

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G662	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/19/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 CRUFT AVE TERRE HAUTE, IN 47803
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: September 16, 17, 18, 19, 2014</p> <p>Provider Number: 15G662 Aims Number: 100245260 Facility Number: 001207</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients (#1, #2, #4) to allow spending opportunities for the clients.</p> <p>Findings include: Record review of the individual client</p>	W000126	<p>The individuals in the home will have access to and will be assisted to plan opportunities to spend their money on at the least, a monthly basis. The Residential Manager will develop a schedule to include community outings and activities to occur in the weekend and evening hours. This schedule will include a specified</p>	10/17/2014

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>financial files was done on 9/18/14 at 9:38a.m. The "Individual Personal Petty Cash Ledger" was reviewed for clients #1, #2 and #4. The financial ledger indicated client #1 had not made a community purchase with his personal funds since 6/26/14. Client #2 had last made a purchase on 4/4/14 and client #4 had last made a purchase on 6/5/14.</p> <p>Administrative staff #1 was interviewed on 9/18/14 at 9:57a.m. Administrative staff #1 indicated the facility had not provided clients #1, #2 and #4 the opportunity to spend their money during the past 3 months. Administrative staff #1 indicated the clients had not been going out enough to places that provided spending opportunities.</p> <p>9-3-2(a)</p>		<p>day that each client can choose an individual recreational activity and will be assisted in purchasing their personal hygiene and other personal needs. This schedule will be posted monthly in the home so that individuals and staff are aware of the schedule and the opportunities. The QIPD will review the community participation log on at least a monthly basis and will report the activities the individual has participated in to the team during the quarterly review meeting. The Residential Manager will insure that the individual has access to money in the home as requested for the chosen outing and any personal items needed. Guidelines are developed that specify the process for scheduling outings and the responsibilities of the Residential Manager to insure that spending opportunities are provided. All Residential Managers and QIDP's will receive training these guidelines and responsibilities. Formal program goals have been developed and implemented to support Clients #1, #2, and #4 in managing their financial affairs. The QIDP will monitor the data collected on at least a monthly basis and determine progress and appropriateness of each goal. The QIDP will monitor and audit the client personal funds on at least a quarterly basis and report on the financial activities during the Quarterly IDT Review.</p>	

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts (night shift), from 9/1/13 through 9/16/14.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 9/1/13 through 9/16/14 for clients #1, #2, #3, #4, #5, #6 and #7 was completed on 9/16/14 at 3:35p.m. There were no "night shift," sleep time,</p>	W000440	<p>The Clinical Supervisor will complete an audit on at least a quarterly basis to ensure that all client funds are being handled appropriately and that spending opportunities have been provided for each client. The Program Manager will on at least a quarterly basis, conduct a review of each ISP to insure that specific individual needs are being addressed by programming and that all individuals are being afforded the right to manage their own personal funds either as part of a formal program or a more general, informal series of activities that are geared to the individual's functioning level.</p> <p>All shifts of personnel will participate in an evacuation drill at least every 90 days. The facility has always maintained a monthly schedule that indicates when evacuation drills are to be conducted in order to insure that each shift conducted an evacuation drill each quarter. It was only discovered recently that even though each shift conducted a drill during a 3 month/ Quarter, is did not always insure that the drill occurred within 90 days. (For example, a drill may have been scheduled and conducted in January for the 1st quarter and then in May for the 2nd Quarter.</p>	10/17/2014

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	<p>evacuation drills documented between 10/17/13 at 2:00a.m. through 3/30/14 at 3:02a.m.</p> <p>Interview of professional staff #2 on 9/16/14 at 3:52p.m. indicated there were no other documented night shift drills. Staff #2 indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis.</p> <p>9-3-7(a)</p>		<p>This then did not meet the every 90 day standard.) The evacuation drill schedule has now been revised to insure that drills are conducted at least every 90 days on each personnel shift. The Residential Managers and staff will receive training on the revised drill schedule and it will be implemented immediately. The Clinical Supervisor will track and monitor the completion of all required evacuation drills and provide a bi-monthly report of the status of evacuation drills to the Program Manager.</p>		