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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G505 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/11/2012 |
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| NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 333 TREELINE DR TERRE HAUTE, IN 47802 |
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|--------------------|--|---------------|---|----------------------|
| W0000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 30, May 2, 3, 4, 7, 11, 2012</p> <p>Provider Number: 15G505 Aims Number: 100235280 Facility Number: 001019</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/15/12 by Tim Shebel, Medical Surveyor III.</p> | W0000 | | |

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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| W0159 | <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, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's Qualified Mental Retardation Professional (QMRP), by the QMRP not completing quarterly program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 5/7/12 at 1:09p.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 4/17/12. There were no documented QMRP program reviews during the time period of 3/22/11 through 4/17/12.</p> <p>Record review for client #2 was done on 5/7/12 at 12:20p.m. Client #2's QMRP program reviews indicated client #2 had an ISP dated 3/22/11. There were no documented QMRP program reviews during the time period of 3/22/11 through 5/7/12.</p> <p>Record review for client #3 was done on 5/7/12 at 1:34p.m. Client #3's QMRP</p> | W0159 | <p>The QMRP Program Reviews for Clients #1, 2, 3, and 4 are current at this time.</p> <p>All current qualified mental retardation professionals (QMRP) have received training on the coordination and monitoring of client active treatment programs. This training includes protocols for analyzing and compiling collected client program data on a monthly and quarterly basis, and timelines for completing reports on the results. The Program Director will implement this training.</p> <p>The Program Director is responsible to see that Program Reviews are completed on at least a quarterly basis and to follow-up with the QMRP when the reviews are not completed in a timely basis. The Program Director will review each individual client record on at least a quarterly basis to insure completeness. Each QMRP will submit a monthly tracking</p> | 06/10/2012 | | | |

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| | <p>program reviews indicated client #3 had an ISP dated 4/10/12. There were no documented QMRP program reviews during the time period of 3/22/11 through 4/10/12.</p> <p>Record review for client #4 was done on 5/7/12 at 12:47p.m. Client #4's QMRP program reviews indicated client #4 had an ISP dated 4/5/12. There were no documented QMRP program reviews during the time period of 3/23/11 through 4/5/12.</p> <p>Staff #1 (QMRP) was interviewed on 5/7/12 at 1:46p.m.. Staff #1 indicated the QMRP should be reviewing the clients' programs at least quarterly. Staff #1 indicated quarterly QMRP program reviews had not been done for clients #1, #2, #3 and #4 during the past 12 months. 9-3-3(a)</p> | | <p>of the quarterly reviews are scheduled and completed to the Director of Licensing and Compliance to validate completion. In instances where the expectation for providing monitoring of client's active treatment programs is not met by the QMRP, corrective action will be implemented.</p> | | | | |

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| W0260 | <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#2) to at least annually review and revise client #2's individual support plan (ISP).</p> <p>Findings include:</p> <p>Record review for client #2 was done on 5/7/12 at 12:20p.m. Client #2's training program reviews indicated client #2's current documented annual ISP was over a year old and was dated 3/22/11.</p> <p>Staff #1 (Qualified Mental Retardation Professional) was interviewed on 5/7/12 at 1:46p.m. Staff #1 indicated there was no documentation client #2's ISP had been completed annually (within 365 days). The last documented ISP was 3/22/11. 9-3-4(a)</p> | W0260 | <p>The ISP for client # 2 will be completed and all ISP's will be completed on an annual basis within 365 days.</p> <p>All QMRP's will receive training on the expectations and timelines for completing annual ISP's. The Program Director will be responsible for providing this training. The Program Director will review each client's record on at least a quarterly basis to insure that reviews and Individual Support Plans are completed within the timelines as required. Any issues with documentation that is completed untimely will be addressed immediately by the Program Director.</p> <p>The Program Director will receive retraining concerning responsibilities for record review and timelines in which client records and documentation must be maintained according to regulations. This training will be completed by the Executive Director.</p> | 06/10/2012 | |