

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2013
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834		
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: October 22, 24, 25, 29, 31, 2013</p> <p>Provider Number: 15G591 Aims Number: 100245580 Facility Number: 001105</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/12/13 by Ruth Shackelford, QIDP.</p>	W000000			

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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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure the client's individual support program (ISP) had a training program in place to address client #3's identified resistance to dental and medical procedures.</p> <p>Findings include:</p> <p>Record review of client #3 was done on 10/29/13 at 10:54a.m. Client #3 had a 12/30/12 dental note that indicated "unable to scale due to lack of cooperation." Client #3 had a dental note on 7/1/13, "unable to scale due to lack of cooperation, schedule for hospital exam 12/13." Client #3 had a 5/15/13 physician's note that indicated "attempted EKG, patient refused." Client #3 also had refused a scheduled echocardiogram. Client #3's 6/3/13 ISP did not have any training programs in place to address his lack of cooperation/refusal with medical and dental exams/treatment.</p> <p>Staff #1 was interviewed on 10/31/13 at 2:14p.m. Staff #1 indicated client #3 was</p>	W000227	The QIDP is responsible to insure that each individual's needs are addressed in their Individual Program Plan and addressed formally as recommended by the IDT. The QIDP is responsible to provide information to the Home Manager and staff as to the protocols and formal objectives that they must initiate to meet each individuals needs and assist them toward independence. The QIDP has met with the IDT and has developed an individual program plan designed to address the training needs for Client #3 for desensitization to medical and dental appointments. The QIDP will provide training to all staff in the home on the specific implementation of the plan. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a monthly basis to determine any issues or progress made and will revise as needed. The QIDP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT as needed and revised the individual program plan as determined by the IDT. The	12/02/2013			

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	resistive to medical and dental treatment. Staff #1 indicated client #3 did not have a training program in place to address his resistance to medical and dental exams. 9-3-4(a)		QIDP is responsible for reviewing the individual program plans with the IDT on at least a quarterly basis to review progress made or needed revisions. The QIDP is responsible for providing staff with on-going training concerning individual program plans and objectives that are in place to address the specific needs of each client. The Clinical Supervisor and/or the Program Manager is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being addressed and monitored for progress.		

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 2 of 3 sampled clients (#1, #2) with behavior support plans (BSP) to ensure client #1 and #2's BSPs (including behavior medications) were reviewed/monitored within the past year.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 10/29/13 at 11:26a.m. Client #1's 4/25/13 individual support plan (ISP) and BSP indicated client #1's diagnoses included, but were not limited to, Traumatic Brain Injury and Insomnia for which client #1 received the medication Desyrel. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #2 was reviewed on 10/29/13 at 11:47a.m. Client #2's 6/3/13 ISP and BSP indicated client #2's diagnoses included, but were not limited to, Dementia and Depression for which client #2 received the medications Desyrel, Namenda, Aricept, Seroquel and</p>	W000262	The QIPD is responsible for ensuring that informed consent is provided and approvals are obtained from the client and/ or their guardian prior to presenting the program to the Human Rights Committee for their review and approval. The facility has a written policy and process in which the QIPD is to follow when reviewing information and obtaining these approvals. The facility encourages active participation of family and guardians on the Interdisciplinary Team when discussion and review takes place. If the guardian is not able to attend the meeting, the QIPD is responsible for contacting the guardian by phone or scheduling a meeting with them to discuss plans or issues, and then follow-up the discussion in writing in order to obtain a signature for approval. The QIPD will review the ISP and the BSP for Client #1 and Client #2 with the guardians to insure that informed consent is obtained and will review the plans with the HRC for approval. The QIPD will also check to ensure that all clients ISP's and Behavior and Restriction plans have the proper	12/02/2013	

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	<p>Remeron. There was no documentation the ISP/BSP had been reviewed by the HRC since 7/11.</p> <p>Interview of facility staff #1 on 10/31/13 at 2:14p.m. indicated there was no documentation the facility's HRC had reviewed client #1 and #2's ISP/BSPs during the past year.</p> <p>9-3-4(a)</p>		<p>approvals and signatures. The QIPD will receive training concerning their responsibilities in reviewing and obtaining proper approvals from individuals/ or guardians and the Human Rights Committee for ISP's, BSP's and programming that may include individual rights restrictions. The Program Manager will insure that the training is complete and documented. The Clinical Supervisor and/ or the Program Manager is responsible for reviewing plans on a quarterly basis. The Clinical Supervisor and/ or the Program Manager will review ISP/ BSP and plans that may include restrictions to ensure that proper approvals have been obtained prior to the implementation of the plan. The Program Manager is responsible for tracking the timelines for annual approvals to be obtained.</p>		

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review and interview, the facility failed for 1 of 4 sample clients (#2) with a restrictive behavior management plan, to ensure that all interventions (door alarms) to manage client #2's behaviors were included in the client's individual support plan (ISP).</p> <p>Findings include:</p> <p>During the observation on 10/22/13 from 3:50p.m to 5:42p.m., at the group home, the doors to exit the facility had working alarms.</p> <p>Review of the record of client #2 was done on 10/29/13 at 11:26a.m. Client #2's 6/3/13 ISP indicated the door alarms were used for client #2's elopement behavior. The ISP indicated "this area will remain an active goal in his current ISP." Client #2's ISP did not contain any training to address the use of door alarms for his identified behavior of elopement.</p> <p>Interview of staff #1 on 10/31/13 at 2:14p.m., indicated the facility's door</p>	W000289	<p>The QIDP is responsible to insure that each individual's needs are addressed in their Individual Program Plan and/ or Behavior Support Plan and addressed formally as recommended by the IDT. The QIDP is then responsible to provide information to the Home Manager and staff as to the protocols and formal objectives that they must initiate to meet each individuals needs and assist them toward independence. The QIDP has met with the IDT and has developed a BSP with training needs and protocols to address Client #2 behavior of elopement. The plan will be reviewed and approved by the guardian and HRC. The QIDP will provide training to all staff in the home on the specific implementation of the plan. Data will be collected by staff in order to track progress of the plan. The QIDP will monitor data collected on at least a monthly basis to determine any issues or progress made and will revise as needed. The QIDP is responsible to ensure that any specific needs that may be identified throughout the year are reviewed by the IDT as needed</p>	12/02/2013			

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	alarms were for client #2's identified behavior of elopement. Staff #1 indicated client #2's program intervention (door alarms) had not been incorporated into a training program for client #2. 9-3-5(a)		and revised the ISP or BSP as determined by the IDT. The QIDP is responsible for reviewing the plans with the IDT on at least a quarterly basis to review progress made or needed revisions. The QIDP is responsible for providing staff with on-going training concerning individual program plans and objectives that are in place to address the specific needs of each client. The Clinical Supervisor and/or the Program Manager is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being addressed and monitored for progress.		

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (#3) who received behavior control medications, to ensure client #3 received an annual medication reduction.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 10/29/13 at 10:54a.m. Client #3's 6/3/13 individual support plan (ISP) indicated client #3 received the behavior medication Seroquel for Autism. Client #3 had no (0) documented behavioral incidents from 3/13 through 9/13. Client #3's medication reduction plan indicated a medication reduction would be considered if client #3 had "no more than 5 episodes of resistive behavior per month over a 3 month period." There was no documentation the interdisciplinary team (IDT) had addressed a possible behavior medication reduction. There was no documentation by the psychiatrist regarding a contraindication to a medication reduction. There was no documentation client #3's medication had been reduced during the past year.</p> <p>Interview of staff #1 on 10/31/13 at</p>	W000316	Drugs used for control of inappropriate behavior are gradually withdrawn at least annually and is outlined in the BSP. The QIPD is responsible to monitor the progress of behavior support goals and report the progress or lack of to the physician that monitors the individual's behavior medications. The QIPD reports this progress to the physician and to the team on at least a quarterly basis for review. The QIPD will assure that a medication reduction plan is included in each individual Behavior Support Plan and that a medication reduction is initiated on at least an annual basis. Each QIPD will receive training on their responsibilities for monitoring and reporting progress to the IDT and physician. The Program Manager is responsible for reviewing each individual client record on at least a quarterly basis.	12/02/2013			

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	2:14p.m. indicated the facility's IDT had not met and discussed a possible annual reduction for client #3. Staff #1 indicated client #3 had met the criteria for a behavior medication reduction. 9-3-5(a)				