STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G137		01/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	8616 NORTHFIELD DR EVANSVILLE, IN 47713

(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
W 0000 Bldg. 00	This visit was for a fundamental recertification and state survey licensure survey. Dates of Survey: January 6, 7, 8, 11, 12 and 13, 2016. Provider Number: 15G137 AIM Number: 100234390 Facility number: 000674 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality review of this report completed on 1/22/16 by #09182.	W 0000		
W 0312 Bldg. 00	483.450(e)(2) DRUG USAGE 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 4 sampled clients (client # 2) who took a behavior control drug, to ensure the behavior control medication was part of client #2's individual support plan (ISP) which included a plan of reduction.	W 0312	**W312-***Drugs used for control of inappropriate behavior must be used only as an integral part of the clients individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for*	02/10/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G137	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2016

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	Findings include: Review of the record of client #2 was completed on 1/7/16 at 2:05 PM. Client #2's ISP and BSP (Behavioral Support Plan) dated 5/15/15 indicated client #2's diagnoses included, but were not limited to, intermittent explosive disorder and anxiety. Physician's orders dated on 1/1 - 1/31/16 indicated client #2 received the behavior control medication, Fluoxetine 20 mg (milligrams). The ISP failed to include the behavior control medication in a plan which included withdrawal criteria. Interview of the Director of Nursing Services was conducted on 1/13/2016 at 9:50 AM. She stated "client #2 takes Fluoxetine for anxiety. The medication should have been included in his ISP/BSP." She indicated client #2 did not have the current behavior control medication, Fluoxetine, addressed in a plan of reduction. 9-3-5(a)		*which the drugs are employed.* - An IDT will be completed with Client #2 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 #2's plan - The Residential Manager will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication	

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			-The Clinical Supervisor will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately -Program Manager will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately --QIDP will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately Persons Responsible: Residential Manager, QIDP, Program Manager, Executive Director	