

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 09/21/2011
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN47834
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: September 12, 13, 14, 15, 20, 21, 2011</p> <p>Provider Number: 15G591 Aims Number: 100245580 Facility Number: 001105</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9-3. Quality Review completed 9/28/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, interview and record review for 2 of 4 sampled clients (#2, #4), the facility failed to ensure the clients had the right to due process in regard to activated door alarms placed on the doors to enter/exit the facility.</p>	W0125	<p>The ISP's for Client #2 and Client #4 have been amended to include the use of alarms on the facilities entrance/exit doors. The Program Coordinator is responsible for adding this restriction to the ISP and obtaining necessary HRC approval. The Program Coordinator is responsible to</p>	10/20/2011

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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W0137	<p>Findings include:</p> <p>An observation was done at the group home on 9/14/11 from 6:38a.m. to 9:05a.m. An alarm sounded when the doors to enter/exit the group home were opened.</p> <p>Record review for client #2 was done on 9/15/11 at 12:08p.m. Client #2's 7/22/11 individual support plan (ISP) did not indicate the use of alarms on the facility's enter/exit doors.</p> <p>Record review for client #4 was done on 9/15/11 at 2:17p.m. Client #4's 7/22/11 ISP did not indicate the use of alarms on the facility's enter/exit doors.</p> <p>Staff #1 was interviewed on 9/20/11 at 11:04a.m. Staff #1 indicated the activated door alarms were to address client #5's behavior. Staff #1 indicated this restriction was not addressed in client #2 and #4's ISPs. 1.1-3-2(a)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p>		<p>assure staff are trained on the revised ISP's. and training objectives. Training will be completed with all staff to insure compliance.</p>	

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	<p>Based on observation, interview and record review for 3 of 4 sampled clients (#1, #2, #4), the facility failed to ensure clients had the right to keep/maintain their own personal electric razors.</p> <p>Findings include:</p> <p>An observation was done on 9/14/11 from 6:38a.m. to 9:05a.m. at the group home. At 7:07a.m. clients #1, #2 and #4's personal electric razors were observed to be in a container kept in the locked office area of the group home to which only staff had a key to the office.</p> <p>Record review for client #1 was done on 9/15/11 at 1:30p.m. Client #1's 7/28/11 individual support plan (ISP) did not indicate client #1's personal electric razor would be kept locked in the office. Client #1 had no training program to address the locked item.</p> <p>Record review for client #2 was done on 9/15/11 at 12:08p.m. Client #2's 7/22/11 ISP did not indicate client #2's personal electric razor would be kept locked in the office. Client #2 had no training program to address the locked item.</p>	W0137	<p>The ISP's for Client #2 and Client #4 have been amended to include training programs addressing their locked electric razors. Client # 1 passed away on 9-27-11. The Program Coordinator is responsible for adding this restriction to the ISP and obtaining necessary HRC approval. The Program Coordinator is responsible for assuring that all staff are trained on the training programs by 10-20-11. The Program Coordinator and Home Manager are responsible for on-going weekly monitoring to assure these training programs are implemented properly.</p>	10/20/2011			

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W0159	<p>Record review for client #4 was done on 9/15/11 at 2:17p.m. Client #4's 7/22/11 ISP did not indicate client #4's personal electric razor would be kept locked in the office. Client #4 had no training program to address the locked item.</p> <p>Staff #3 was interviewed on 9/14/11 at 7:39a.m. Staff #3 indicated clients #2 and #4's personal electric razors were kept locked in the office when not in use. Staff #3 indicated only staff had keys to the office. Staff #3 indicated the clients' personal electric razors were locked due to their behavior of tearing them up. Staff #1 was interviewed on 9/20/11 at 11:04a.m. Staff #1 indicated clients #2 and #4 did not have training programs to address their locked electric razors. 1.1-3-2(a)</p> <p>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 4 of 4 sampled clients (#1, #2, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified mental retardation professional (QMRP),</p>	W0159	The QMRP is responsible for reviewing the individual program plan for each client on at least a monthly basis. Plans are reviewed for accurate staff implementation and progress toward the goal of the plan. On	10/20/2011	

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	<p>by the QMRP not ensuring program data was available and not completing program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 9/15/11 at 1:30p.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 7/28/11. There were no documented QMRP program reviews during the time period of 7/28/09 through 7/28/11.</p> <p>Record review for client #2 was done on 9/15/11 at 12:08p.m. Client #2's QMRP program reviews indicated client #2 had an individual support plan (ISP) dated 7/22/11. There were no documented QMRP program reviews during the time period of 2/11/09 through 7/22/11.</p> <p>Record review for client #3 was done on 9/15/11 at 3:00p.m. Client #3's QMRP program reviews indicated client #3 had an ISP dated 7/26/11. There were no documented QMRP program reviews during the time period of 3/31/09 through 7/26/11.</p> <p>Record review for client #4 was done on 9/15/11 at 2:17p.m. Client #4's QMRP program reviews indicated client #4 had an ISP dated 7/22/11. There were no</p>		<p>at least a quarterly basis or more often as evident in documentation of the program implementation, the QMRP is responsible for revising plans as progress or lack of progress is noted. The QMRP will facilitate a quarterly meeting with the interdisciplinary team to review progress toward goals and to discuss revisions as necessary. The quarterly meetings will be documented and maintained in each individuals file. All Individual Support Plans for the individuals at the home are current and appropriately implemented.</p> <p>The QMRP and the Home Manager are responsible for the ongoing monitoring of the program plan implementation and data collection on at least a weekly basis and to follow up to issues immediately with staff. The Operations Manager is responsible to monitor the completion of ISP's, Monthly/ Quarterly reports, data collection and follow-up on at least a quarterly basis.</p> <p>All QMRP's have received training on the coordination and monitoring of client active treatment programs. The Program Director will</p>		

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W0227	<p>documented QMRP program reviews during the time period from 7/23/09 through 7/22/11.</p> <p>Staff #1 (QMRP) was interviewed on 9/20/11 at 11:04a.m.. Staff #1 indicated the QMRP should be reviewing the clients' programs at least quarterly. Staff #1 indicated there was no documentation of quarterly QMRP program reviews for clients #1, #2, #3 and #4 during the past 12 months. 1.1-3-3(a)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview, the facility failed for 3 of 4 sampled clients (#1, #2, #4) to ensure client #1, #2 and #4's individual support plan (ISP) had training programs in place to address their identified behavior of tearing up their electric razors.</p> <p>Findings include:</p> <p>An observation was done on 9/14/11 from 6:38a.m. to 9:05a.m. at the group home. At 7:07a.m. client #1, #2 and #4's personal electric razors</p>	W0227	<p>oversee that qualified mental retardation professionals provide continuous integration, coordination, and monitoring of client services by way of tracking quarterly review documentation of client services.</p> <p>Revised Plan of Correction Response (11-2-11):The ISP's for Client #2 and Client #4 have been amended to include training programs addressing the proper use and care of their electric razors. Client # 1 passed away on 9-27-11. The QMRP 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 QMRP is responsible to provide information to the Home Manager and staff as to the protocols and formal objectives that they must initiate to meet each individuals</p>	10/20/2011	

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	<p>were observed to be in a container kept in the locked office area of the group home to which only staff had a key to the office.</p> <p>Record review for client #1 was done on 9/15/11 at 1:30p.m. Client #1's 7/28/11 ISP did not indicate client #1's personal electric razor would be kept locked in the office. Client #1 had no training program to address the locked item.</p> <p>Record review for client #2 was done on 9/15/11 at 12:08p.m. Client #2's 7/22/11 ISP did not indicate client #2's personal electric razor would be kept locked in the office. Client #2 had no training program to address the locked items.</p> <p>Record review for client #4 was done on 9/15/11 at 2:17p.m. Client #4's 7/22/11 ISP did not indicate client #4's personal electric razor would be kept locked in the office. Client #4 had no training program to address the locked items.</p> <p>Staff #1 was interviewed on 9/20/11 at 11:04a.m. Staff #1 indicated clients #1, #2 and #4 had their personal electric razors kept in the locked office due to their inability to care for their razors. Staff #1 indicated the staff office was kept locked and only staff had a key to the office.</p>		<p>needs and assist them toward independence. The QMRP will meet with the IDT and develop an individual program plan for each individual designed to address the proper use and care of their electric razors. The QMRP will develop the plan and will provide training to all 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 QMRP will monitor data collected on at least a monthly basis to determine any issues or progress made and will revise as needed. The QMRP 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 QMRP is responsible for reviewing the individual program plans with the IDT on at least a quarterly basis to review progress made or needed revisions. The QMRP 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. The Program Director is responsible for reviewing each client's individual program plan on at least a quarterly basis to ensure that objectives are being initiated as written and that needs are being met.</p>				

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W0252	<p>Staff #1 indicated clients #1, #2 and #4 did not have training programs in place to address their identified need with the care of their electric razors.</p> <p>1.1-3-4(a)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview, the facility failed for 4 of 4 (#1, #2, #3, #4) sampled clients to document training data for clients' training programs.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 9/15/11 at 1:30p.m.; client #2 was done on 9/15/11 at 12:08p.m.; client #3 was done on 9/15/11 at 3p.m.; client #4 was done on 9/15/11 at 2:17p.m. There was no training program data documented in client #1, #2, #3 and #4's records.</p> <p>Interview on 9/20/11 at 11:04a.m. of staff #1 (QMRP) indicated they were unable to find documented data for client #1, #2, #3 and #4's training programs. Staff #1 indicated she had had this position for approximately 3 months and the prior reviews and data could not be located.</p>	W0252	<p>The QMRP is responsible for reviewing the individual program plan and documentation for each client on at least a monthly basis. Plans and goal data/ documentation are reviewed for accurate staff implementation and progress toward the goal of the plan.</p> <p>On at least a quarterly basis or more often as evident in documentation of the program implementation, the QMRP is responsible for revising plans as progress or lack of progress is noted. All Individual Support Plans for the individuals at the home are current and appropriately implemented.</p> <p>The QMRP and the Home Manager are responsible for the ongoing monitoring of the</p>	10/20/2011	

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W0264	<p>1.1-3-4(a)</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview, the facility's Human Rights Committee (HRC) failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 2 additional clients (#5, ##6) to review restrictive interventions: the facility practice of restricting client access to their personal electric razor (clients #1, #2, #4) and the use of door alarms on the facility enter/exit doors (#1, #2, #3, #4, #5, #6).</p> <p>Findings include:</p> <p>An observation was done on 9/14/11 from 6:38a.m. to 9:05a.m. at the group home. At 7:07a.m. client #2 and #4's personal electric razors were</p>	W0264	<p>program plan implementation and data collection on at least a weekly basis and to follow up to issues immediately with staff. The Program Director is responsible to monitor the completion of ISP's, Monthly/ Quarterly reports, data collection and follow-up on at least a quarterly basis.</p> <p>All HRC reviews regarding both the restricted access to razors and the use of door alarms have been completed. The Program Coordinator is responsible for the on-going coordination and communication of any relevant information that pertains to an individual's rights restriction. The Program Director is responsible for monthly tracking of HRC reviews and the assuring that they are placed on the HRC agenda. The Program Director is responsible for on-going follow up and/or any necessary disciplinary actions with Program Coordinators who do not meet timelines for HRC reviews.</p>	10/20/2011	

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	<p>observed to be in a container kept in the locked office area of the group home to which only staff had a key to the office. Also door alarms sounded when the facility enter/exit doors were opened.</p> <p>Record review of the facility's HRC reviews from 9/1/10 to 9/15/11 was done on 9/15/11 at 1:12p.m. There was no documentation the HRC had reviewed the facility's restrictive practice of restricting client access to their personal electric razor for clients #1, #2 and #4. There was no documentation the facility had reviewed the restrictive practice of activated door alarms for clients #1, #2, #3, #4, #5 and #6.</p> <p>Interview of staff #7 (social services) on 9/20/11 at 1:54p.m. indicated the facility restriction of clients #1, #2 and #4 not having access to their personal electric razor and entry/exit door alarms for clients #1, #2, #3, #4, #5 and #6 had not been presented to and reviewed by the facility's HRC since 2/26/10. Staff #1 was interviewed on 9/20/11 at 11:04a.m. Staff #1 indicated only staff had keys to the locked office and the door alarm was due to client #5's wandering behavior.</p> <p>1.1-3-4(a)</p>				