim Number: 100235090 Provider Number: 15G370</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 12, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000154	<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, the facility failed for 1 of 2 reported incidents of alleged mistreatment (client C) to ensure that all allegations of client mistreatment (financial exploitation) were thoroughly investigated.</p>	W000154	The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and thorough completion of investigations concerning any	03/02/2015

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>Findings include:</p> <p>Record review of the facility's incident reports was done on 2/2/15 at 11:45a.m. The following reportable incident report was reviewed: A 12/22/14 incident report and investigation indicated client C had 6 missing department store gift cards that had been entrusted to the facility to keep in a lock box, in the facility's office. The investigation documentation did not include an interview of client C nor any other clients that resided in the facility.</p> <p>Professional staff #1 was interviewed on 2/2/15 at 1:38p.m. Staff #1 indicated there were no documented client interviews for the above incident that involved the mistreatment (financial exploitation) of client C. Staff #1 indicated the clients at the facility should have had documented interviews.</p> <p>This federal tag relates to complaint #IN00162153</p> <p>9-3-2(a)</p>		<p>allegations of or suspicion of incidents of abuse, neglect, and mistreatment, including financial exploitation. The facility investigation protocol specifically outlines that all individuals having any information pertaining to the incident/ allegation will be interviewed as part of the investigation procedures. Interviews are documented and become a part of the investigation summary that is then reviewed to determine the outcome of the investigation.</p> <p>The Investigation that was initiated due to Client C missing gift cards was not complete at the time of the survey due to pending information from the local detective working on this case. The individuals that were involved had been interviewed for the investigation; however their interview had been less formal and was not properly documented. The incident occurred just prior to the Christmas Holiday and Client C left to spend time with his family on the day following the discovery of the theft. His missing gift cards were immediately replaced the day that the theft was discovered. This investigation has now been concluded and the interviews of Client C and others have been included in the summary report. The employee</p>		

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			<p>that was found to have taken the gift cards has been terminated and faces criminal charges for his actions.</p> <p>All staff receives training on the definition of, reporting and investigation responsibilities of each employee. Staff that are assigned and conduct investigations have received training on the facility policies and procedures for conducting effective investigations. These policies and procedures will be reviewed with these staff. Additionally, the facility will schedule additional training concerning with the ISDH staff to insure that expectations are being met. The facility has a training scheduled in March to train and /or update employees to conduct investigations according to the facility policies and procedures. The Executive Director is responsible for the review of each completed investigation to insure that it has been conducted thoroughly and according to facility policy and procedures. This practice will continue with an added focus to make sure that all clients with information pertaining to the investigation are interviewed and included in the investigation process.</p>	