

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G544	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 887 BUNKERHILL DR TERRE HAUTE, IN 47802
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: January 11, 12, 13, 14 and 21, 2016</p> <p>Provider Number: 15G544 Aims Number: 100245350 Facility Number: 001058</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 1/26/16 by #09182.</p>	W 0000		
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed for 2 of 8 clients residing in the group home (#1, #3), to maintain a complete and accurate accounting system of clients' funds entrusted to the facility.</p> <p>Findings include:</p>	W 0140	All client funds are currently secured and accounted for. The agency has current policies and procedures regarding client's personal funds. All staff at the home along with the Residential manager and Clinical Supervisor will receive training on this policy and the procedures on proper	02/19/2016

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>Record review of the facility's reportable incident reports was done on 1/11/16 at 2:10p.m. An incident report on 10/16/15 indicated clients #1 and #3 had an alleged mistreatment incident (missing funds totaling \$25.00). The allegation alleged the clients' had the following missing funds, that had been entrusted to the facility: client #1- \$8.00, client #3- \$17.00. The investigation documentation indicated the investigation findings/summary could not identify the reason for the missing funds and had recommended all staff be retrained ("inserviced") on their responsibilities in maintaining accurate financial records. The clients' missing funds were reimbursed to the clients on 11/8/15.</p> <p>The client financial record book and cash on hand (at the group home) entrusted to the facility was reviewed on 1/12/16 at 7:48a.m. Clients #1's "Individual Petty Cash Request and Reconciliation Form" indicated: client #1 had a current balance of \$6.59. Client #1's actual cash on hand was \$5.32.</p> <p>Staff #1 was interviewed on 1/12/16 at 7:48a.m. Staff #1 indicated client funds entrusted to the facility should be kept locked and monitored by the home</p>		<p>documentation of transactions and on the securing of client personal funds. The Program Manager will be responsible for implementing this training.</p> <p>The Residential Manager and QIPD will monitor and audit client personal funds on at least a weekly basis to assure that client funds are secured and accounted for. The Clinical Supervisor will also complete an audit on at least a quarterly basis to ensure that all client funds are being handled and secured according to facility policy and procedures. Any discrepancies noted will be resolved immediately.</p>	

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W 0159 Bldg. 00	<p>manager and program coordinator weekly. Staff #1 indicated the clients had missing funds (funds that did not equal the receipts for money deposited/spent) that had been entrusted to the facility.</p> <p>9-3-2(a)</p> <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. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring a guardian's written consent for restrictive programs had been returned via the mail (#4).</p> <p>Findings include:</p> <p>The record of client #4 was reviewed on 1/13/16 at 1:57p.m. Client #4's 10/26/15 individual support plan (ISP) indicated client #4 had a guardian. The ISP indicated client #4 had a restrictive behavior support plan/BSP which</p>	W 0159	All staff in the home will receive training on the implementation of the program and documenting progress. The Residential Manager and QIPD is responsible for at least weekly monitoring in the home to assure all programs are being implemented and for providing on-going staff training and support as needed. The QIPD is responsible for monthly progress monitoring of each program goal and to insure that staff has the information and supplies required to assist each individual with programming needs. The QIPD is responsible for implementing further documented training or corrective measures in instances where expectations regarding client programs are not met.	02/19/2016	

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W 0262 Bldg. 00	<p>included behavior medication. There was documentation the 10/15 ISP had been sent to the guardian. There was no documentation of guardian written informed consent for client #4's 10/26/15 ISP/BSP.</p> <p>Staff #2 (QIDP) was interviewed on 1/14/16 at 2:40p.m. Staff #2 indicated client #4's guardian had been sent a copy of her 10/15 ISP/BSP but had not returned a written consent for the programs. Staff #2 indicated there was no documentation the QIDP had followed up on obtaining the guardian's signature for the ISP/BSPs. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of obtaining the guardian's written consent.</p> <p>9-3-3(a)</p> <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 4 sampled clients</p>	W 0262	<p>All current Residential Managers and QIDP's will receive training on the coordination and monitoring of client active treatment programs. The Program Manager will implement this training. The Program Manager will oversee that QIDP's provide continuous integration, coordination, and monitoring of client services. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectation for providing monitoring of client's active treatment programs is not met.</p> <p>The QIDP is responsible for ensuring that informed consent is provided and approvals are obtained from the client and/or</p>	02/19/2016

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	<p>(#1, #4) with behavior support plans (BSP) to ensure the clients' 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 1/13/16 at 10:46a.m. Client #1's 10/8/15 individual support plan (ISP) and BSP indicated client #1's diagnoses included, but were not limited to, Schizophrenia (Undifferentiated) and Mood disorder, for which client #1 received the medications Prozac, Klonopin and Invega. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>The record of client #4 was reviewed on 1/13/16 at 1:57p.m. Client #4's 10/26/15 ISP and BSP indicated client #4's diagnoses included, but were not limited to, Depression, Attention Deficit Hyperactivity Disorder (ADHD) and Intermittent Explosive Behavior Disorder, for which client #4 received the medications Abilify, Paxil and Trazadone. There was no documentation the ISP/BSP had been reviewed by the HRC.</p> <p>Interview of facility staff #2 on 1/14/16 at 2:40p.m. indicated there was no documentation the facility's HRC had</p>		<p>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 QIDP is to follow when reviewing information and obtaining these approvals. The facility encourages active participation of the family and guardian on the IFT when discussion and review takes place. If the guardian is not able to attend the meeting, The QIDP is responsible for contacting the guardian by phone or scheduling a meeting with them to discuss plans or issues and then follow up with discussion in writing in order to obtain a signature for approval. The QIDP will review the BSP for clients (#4) with the guardians to insure that informed consent is obtained and will review the plan with the HRC for approval. The QIDP will also check to ensure that all client's ISP's, Behavior and Restrictive plans have the proper approvals and signatures. The QIDP will receive training concerning their responsibilities in reviewing and obtaining proper approvals from individuals or guardians and the HRC 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</p>	

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	reviewed clients #1 and #4's restrictive ISP/BSPs during the past year. 9-3-4(a)		reviewing plans on a quarterly basis. The Clinical Supervisor and/or 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.		