

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712
--	---

(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 a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 22, 23, 24, 25 and November 4, 2013</p> <p>Facility Number: 000696 Provider Number: 15G160 Aim Number: 100243160</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/18/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. Based on observation, record review and interview for 1 of 4 sampled clients (client #4), the facility failed to obtain approval for the use of a sound monitor in his bedroom.</p>	W000124	W124: -The facility must ensure the rights of all clients. Therefore the facility must inform each client or legal guardian of the client's medical condition, developmental and behavior status, attendant	12/02/2013

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:  15G160		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712			
(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>Findings include:</p> <p>During the observation period on 10/22/13 from 4:15 PM to 7:00 PM, at 6:10 PM client #4 was in his room. A monitor in the living room was on an end table and a conversation client #4 was having with his roommate was being broadcast in the living room.</p> <p>The record review for client #4 was conducted on 10/23/13 at 1:48 PM. The ISP (Individual Support Plan) dated 6/10/13 did not indicate client #4 required a monitor in his room. The BSP (Behavior Support Plan) dated 6/10/13 indicated client #4 had the following behaviors: Verbal Aggression, Stealing Food, Blaming Others, Non-Compliance, Ignoring Staff and Depression. There was no indication a monitor was required in the BSP. The ISP and BSP did not indicate a monitor was in client #4's room. There was no approval for the monitor from client #4 or by his advocate.</p> <p>Interview with staff #2 on 10/23/13 at 7:00 AM indicated the monitor was for client #4's roommate.</p> <p>Interview with administrative staff #2 on 10/25/13 at 2:00 PM indicated the</p>		<p>risks of treatment and of the right to refuse treatment. - All Staff will be trained on Client Rights. - IDT meeting will be completed with all client #1 to discuss an audio monitor in the room - If the IDT agrees with the use of the audio monitor, then HRC must approval will be obtained - Residential Manager will be retrained on ensuring that guardian approval has been obtained for all restrictions -Residential Manager will oversee through daily visits in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly visits in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -HRC committee will meet quarterly to discuss all clients' rights restrictions to ensure that client's rights are not being restricted inappropriately. Persons Responsible: Staff, Residential Manager, Program Manager &amp; Executive Director.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712			
(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			
W000159	<p>monitor had been approved for client #1.</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 for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the QIDP (Qualified Intellectual Development Professional) failed to review the individual program plan objectives quarterly.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 10/23/13 at 12:58 PM. The ISP (Individual Support Plan) dated 6/10/13 indicated client #1 had the following objectives: Money Management Skills, Exercise Skills, Leisure Skills, Pedestrian Safety Skills, Personal Hygiene, Domestic Skills/Meal Preparation, Domestic Skills/Clean Room, Self-Medication Skills and</p>	W000159	W159 - Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. - QIPD will be designated and trained on reviewing all clients' individual program plan/ objectives quarterly. - Program Manager will be trained on ensure that all plans/ objectives are reviewed at least quarterly. IDT will be conducted to review all clients' program plans & goals to ensure that they remain appropriate. Persons Responsible: QIDP, Program Manager & Executive Director	12/02/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712			
(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>Communication Skills. The record did not include QIDP review of the objectives for client #1.</p> <p>The record review for client #2 was conducted on 10/24/13 at 11:53 PM. The ISP dated 6/10/13 indicated client #2 had the following objectives: Self Medication Skills, Domestic Skills/Clean Room, Leisure/Social Oral Hygiene Skills, Personal Hygiene Skills/Shaving, Pedestrian Safety Skills, Money Management Skills, Communication Skills, Sharps Safety Skill and Personal Safety/Adaptive Equipment. The record did not include QIDP review of the objectives for client #2.</p> <p>The record review for client #3 was conducted on 10/24/13 at 12:49 PM. The ISP dated 6/10/13 indicated client #3 had the following objectives: Self Medication Skills, Personal Safety Skills, Oral Hygiene Skills, Pedestrian Safety Skills, Dining Skills, Money Management Skills, Leisure Skills, Personal Hygiene/Appearance Skills, Exercise Skills, Communication Skills and Time Skills. The record did not include a QIDP review of the objectives for client #3.</p> <p>The record review for client #4 was</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712		
(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>conducted on 10/23/13 at 1:48 PM. The ISP dated 6/10/13 indicated client #4 had the following objectives: Oral Hygiene Skills, Money Skills, Self Medication Skills, Exercise Skills, Communication Skills, Domestic Skills/Clean Room, Human Development Skills, Meal Preparation Skills, Nutritional Skills, Leisure Skills and Pedestrian Skills. The record did not include a QIDP review of the objectives for client #4.</p> <p>Interview with Administrative staff #4 on 10/25/13 at 3:30 PM indicated the quarterly meetings were held at the day program and the only objectives reviewed and documented on are the ones for the day program. Administrative staff #4 indicated the record did not indicate changes in the objectives.</p> <p>9-3-3(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712			
(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			
W000163	<p>483.430(a)(2)(iii) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>The qualified mental retardation professional is an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to provide a QIDP (Qualified Intellectual Developmental Professional) with a bachelor's degree to review the ISP (Individual Support Plan), BSP (Behavior Support Plan) and objectives.</p> <p>Findings include:</p> <p>The surveyor form requesting the QIDP's name, degree, and experience for clients #1, #2, #3, #4, #5, #6 and #7 was obtained on 10/23/13 at 3:00 PM. The form did have two names listed, but did not include a degree for either name.</p> <p>Interview with Administrative staff #3 on 10/24/13 at 1:15 PM indicated the names provided were QIDP designees and did not have a degree. Administrative staff #3 indicated the ISP and BSP were currently being reviewed by the designees.</p> <p>9-3-3(a)</p>	W000163	<p>W163 - The qualified metal retardation professional is an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section. - QIPD will be designated and trained on reviewing all clients' individual program plan/ objectives quarterly. - Program Manager will be trained on ensure that all plans/ objectives are reviewed at least quarterly. IDT will be conducted to review all clients' program plans &amp; goals to ensure that they remain appropriate. Persons Responsible: QIDP, Program Manager &amp; Executive Director ADDENDUM: W163 - The qualified metal retardation professional is an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section. - QIPD will monitor through review of all clients' ISP (individual support plan), BSP (behavior support plan), objectives prior to implementation and at least quarterly. - Program Manager will review all clients' ISP (individual support plan), BSP (behavior support plan), objectives prior to implementation</p>	12/02/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712		
(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	
W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 2 of 4 sampled clients (clients #2 and #4), the facility failed to ensure the Human Rights Committee approve the clients' BSPs (Behavior Support Plans).</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 10/24/13 at 11:53 AM. The BSP was dated 6/10/13. The BSP</p>	W000262	<p>and at least quarterly. - QIDP will be responsible for approving all changes to the individual's plan - IDT will be conducted to review all clients' program plans &amp; goals to ensure that they remain appropriate. - The Residential Manager will be trained on gaining approval from QIDP before any program is implemented - The Program Manager will be trained on gaining approval from QIDP before any program is implemented - Staff responsible for proper implementation shall be trained regarding any changes to the client's plan. Persons Responsible: QIDP, Program Manager &amp; Executive Director</p> <p>W262 W262 The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. -The Human Rights Committee will review all clients plans in there entirety including modifications of rights at least quarterly. -The Residential Manger will monitor through monthly chart reviews to</p>	12/02/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712		
(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 client #2 had AYSIS (Advanced Your Safe I'm Safe) blocking techniques and Mandt restraints. The BSP indicated client #2 received the following medications for physical aggression, verbal aggression, depression, sexual inappropriateness, elopement and defecating at work: Lexapro 10 mg (milligrams), 1 in the AM, Abilify 30 mg 1 in the AM and 15 mg at bedtime, Clonazepam .5 mg 1 BID (twice a day), Depakote ER 1000 mg 1 at bedtime. There was no indication the BSP been reviewed by the Human Rights Committee.</p> <p>The record review for client #4 was conducted on 10/23/13 at 1:48 PM. The BSP was dated 6/10/13 and indicated client #4 had YSIS blocking technique and Mandt restraints. There was no indication the BSP had been reviewed by the Human Rights Committee.</p> <p>Interview with Administrative staff #1 on 10/25/13 at 3:00 PM indicated the BSPs were not reviewed by the Human Rights Committee. Administrative staff #1 indicated any medication changes were approved by e-mail, but not everyone responded. Administrative staff #1 indicated they did not have approval of the committee on the BSP's.</p>		<p>ensure all clients plans and modification of rights are approved by the Human Rights Committee at least quarterly. -The Program Manger will monitor through quarterly chart reviews to ensure all clients plans and modification of rights are approved by the Human Rights Committee at least quarterly. - Meeting will be held for all clients to review their plans in there entirety including modifications of rights. Any adjustments made to any clients plans and/or modification of rights will be given to the Human Rights Committee for approval prior to the changes being implemented. Person Responsible: Residential Manager, Program Manger, Executive Director.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/04/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712		
(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	
W000488	<p>9-3-4(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 2 additional clients (clients #5 and #6), the facility failed to ensure the clients had the training opportunity to use condiments.</p> <p>Findings include:</p> <p>During the observation period on 10/22/13 from 4:15 PM to 7:00 PM, the evening meal was being prepared by client #2 with assistance from staff #3. The evening meal consisted of pizza, salad with low fat dressing, green beans, pudding and milk. Staff #3 assisted client #2 with putting the salad dressing in medicine cups. Client #1 placed one medicine cup with 1 tablespoon of Ranch dressing and one medicine cup with 1 tablespoon of Italian dressing at clients #1, #2, #3, #4, #5 and #6's places at the table. The clients were not given</p>	W000488	<p>W488 - The facility must assure that each eats in a manner consistent with his or her developmental level. - IDT will be held with all clients to discuss a goal being put into place for all clients to serve condiments independently with appropriate severing sizes. - Staff will be trained on new goals of serving condiments independently with appropriate severing sizes. -Residential Manager will monitor through daily observations to ensure that all client's goals are being implemented appropriately. -Program Manager will monitor through monthly observations to ensure that all client's goals are being implemented appropriately. Persons Responsible: Staff, Residential Manager, Program Manager &amp; Executive Director.</p>	12/02/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 STERCHI DR EVANSVILLE, IN 47712
--	---

(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 opportunity to select the kind of dressing they wanted on their salad and were not allowed to learn how to use the appropriate amount.</p> <p>Interview with Administrative staff #4 on 10/24/13 at 8:30 AM indicated the facility used the medicine cups to ensure the correct amount of salad dressing was used. Staff #4 indicated they used the two kinds at each place setting to give the clients an opportunity to decide which one they wanted.</p> <p>9-3-8(a)</p>			