

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802
--	--

(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	<p>This visit was for the investigation of complaint #IN00144119.</p> <p>Complaint #IN00144119 - Substantiated, Federal/state deficiencies related to the allegations are cited at W149, W153, W154.</p> <p>Survey Dates: February 13, 14, 17, 18, 19, 2014</p> <p>Facility Number: 000954 Aim Number: 100244720 Provider Number: 15G440</p> <p>Survey Team: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/27/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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. Based on interview and record review,</p>	W000149	The facility has developed and	03/21/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802			
(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>the facility failed for 1 of 6 allegations of client neglect reviewed (clients A, B, C, D, E, F), to implement policy and procedures to ensure allegations of neglect were immediately reported to the administrator and for 3 reportable incidents of alleged neglect (client supervision) to ensure a thorough investigation had been completed.</p> <p>Findings include:</p> <p>1. Review of the facility's incident/investigations for the past 6 months for clients A, B, C, D, E and F was done on 2/13/14 at 4:03p.m. The investigation/incident reports reviewed did not have any documented allegations of facility overnight staff sleeping during their shift.</p> <p>Staff #3 was interviewed on 2/18/14 at 2:48p.m. Staff #3 indicated client C had reported around a month ago (staff #3 unsure of date) that overnight facility staff had been asleep while on duty. Staff #3 indicated she had immediately contacted professional staff #2, the qualified intellectual disabilities professional (QIDP). Staff #3 was not sure if any other staff had been contacted.</p> <p>Professional staff #2 (QIDP) was</p>		<p>will consistently implement written policies that prohibit mistreatment, neglect or abuse of the client. All employees receive training on these policies upon hire and then at least annually thereafter.</p> <p>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.</p> <p>All staff at the home, including the Home Manager and QIDP, will complete competency based training on the facility's policies on Individual Abuse/Neglect with an emphasis on defining and recognizing neglect – failure to provide adequate supervision levels at all times and each person's responsibility in reporting allegations. The Program Manager is responsible for implementing this training. The Executive Director will provide training on the facility's policies on Individual Abuse/Neglect and reporting responsibilities and protocols to the members of the management team to outline their responsibility in reporting incidents immediately to the Administrator. This training will</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802		
(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>interviewed on 2/19/14 at 12:54p.m. Staff #2 indicated about a month ago staff #3 had made her aware of an allegation of overnight staff asleep while on duty. Staff #2 indicated she had not immediately reported the allegation to the administrator.</p> <p>2. Record review of the facility's incident reports was done on 2/18/14 at 1:33p.m. The following reportable incident reports were reviewed: A 1/11/14 incident report indicated client F had walked away from the group home with staff following him. The report indicated facility staff were able to eventually talk him into getting into the facility van to go to the hospital. The report indicated at the hospital client F ran from the vehicle and "was out of staff sight for approximately 15 minutes" before found and admitted to the stress unit; A 2/11/14 incident report indicated client F had walked from the group with staff following him. The report indicated he had "eluded staff supervision for 10 minutes;" A 2/12/14 incident report indicated client F had told staff he was leaving and walked away from the group home to a neighbors yard. The report indicated police had been called by the neighbors. The report indicated client F had fled from the police before he was</p>		<p>be completed at least annually with all ResCare staff.</p> <p>Any further incidents of employees failing to report allegations or incidents of suspected or actual abuse, neglect, or mistreatment will be addressed formally through the facilities progressive corrective action protocol.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802			
(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>"apprehended." There were no formal documented investigations or interviews for the investigation of the (supervision/elopement) incidents on 1/11/14, 2/11/14 and 2/12/14.</p> <p>The facility's policy and procedures were reviewed on 2/19/14 at 10:02a.m. The policy dated 7/1/11 "Individual Abuse, Neglect, Exploitation or Mistreatment" indicated "any form of neglect, including but not limited to humiliation, harassment and threats of punishment or deprivation as defined within this policy will not be tolerated by any employee." The policy indicated "when individual abuse/neglect is observed or suspected, the employee(s) must immediately report this to his/her supervisor." The policy dated 5/1/12 "investigations of Abuse/neglect, Exploitation and Mistreatment" indicated the following procedures: procedure 1. "In the event of a report of any incident that may involve the potential for abuse/neglect, mistreatment or exploitation involving any individual served by the agency, an investigation will be initiated within 24 hours of the report." Procedure #5, "the assigned investigator(s) will conduct individual, confidential interviews with all persons that may have any information related to the incident including the reporter, the victim,</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802			
(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>eyewitnesses, individuals with knowledge of preceding events or conditions, all clients that were either present or that may be able to provide information related to the investigation will also be interviewed as appropriate." Procedure #6 "the assigned investigator(s) will prepare an investigation summary report based on that evidence that has been collected and convey the results of the investigation."</p> <p>Professional staff #1 was interviewed on 2/19/14 at 1:47p.m. Professional staff #1 indicated facility staff (home manager and QIDP) had not followed facility policy and procedures by failing to immediately report an allegation of lack of staff supervision (sleeping on shift) to the Executive Director and/or his/her designee. Professional staff #4 indicated on 2/19/14 at 12:58p.m., the incidents of staff supervision of client F had not been formally investigated and documented.</p> <p>This federal tag relates to complaint #IN00144119.</p> <p>9-3-2(a)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802
--	--

(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
W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 of 6 alleged neglect incidents (clients A, B, C, D, E, F) reviewed, to immediately report allegations of neglect to the administrator in accordance with state law.</p> <p>Findings include:</p> <p>Review of the facility's incident/investigations for the past 6 months for clients A, B, C, D, E and F was done on 2/13/14 at 4:03p.m. The investigation/incident reports reviewed did not have any documented allegations of facility overnight staff sleeping during their shift.</p> <p>Staff #3 was interviewed on 2/18/14 at 2:48p.m. Staff #3 indicated client C had reported around a month ago, unsure of date, that overnight facility staff had been asleep while on duty. Staff #3</p>	W000153	<p>The facility will insure that all allegations of mistreatment, neglect or abuse, as defined by State Law and facility policies are reported immediately to the administrator and/or to other officials in accordance with State law through established procedures.</p> <p>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 protocols of incidents and allegations of mistreatment, neglect and abuse. All staff receive training on these policies and their responsibilities in reporting upon hire and at least annually thereafter. The training includes a review of the facility and BDDS definitions of incidents and the process for reporting and investigating any incidents.</p> <p>All staff at the home, including the Home Manager and QIDP will</p>	03/21/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802		
(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>indicated she had immediately contacted professional staff #2, the qualified intellectual disabilities professional (QIDP). Staff #3 was not sure if any other staff had been contacted.</p> <p>Professional staff #2 (QIDP) was interviewed on 2/19/14 at 12:54p.m. Staff #2 indicated about a month ago staff #3 had made her aware of an allegation of overnight staff asleep while on duty. Staff #2 indicated she had not immediately reported the allegation to the administrator.</p> <p>Professional staff #1 (program manager) was interviewed on 2/19/14 at 1:47p.m. Staff #1 indicated the facility staff had not followed facility policy and procedures by failing to immediately report an allegation of alleged staff neglect. Professional staff #1 indicated they (administrative staff) were made aware of the allegation on 2/19/14.</p> <p>This federal tag relates to complaint #IN00144119.</p> <p>9-3-2(a)</p>		<p>complete re-training on the facility policies and procedures regarding their responsibilities to insure that all incidents as defined by the policy are reported according to the facility policy and investigated immediately. This training will include definitions of State reportable incidents and the documentation requirements and timelines for reporting. The Program Manager or designee is responsible for insuring that any reported incidents are thoroughly investigated and follow-up is completed within the established timelines.</p> <p>Any further incidents of employees failing to report allegations or incidents of suspected or actual abuse, neglect, or mistreatment will be addressed formally through the facilities progressive corrective action protocol.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802			
(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			
W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 3 of 5 reported incidents of alleged abuse/neglect (supervision of client F) to ensure that all allegations are thoroughly investigated.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 2/18/14 at 1:33p.m. The following reportable incident reports were reviewed: A 1/11/14 incident report indicated client F had walked away from the group home with staff following him. The report indicated facility staff were able to eventually talk him into getting into the facility van to go to the hospital. The report indicated at the hospital client F ran from the vehicle and "was out of staff sight for approximately 15 minutes" before found and admitted to the stress unit; A 2/11/14 incident report indicated client F had walked from the group with staff following him. The report indicated he had "eluded staff supervision for 10 minutes;" A 2/12/14 incident report indicated client F had told staff he was leaving and walked away from the group</p>	W000154	<p>The facility will have evidence that all alleged violations are thoroughly investigated.</p> <p>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 an investigation of alleged violations of abuse, neglect, or mistreatment.. All staff receive training on these policies upon hire and at least annually thereafter. The training includes a review of the facility and BDDS definitions of incidents and the process for reporting and investigating any incidents. The facility has an established on-call protocol to ensure that an administrative staff person is available at all times to accept any reports or allegations that would require follow up immediately.</p> <p>All staff at the home, including the Home Manager and QIDP 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, documented and investigated immediately. The Program Manager will insure</p>	03/21/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2014
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802		
(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>home to a neighbors yard. The report indicated police had been called by the neighbors. The report indicated client F had fled from the police before he was "apprehended." There were no formal documented investigations or interviews for the investigation of the (supervision/elopement) incidents on 1/11/14, 2/11/14 and 2/12/14.</p> <p>Professional staff #4 was interviewed on 2/19/14 at 12:58p.m. Staff #4 indicated there were no documented formal investigations and interviews for the above incidents that involved supervision of client F on 1/11/14, 2/11/14 and 2/12/14.</p> <p>This federal tag relates to complaint #IN00144119.</p> <p>9-3-2(a)</p>		<p>that this training is completed. The Program Director is responsible for insuring that these incidents of alleged abuse/neglect/ mistreatment are thoroughly investigated and follow-up is completed within the established timelines.</p> <p>The Executive Director will provide training on the facility's policies on Individual Abuse/Neglect and reporting responsibilities and protocols to the members of the management team (Program Manager, Nurse Manager, QA Manager, and HR Manager) to outline their responsibility in reporting , documenting and initiating a thorough investigation. This training will be completed at least annually with all ResCare staff.</p> <p>Any further incidents of employees failing to report allegations or incidents of suspected or actual abuse, neglect, or mistreatment will be addressed formally through the facilities progressive corrective action protocol.</p>		