

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  10/06/2014
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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 fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 30, October 1, 3, 6, 2014</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 10/15/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (#4) and 1 non-sample client (#6) to ensure the clients' privacy during personal hygiene.</p> <p>Findings include:</p>	W000130	The facility will insure the rights of all clients. The facility will provide the client's with privacy during treatment and care of personal needs. All staff will be re trained on the clients' right to privacy during personal hygiene. The QIDP and/Residential Manager will complete daily observations at the home for 30 days at various	11/05/2014

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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W000159	<p>An observation was done on 10/1/14 from 7:04a.m. to 8:08a.m. at the group home. At 7:22a.m., staff #5 had client #6 use his electric razor while client #6 was in the office with the door open. The office had no mirror for client #6 to use during shaving his face. At 7:34a.m. staff gave client #4 his electric razor while he was seated at the dining room table. Staff had client #4 shave at the dining room table with no privacy from his peers and no mirror to use.</p> <p>Interview of professional staff #1 on 10/6/14 at 12:48p.m. indicated clients #4 and #6 should have been prompted by staff to shave in privacy in the bathroom. Staff #1 indicated the clients should have had access to a mirror during shaving.</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 2 of 4 sampled clients (#1, #4) to ensure each client's active treatment program was</p>	W000159	<p>times to assure staff are meeting expectations with personal hygiene needs and active treatment. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations. Addendum (added 11-26-14) All staff have completed additional training on clients rights, specifically addressing their right to privacy during treatment. The Residential Manager will provide at least weekly visits at the home during various shifts to insure that staff are providing privacy to the individuals at all times. The QIDP will also provide at least weekly visits to the home to insure compliance. The QIDP documents the visits and submits to the Clinical Supervisor for review. Any issues identified during these observations are addressed immediately.</p> <p>All current QIPD's will receive training on the coordination and monitoring of client treatment programs. This training will include protocols for analyzing</p>	11/05/2014			

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	<p>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 (#1, #4).</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 10/3/14 at 2:30p.m. Client #1's 4/25/14 individual support plan (ISP) indicated client #1 had a guardian. The ISP indicated client #1 had a restrictive behavior support plan (BSP). There was documentation the ISP had been sent to the guardian. There was no documentation of guardian written informed consent for client #1's 4/25/14 ISP.</p> <p>The record of client #4 was reviewed on 10/3/14 at 3:00p.m. Client #4's 6/13/14 ISP indicated client #4 had a guardian. The ISP indicated client #4 had a restrictive behavior support plan. There was documentation the ISP had been sent to the guardian. There was no documentation of guardian written informed consent for client #4's 6/13/14 ISP.</p> <p>Staff #1 (QIDP) was interviewed on 10/6/14 at 12:48p.m. Staff #1 indicated</p>		<p>and complaining collected data and timelines for completing reports on the result. On a quarterly basis, the QIDP facilitates a meeting with the IDT to review progress and needs with team members. Monthly and Quarterly reports will be completed to insure that each plan is current. The QIPD will be responsible to see that all monitoring and plans are current.</p> <p>The Clinical Supervisor will oversee that the QIDP provides continuous integration, coordination and monitoring of client services by way of monthly tracking and quarterly meetings with the interdisciplinary team by conducting at least a quarterly audit of each Individual Support Plan and following up accordingly. The Program Manager will conduct training with the QIPD and Clinical Supervisor as to their responsibilities in the coordination and monitoring of treatment plans. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectations for providing monitoring of client's treatment programs are not met.</p>				

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W000242	<p>clients #1 and #4's guardians had been sent a copy of their ISPs/BSPs but had not returned a written consent for the programs. Staff #1 indicated there was no documentation the QIDP had followed up on obtaining the guardian signature for the ISPs/BSPs. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of obtaining guardian written consent.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1's individual support plan (ISP) had a training program in place to address his identified dental hygiene training needs.</p> <p>Findings include:</p>	W000242	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 for provide information to the Residential Manager and staff as to the protocols and formal objectives that they must initiate	11/06/2014

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	<p>Record review for client #1 was done on 10/3/14 at 2:30p.m. Client #1 had a 5/15/14 dental exam that indicated redness and bleeding and "needs to brush longer." Client #1 had to return on 5/27/14 for fillings. Client #1 had a 4/25/14 ISP. Client #1's ISP did not address his identified dental hygiene need.</p> <p>Staff #1 was interviewed on 10/6/14 at 12:48p.m. Staff #1 indicated client #1's 5/15/14 dental recommendation had not been addressed. Staff #1 indicated client #1 did not have any training programs in place to address his identified dental hygiene needs.</p> <p>9-3-4(a)</p>		<p>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 #1 or dental hygiene training needs. The QIDP will provide training to alls 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 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 QIDP is responsible for reviewing the individual program plans with the IDT on at least a quarterly basis to review3 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. Addendum (added 11-26-14): The QIDP has reviewed any recommendations made for all individuals in the home and has developed training programs for any that had not been addressed. The QIDP will review all recommendation made by other disciplines and will review with the IDT at least quarterly to determine if formal</p>		

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1's identified medication and meal preparation training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 9/30/14 from 3:48p.m. to 5:30p.m. at the facility group home. At 4:12p.m., client #1 received his medication. Staff #4 had popped client #1's medication out of his</p>	W000249	<p>programming is needed. The Clinical Supervisor is responsible for reviewing each individual client record on at least a quarterly basis to assess accuracy and timeliness, including insuring all specific needs are being addressed.. The Program Manager will insure that the quarterly audits are completed and any issues identified are resolved.</p> <p>The QIDP is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan. On a weekly basis, the QIDP/Clinical Supervisor and Residential Manager will monitor all objectives to insure that staff are providing the appropriate opportunities to receive continuous program implementation as determined by the ISP. The QIDP/Clinical Supervisor is responsible for insuring that staff have the information and supplies required</p>	11/06/2014	

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W000455	<p>medication card before client #1 had arrived for his medication. Throughout the meal preparation from 4:32p.m. to 5:16p.m. no clients were assisted nor were they prompted to assist with the supper preparation.</p> <p>Record review for client #1 was done on 10/3/14 at 2:30p.m. Client #1 had an individual support plan (ISP) dated 4/25/14. The ISP indicated client #1 had program training goals to pop out his medication independently and to prepare a simple meal with staff assistance.</p> <p>Professional staff #1 was interviewed on 10/6/14 at 12:48p.m. Staff #1 indicated client #1 had a medication training goal to pop out his medication and a cooking goal to assist with a meal preparation. Staff #1 indicated these training programs should have been implemented at opportunities</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p>		<p>to assist each individual with programming needs. The QIDP/Clinical Supervisor is responsible for implementing further documented training or corrective measures with any staff observed to not be providing the individuals with appropriate program implementation. Staff will be re-trained regarding the program goals and implementation for each clients program plan needs. This training will include a review on the implementation of active habilitation and program needs. Addendum (added 11-26-14): The QIDP and/Residential Manager completed daily observations at the home for 30 days at various times to assure staff were meeting expectations with running training programs when opportunities allowed and providing active treatment at all times. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations.</p>				

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W000488	<p>Based on observation and interview, for 4 of 4 sample clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, #8), the facility failed to encourage the clients to wash their hands before meals and during the medication pass.</p> <p>Findings include:</p> <p>An observation was done at the group home on 9/30/14 from 3:48p.m. to 5:30p.m. From 3:57p.m. through 4:20p.m., clients #1, #3, #4, #5 and #8 were observed to receive their medication without washing their hands prior to the medication administration. At 5:16p.m., clients #1, #2, #3, #4, #5, #6, #7 and #8 were verbally prompted to come to the dining room for supper. None of the clients washed their hands before eating supper. Staff did not prompt the clients to wash their hands before dining.</p> <p>Interview of staff #1 on 10/6/14 at 12:48p.m. indicated all clients should be washing their hands prior to dining and receiving medication.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats</p>	W000455	<p>The agency currently has policy/procedure in place in regards to universal precautions and hand washing.</p> <p>All staff will be re trained on hand washing protocol. The QIDP/Clinical Supervisor will be responsible for this training. Staff will be re trained on universal precautions.</p> <p>The Residential Manager and QIDP will complete daily medication pass checks to ensure the clients are being encouraged to wash their hands and follow hand washing protocol.</p>	11/06/2014			

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	<p>in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, #8), the facility failed to encourage clients to participate in meal preparation to the extent they were capable.</p> <p>Findings include:</p> <p>During the 9/30/14 observation period between 3:48p.m. to 5:30p.m. at the group home, facility staff did not encourage clients, who were available to assist (#1, #2, #3, #4, #5, #6, #7, #8), to participate in all aspects of their meal preparation. During the meal preparation from 4:32p.m to 5:16p.m. staff #4 custodially prepared the supper meal. Staff #4 was observed to: open cans of peaches and put them into a serving bowl and into the refrigerator, make a drink mix and put it into the refrigerator, use a measuring cup and make a gravy mix and add it to the hamburger, boil water for noodles and add the noodles to the water and stir them, get out bread and make several pieces of buttered bread, put the prepared food into serving bowls and put the food onto the dining room table.</p> <p>Interview of professional staff #1 on 10/6/14 at 12:48p.m. indicated all the</p>	W000488	<p>All staff will receive training on active treatment and family style dining expectations to incorporate client involvement to the highest level of their independence during meal preparation and dining. The Residential Manager is responsible for providing this training. The QIDP and Residential Manager will complete daily observations at the home for 30days at various meals times to assure staff are meeting expectations with family style dining and active treatment during meal preparation and dining. Additional training will be provided immediately in instances where staff are observed not to be meeting these expectations. Addendum (added 11-26-14) All staff have completed additional training on active treatment and partial participation during meal times. The Residential Manager will provide at least weekly visits ongoing at the home during various shifts to insure that staff are providing active habilitation with the individuals at all times. The QIDP will also provide at least weekly visits to the home to insure compliance. The QIDP documents the visits and submits to the Clinical Supervisor for review. Any issues identified during these observations are addressed immediately.</p>	11/06/2014

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	clients were capable of assisting with the meal preparation with some staff assistance. Staff #1 indicated the clients should have been more involved with the family style meal.  9-3-8(a)				