

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711
--	--

(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
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 6/19, 6/20, 6/21 and 6/25/12</p> <p>Facility Number: 001161 AIMS Number: 100234350 Provider Number: 15G644</p> <p>Surveyor: Jenny Rida, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on July 01, 2012 by Dotty Walton, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711			
(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			
W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 2 of 2 sampled clients (#1 and #2), and 1 additional client (#4) the governing body failed to ensure client's did not pay for basic hair cuts.</p> <p>Findings include:</p> <p>1. Client #1's financial records were reviewed on 6/20/12 at 10:40 AM. Client #1's financial records/receipts indicated she spent money for a basic haircut on 2/19/12 in the amount of \$8.00.</p> <p>2. Client #2's financial records were reviewed on 6/20/12 at 10:40 AM. Client #2's financial records/receipts indicated she spent money for a basic haircut on 2/19/12 in the amount of \$8.00 and on 3/28/12 in the amount of \$8.00 plus a \$1.00 tip.</p> <p>3. Client #4's financial records were reviewed on 6/20/12 at 10:40 AM. Client #4's financial records/receipts indicated she spent money for a basic haircut on 3/28/12 in the amount of \$8.00 plus a \$1.00 tip.</p> <p>Interview with the Administrative Staff</p>	W0104	<p>W104:</p> <ul style="list-style-type: none"> - Client #1, #2, & #4 will be reimbursed for the basic hair cuts that they paid for. - All staff will be retrained that it is the facility's responsibility to pay for basic hair cuts for the clients. - The PC will be retrained that it is the facility's responsibility to pay for basic hair cuts for the clients. - The PC will audit the client's finances weekly to ensure that the clients do not pay for basic hair cuts. - The OM will audit the client's finances monthly to ensure that the clients do not pay for basic hair cuts. <p>Responsible Party: Staff, Program Coordinator, Operations Manager</p>	07/25/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2012
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711		
(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	
	#1 and Administrative Staff #2 on 6/20/12 at 1:00 PM indicated the facility had a policy in place for paying for haircuts. Administrative staff #1 stated: "This should have never happened, we have a policy in place and clients are not to pay for basic haircuts." 9-3-1(a)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711			
(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			
W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on 1 of 6 investigations, for 2 of 2 sampled clients (#1 and #2), the facility neglected to implement written policy/procedures to prevent the neglect of the client in regards to leaving clients #1 and #2 unattended at the hair salon.</p> <p>Findings include:</p> <p>The facility reports were reviewed on 6/19/12 at 10:00 AM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated: _ On 3/29/12 "A [Name of Hair Salon] Supervisor notifies the Pfeiffer PC (Program Coordinator), that when the Pfeiffer ladies were brought to the hair salon, that staff members (Staff #1) and (Staff #2) left the clients unattended while the clients were getting their hair done."</p> <p>A follow up report to BDDS indicated: _"Both staff were placed on administrative leave and QA (Quality Assurance) initiated an investigation. All the ladies are safe and suffered no negative effects. Bill of Rights and the ResCare Grievance Policy is being completed with the ladies."</p>	W0149	<p>W149:</p> <ul style="list-style-type: none"> - All staff will be retrained on each client's Individual Support Plan (ISP) with emphasis on staff monitoring of clients. - Staff will be retrained on the Abuse & Neglect Policy. - Staff will be retrained on Reporting Procedures. - The PC will monitor through weekly visits to the group home to ensure that staff are appropriately following each individuals ISP with emphasis on staff monitoring of clients. <p>Responsible Party: Staff, Program Coordinator</p>	07/25/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2012
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711		
(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	
	<p>Conclusion: "After review of all statements and documentation, the investigation committee concludes that the allegation that staff left the Pfeiffer ladies unattended at the beauty salon is substantiated."</p> <p>Review of the facility's Procedures: Abuse/Neglect/Exploitation, Death, Incident Reporting & Investigation dated 3/1/2009 on 6/19/12 at 12:30 PM indicated "Any act of abuse/neglect/exploitation is strictly prohibited and will not be tolerated."</p> <p>Interview with Administrative Staff #1 and Administrative Staff #2 on 6/20/12 at 1:00 PM indicated client's #1 and #2 were left unattended in the hair salon while their hair was cut and styled. Administrative Staff #2 stated "These ladies are not be left alone at anytime."</p> <p>9-3-2(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711			
(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			
W0474	<p>483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#2), the facility failed to provide client #2 with food in the form appropriate for her, soft foods cut into bite size pieces diet.</p> <p>Findings include:</p> <p>During the observation period at the group home on 6/19/12 from 3:55 PM to 6:30 PM, dinner was served at 5:45 PM. Client #2 was observed eating a hamburger on bun and sliced cucumbers. Client #2 was having trouble taking bites of food. Client #2 was having to try 2-3 times before she was successful with getting a bite of hamburger on bun into her mouth. Once client #2 got a bite of the hamburger into her mouth, she was moving it around with her tongue and trying to chew the piece. Half way through eating the hamburger I (surveyor) stopped client #2 to interview her. At 6:00 PM the Operation Manager (OM) cut client #2's food into bite size pieces.</p> <p>Review of the Spring/Summer Menu indicated clients were to have a 3 ounce hamburger on a bun, lettuce, tomato,</p>	W0474	<p>W474:</p> <ul style="list-style-type: none"> - All staff will be retrained on client #2's diet plan, as well as, all other individuals' diet plans. - A goal will be added to client #2's ISP which will target the area of safety at meal time defined as "cutting food into bite size pieces". Staff will be trained on this new area. - All staff will be retrained on all clients' ISP, specifically client #2. - The PC will monitor through weekly visits to the group home to ensure that staff are appropriately following each individual's diet and ISP, with emphasis on client #2. <p>Responsible Party: Staff, Program Coordinator</p>	07/25/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2012
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711		
(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	
	<p>onion, 6 steak fries, 1/2 cup of marinated cucumbers, 1 diet pudding with whipped topping, 1 cup skim milk and 2 tablespoons of ketchup.</p> <p>Client #2 was interviewed on 6/19/12 at 6:00 PM. Client #2 indicated she had 2 teeth. Client #2 indicated she liked her hamburger, but was having difficulty getting a bite of it. Client #2 stated, "Staff always cuts my food up for me, but this time they didn't. I eat just fine when it is cut up"</p> <p>Interview with the OM on 6/19/12 at 6:10 PM indicated client #2's food is to be cut into bite sized pieces. The OM stated "We have all new staff that have been trained, but we overlooked cutting up her food."</p> <p>Client #2's record was reviewed on 6/20/12 at 11:45 AM. Client #2's 4/19/12 Dietary Assessment indicated she was to receive no added salt, no concentrated sweets and foods were to be cut into bite sized pieces.</p> <p>9-3-8(a)</p>				