STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G592	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	107 A VILLA CT BRAZIL, IN 47834

(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
W000000	This visit was for the investigation of complaint #IN00147727. Complaint #IN00147727 - Substantiated. Federal/State deficiencies related to the allegation are cited at W102, W104, W122, W149 and W154. Dates of Survey: May 7, 8, 9, 12, 2014 Provider Number: 15G592 Aims Number: 100240070 Facility Number: 001106 Surveyor: Mark Ficklin, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/20/14 by Ruth Shackelford, QIDP.	W000000		
W000102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on interview and record review for 1 of 4 sampled clients (B), the facility failed to meet the Condition of	W000102	The facility will ensure that specific governing body and management requirements are met. The Governing Body will	06/11/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Participation: Governing Body. The Governing Body failed to exercise general policy and operating direction over the facility in that the facility failed to implement written policy and procedures to prevent neglect of client B (provide identified client needs to prevent reoccurrence of client injury). Findings include: 1. The facility's governing body failed to ensure the facility met the Condition of Participation: Client Protections, in that the facility failed to implement written policy and procedures to prevent neglect of client B, regarding addressing/providing identified client needs (new bed) to prevent reoccurrence of client injury. Please see W122. 2. The facility's governing body failed to exercise general policy and operating direction over the facility in regards to implementing written policy and procedures to prevent neglect of client B. Please see W104. This federal tag relates to complaint #IN00147727. 9-3-1(a)		exercise general policy and operating direction over the facility and will implement written policy and procedures to prevent neglect of all clients and will identify client needs to prevent reoccurrence of client injury. It is the responsibility of every employee to ensure that client needs are identified and that all individuals served are free from abuse, neglect, and mistreatment. The facility has policies and procedures that outline the definition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow-up to any such allegations reported. The Governing Body of the facility is very adamant that no person served by the facility is subject to abuse and neglect at any time. All staff are trained and show competency in the Abuse, Neglect and Mistreatment Policies and Procedures upon hire and at least annually thereafter. All allegations of abuse are reported and investigated according to the written policies of the facility. Normal Life of Indiana has a “zero-tolerance” policy for abuse, neglect or mistreatment of individuals served. Normal Life of Indiana will actively and aggressively investigate all allegations of abuse, neglect,	

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			and/ or mistreatment. All incidents are to be reported immediately according to the facility procedures. All staff recently completed re-training on the facility Abuse, Neglect and Mistreatment policies, which included recognizing, defining, and reporting responsibilities. This training was conducted on 4-10-14 by the Executive Director. The Executive Director and Leadership Team will review and revise as necessary the current facility policies concerning Investigations of Unknown Injuries and incidents, Reporting Incidents of Abuse. Neglect, Exploitation and Mistreatment and Incident Reporting to insure that these policies continue to meet the needs of the facility in the protection of the clients it serves. Following any revisions in the policies, staff will receive training to ensure their knowledge of their responsibilities in regards to adherence to these policies. It is the responsibility of the Executive Director that the governing body has established written general policies that are current and are appropriate in maintaining direction over the facility. It is the responsibility of the Program Manager and Quality Assurance Director to insure that all staff receives training on the current policies and that all incident are reported and investigated thoroughly. The Executive Director is responsible	

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			to ensure that all management employees receive at least annual training concerning their responsibilities according to the written procedures of the facility (See W104 and W122) **ADDENDUM added 6-12-14:** **The training referred to above that occurred on 4-10-14 was conducted well before the survey and was initiated as annual staff training. In a discussion with the surveyor during the survey, he was aware that we had already completed that training with staff. As the facility understands the citation, the issue with the incident concerning Client B was not due to staff failing to recognize, define or report abuse, neglect, or mistreatment as the injury was recognized and reported. The deficiency was due to supervisory/ management staff did not follow through with the recommendation that were made to reduce a reoccurrence of injury or to provide identified service needs to Client B. Additionally, facility management staff failed to document a thorough investigation as to the cause of Client B's unknown injury.On 6-10-14 the Program Manager, QMRP's, Residential Managers and Nurses completed training addressing the facilities written**	

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			policies and procedures in Investigating Injuries of Unknown Origin, Incident Reporting and Follow-up, Definitions of Abuse/ Neglect and Mistreatment and specific responsibilities for reporting and resolving incidents. The training was facilitated by the Executive Director. The Management Team reviewed and revised the facility policy regarding Investigating Injuries of Unknown Origin to outline specific follow-up responsibilities and timelines. The Program Manager is responsible to see that all injuries of unknown origin are investigated and documented thoroughly as they may occur. Training on this policy will be completed at least annually with all staff.	
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 1 of 4 sampled clients (B), the facility's governing body failed to exercise general policy and operating direction over the facility in regards to ensuring client B received identified services (new bed) to prevent reoccurrence of injury in a timely manner.	W000104	The governing body of the facility will exercise general policy, budget, and operating direction over the facility and will exercise general policy and operating direction over the facility in regards to ensuring that all clients receive identified services to prevent reoccurrence of injury	06/11/2014

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	Findings include: The facility's governing body failed to implement written policy and procedures to provide services (provide identified needs to prevent reoccurrence of injury) to prevent neglect of client B. Please see W149. This federal tag relates to complaint #IN00147727. 9-3-1(a)		in a timely manner. A new hospital bed with side rails has been purchased for Client B to assist in his safety. At the time of the initial injury on 1-2-14, the IDT had discussed the possibility of getting a new bed or safety rails for Client B, however it was quickly determined that Client B also had an inter-ear infection which may have attributed to his fall. It was at that time that the team determined that a bed was not needed (this was after the incident report had been filed). However, on 3-31-14, Client B again experienced a fall from his bed. The IDT then determined that a new bed with side rails would be beneficial to his safety. Because Client B is very tall (6'2"), there was a delay in obtaining an extended length bed. His new bed was received on 5-6-14. Following a fall on 4-1-14, the nurse assessed Client B and was not able to determine that he had incurred any injury. On 4-12-14 it was noted that Client B was displaying some discomfort with his right hand and he was accompanied to have a x-ray which revealed	

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			the fracture. It was assumed at that time that the injury was the result of his last fall on 3-31-14 and because of this assumption, the facility failed to initiate an investigation into the injury. The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of unknown injuries or incidents. The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs of the individuals served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents and unknown injuries. The Home Manager, Program Coordinator/QMRP will complete re-training on the facility policies and procedures regarding their	

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			responsibilities to insure that all incidents as defined by the policy are reported and investigated immediately. Nursing staff will also complete this re-training. The Program Coordinator/ QMRP is responsible for initiating and completing initial investigation of injuries of unknown origin. The Program Director is responsible for insuring that these incidents of unknown origin are thoroughly investigated and follow-up is completed within the established timelines. The Executive Director will complete this re-training with these staff members at this time and the Program Manager will be responsible to see that training is completed on at least an annual basis. The Safety Committee will review the Investigations of Unknown Origin on at least a quarterly basis to complete an analysis of trends and noted issues. Any issues noted will be followed up immediately.	
W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review,	W000122	The facility will ensure that	06/11/2014

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	the facility failed for 1 of 4 sampled clients (client B), to meet the Condition of Participation: Client Protections by failing to implement written policy and procedure to ensure client B was provided identified service needs (a new bed) to prevent injury reoccurrence. Findings include: See W149. The facility failed to implement written policy and procedures to prevent neglect of client B in regards to providing identified service needs (new bed) to prevent injury reoccurrence and to ensure all injuries of unknown origin are investigated. See W154. The facility failed to ensure a thorough investigation was documented in regards to client B's injury of unknown origin (fractured left wrist). This federal tag relates to complaint #IN00147727. 9-3-2(a)		specific client protections requirements are met. It is a primary function of every employee to assure the protection and safety of each person served by the facility. The facility has many established written policies and procedures that address and outline the prevention of, recognition of, reporting of and responding to client abuse, neglect, mistreatment, or exploitation. The Normal Life of Indiana, Inc. is very adamant that no person served by the facility is subject to abuse and neglect at any time. All staff are trained and show competency in the Abuse, Neglect and Mistreatment Policies and Procedures upon hire and at least annually thereafter. All allegations of abuse are reported and investigated according to the written policies of the facility. All staff receive training on the specific identified needs of each individual served, including those that assure individual health and safety. The agency has current policies and procedures that	

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			prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of unknown injuries or incidents. The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs of the individuals served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents and unknown injuries. The current incident report form will be reviewed and revised to add prompting to staff to initiate an investigation if necessary. Please see Plan of Correction responses for W104, W149 and W154 for specific actions the facility has implemented in order to meet this Condition of Participation.	
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit			

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	mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 1 allegation of client injury of unknown origin (client B left wrist fracture) reviewed, to implement policy and procedures to prevent reoccurrence of injury to client B (to timely address identified need for a different bed) and the facility failed to document a thorough investigation of the injury of unknown origin to client B (fractured left wrist). Findings include: Record review of the facility's incident reports was done on 5/9/14 at 10:38a.m. A 1/2/14 reportable incident report indicated client B had fallen out of his bed. The report indicated client B had received a 2 inch abrasion to his forehead and had bleeding gums. Client B was taken to the emergency room where he had "no abnormalities" and was released. The report indicated the facility interdisciplinary team (IDT) had met to discuss the option for a larger bed for client B in order to prevent additional falls. On 5/9/14 at 2:48p.m., professional staff #1 indicated the facility was unable to produce the actual IDT meeting minutes/notes for the 1/2/14 incident.	W000149	The facility has developed and will consistently implement written policies that prohibit mistreatment, neglect or abuse of the client. The facility has policies and procedures that outline the definition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow-up to any such allegations reported. The facility has a policy concerning the Investigation of Injuries of Unknown Origin. The policy outlines an established process, responsibility, and timelines for investigating unknown injuries. The Program Coordinator/ QMRP is responsible for initiating an immediate investigation into the cause and prevention of an unknown injury. The Program Manager is responsible for insuring that reporting and follow-up to these incidents is completed. The Quality Assurance Coordinator will track and	06/11/2014

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	A 4/1/14 reportable incident report indicated client B had fallen out of his bed on 3/31/14. The report indicated client B had a 1 inch abrasion to his right shoulder and back and a 1/2 inch by 1 1/2 inch bruise on right arm. The incident report indicated "team exploring options for a different bed to help prevent reoccurrence." A 4/12/14 incident report indicated on 4/11/14 client B had been favoring his left hand and had refused to use it. The nurse checked his hand and client B was sent to the emergency room for an X-ray. Client B was found to have a fracture of his left wrist. A splint was initially applied and later a cast was applied by a bone specialist. The 4/12/14 incident report indicated client B had reportedly fallen out of his bed on 3/31/14. The incident report indicated the "team exploring options for new bed." The facility IDT met on 4/14/14 and decided to order client B a hospital bed due to falls out of bed. The IDT indicated client B's guardian agreed to the hospital bed. There was no documentation of a thorough investigation with interviews to determine the cause of the left wrist fracture. Direct services staff #5 was interviewed on 5/7/14 at 2:50p.m. Staff #5 indicated		report any incident of unknown origin to the Safety Committee on at least a quarterly basis. Any issues or trends identified will be followed-up immediately. The Program Coordinator / QMRP, Program Manager, Home Manager and Nurse will receive training on the Investigation of Injuries of Unknown Origin policy, including their responsibilities in the reporting and investigation process. The Executive Director will be responsible for initiating the re-training and the Program Manager will be responsible to see that training is completed on at least an annual basis with all staff. A new hospital bed with side rails has been purchased for Client B to assist in his safety. At the time of the initial injury on 1-2-14, the IDT had discussed the possibility of getting a new bed or safety rails for Client B, however it was quickly determined that Client B also had an inter-ear infection which may have attributed to his fall. It was at that time that the team determined that a bed was not needed (this was discovered after the incident report had been filed). However, on 3-31-14,	

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	she was working the night client B fell from his bed on 3/31/14. Staff #5 indicated client B had a regular bed with no side rails on 3/31/14. Staff #5 indicated she had been told the fracture was from client B's fall on 4/4/14. Professional staff #3 was interviewed on 5/8/14 at 3:50p.m. Staff #3 stated client B had returned from a home visit with his parents on 4/11/14 and was "babying" his left hand. Staff #3 indicated client B's mother indicated he was holding his left hand funny and it felt like it was swollen. Staff #3 indicated she was not sure how client B had received the fracture. Staff #3 indicated client B had fallen out of bed on 3/31/14, had fallen into the kitchen door frame area at the group home on 4/4/14, had a behavior of hitting tables/objects with his hands and had been on a home visit with his parents on 4/10-11/14. Professional staff #1 was interviewed on 5/9/14 at 2:48p.m. Staff #1 indicated client B had the same bed he slept in during his 1/2/14 fall when he fell again on 3/31/14. Staff #1 indicated she was unable to find IDT notes regarding the team identifying client B's need for a different bed to prevent reoccurrence of falling out of bed. Staff #1 indicated there was not a documented formal		Client B again experienced a fall from his bed. The IDT then determined that a new bed with side rails would be beneficial to his safety. Because Client B is very tall (6'2"), there was a delay in obtaining an extended length bed. His new bed was received on 5-6-14. Following a fall on 4-1-14, the nurse assessed Client B and was not able to determine that he had incurred any injury. On 4-12-14 it was noted that Client B was displaying some discomfort with his right hand and he was accompanied to have a x-ray which revealed the fracture. It was assumed at that time that the injury was the result of his last fall on 3-31-14 and because of this assumption, the facility failed to initiate an investigation into the injury.	

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	investigation and interviews for the determination of the cause of client B's fractured left wrist. Staff #1 indicated an investigation should have been done to attempt to determine the cause of the fracture. Staff #1 indicated client B had been ordered a hospital bed on 4/14/14 and now had a hospital bed with side rails. The facility's policy and procedures were reviewed on 5/9/14 at 5p.m. The facility's 6/15/13 policy and procedure "Individual Abuse, Neglect, Exploitation and Mistreatment" indicated the facility shall prohibit any form of mistreatment, exploitation, neglect or abuse. The policy indicated "Neglect refers to the placement, knowingly or intentionally, of an individual in a situation that may endanger his/her life or health; abandoning or cruelly confining the individual; depriving the individual of necessary support including food, drink, clothing, shelter, use of bathroom facilities, sleep, medical care." The facility 5/1/12 policy "Investigation of unknown injuries/incidents" indicated: "Res Care- Terre Haute will investigate all incidents of unknown origin in order to insure all individuals served are safe and free from abuse, neglect and mistreatment. Investigations will also provide information that will assist the			

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	operation in the identifying of unsafe environmental issues." This federal tag relates to complaint #IN00147727. 9-3-2(a)			
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed for 1 of 1 reported incident of alleged injury of unknown origin (client B fracture of left wrist) to ensure that all injuries of unknown origin are thoroughly investigated. Findings include: Record review of the facility's incident reports was done on 5/9/14 at 10:38a.m. A 4/12/14 incident report indicated on 4/11/14 client B had been favoring his left hand and had refused to use it. The	W000154	The facility will have evidence that all incidents/ injuries of unknown origin are thoroughly investigated and documented. The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of unknown injuries or incidents. The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs and safety of the individuals served. All staff receive training on these policies	06/11/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G592	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/12/2014
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 107 A VILLA CT BRAZIL, IN 47834	

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	nurse checked his hand and client B was sent to the emergency room for an X-ray. Client B was found to have a fracture of left wrist. A splint was applied and a cast was applied by a bone specialist. The incident report indicated client B had reportedly fallen out of his bed on 3/31/14. There was no documentation of a thorough investigation with interviews and a determination as to the cause of the left wrist fracture. Direct services staff #5 was interviewed on 5/7/14 at 2:50p.m. Staff #5 indicated she was working the night client B fell from his bed on 3/31/14. Staff #5 indicated client B had a regular bed with no side rails on 3/31/14. Staff #5 indicated she had been told the fracture was from client B's fall on 4/4/14. Professional staff #3 was interviewed on 5/8/14 at 3:50p.m. Staff #3 stated client B had returned from a home visit with his parents on 4/11/14 and was "babying" his left hand. Staff #3 indicated client B's mother indicated he was holding his left hand funny and felt like it was swollen. Staff #3 indicated she was not sure how client B had received the fracture. Staff #3 indicated client B had fallen out of bed on 3/31/14, had fallen into a doorway area at the group home on 4/4/14 and had been on a home visit with his parents on		upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents and unknown injuries. The current incident report form will be reviewed and revised to add prompting to staff to initiate an investigation if necessary. The Home Manager, Program Coordinator/QMRP will complete re-training on the facility policies and procedures regarding their responsibilities to insure that all incidents as defined by the policy are reported and investigated immediately. Nursing staff will also complete this re-training. The Program Coordinator/ QMRP is responsible for initiating and completing initial investigation of injuries of unknown origin. The Program Director is responsible for insuring that these incidents of unknown origin are thoroughly investigated and follow-up is completed within the established timelines. The Executive Director will complete this re-training with these staff members at this time and the Program Manager will be responsible to see that training is completed on at least an annual basis. The Safety Committee will review the Investigations of Unknown Origin on at least a quarterly basis to complete an analysis of trends and noted issues. Any issues noted will be followed up immediately.	

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	4/10-11/14. Professional staff #1 was interviewed on 5/9/14 at 2:48p.m. Staff #1 indicated there was not a documented formal investigation and interviews for the determination of the cause of client B's fractured left wrist. Staff #1 indicated an investigation should have been done to attempt to determine the cause of the fracture. This federal tag relates to complaint #IN00147727. 9-3-2(a)		**ADDENDUM added** **6-12-14: The Program Director is responsible for insuring that all incidents of unknown origin are thoroughly investigated, follow-up is completed within the established timelines, and that all identified service needs are addressed and presented to the IDT as necessary. The QIDP, Nurse, Program Director and Executive Director will complete a review all incident reports (internal and external) to determine that all injuries of unknown origin are investigated thoroughly and documented. The facility has a specific written format in which injuries of unknown origin are to be investigated and documented. The completed investigation will now be attached to the original Incident Report for review. If there are additional questions or concerns that result from these reviews, they will be addressed immediately. On 6-10-14 the Program Manager, QIDP's, Residential Managers and Nurses completed training addressing the facilities written policies and procedures in Investigating Injuries of Unknown Origin, Incident Reporting and Follow-up, Definitions of Abuse/ Neglect and Mistreatment and specific responsibilities for reporting,**	

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			addressing and resolving incidents. The training was facilitated by the Executive Director. The Management Team reviewed and revised the facility policy regarding Investigating Injuries of Unknown Origin to outline specific follow-up responsibilities and timelines.	