STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G441		01/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	29 EAST LONGRIDGE 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
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: January 14, 15, 20, 21, 2016 Provider Number: 15G441 Aims Number: 100235230 Facility Number: 000955 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed 1/27/16 by #09182.	W 0000		
W 0159 Bldg. 00	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 observation, record review and interview, the facility failed for 2 of 4 sampled clients (#1, #3), to ensure each client's active treatment program was 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 (#3) and documented follow up to acquiring a new wheelchair for	W 0159	The QIDP is responsible for monthly progress monitoring of each program and to insure that staff have the information and supplies required to assist each individual. The QIDP is responsible for following up with the guardian or individual regarding restrictive programs and adaptive equipment needs. An IDT will be held for client # 3 to discuss the wheelchair and any	02/19/2016

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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	client #1. Findings include: 1. The record of client #3 was reviewed on 1/20/16 at 2:04p.m. Client #3's 10/16/15 individual support plan (ISP) indicated client #3 had a guardian. The ISP indicated client #3 had a restrictive behavior support plan (10/16/15) which included behavior medication. There was documentation the 10/15 ISP had been sent to the guardian. There was no documentation of guardian written informed consent for client #3's 10/16/15 ISP. 2. Client #1 was observed at the group home on 1/14/16 from 4:44p.m. to 6:20p.m. Client #1 was in a wheelchair. The wheelchair had a molded seat with the covering coming off of it. Client #1 had foam padding placed over her left leg support and some of the foam was missing from the end of the padding. The record of client #1 was reviewed on 1/20/16 at 12:45p.m. Client #1's diagnoses included, but were not limited to, severe scoliosis and dysraphism (malformation of the spinal cord), "frozen" left knee, and chronic left hip displacement. Client #1's nursing notes indicated: 6/19/15, had wheelchair		needed modifications. The QIDP will ensure that all parties are notified regarding the IDT and will document that the meeting has been completed. The program plan for client #1 will be reviewed by the IDT; if the guardian cannot be present the QIDP will send the Individual Program Plan certified mail to verify they have received it. All QIDP's will receive training on the coordination and monitoring of client active treatment programs and well as their role in the IDT process and the responsibility in obtaining needed signatures for programming. The Program Manager will implement this training. The Program Manager will oversee that QIDP's provide continuous integration, coordination, and monitoring of client services. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectation for providing monitoring of client's active treatment programs is not met.	

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	evaluation; 7/1/15, had a wheelchair consult order to follow; 8/15, "currently in process of acquiring new wheelchair, awaiting approval." Client #1's 10/13/15 ISP indicated "seem to be going in circles with the wheelchair company." There was no documentation after 10/13/15 in regards to the status of client #1's new wheelchair. Staff #2 (QIDP) was interviewed on 1/21/16 at 11:44a.m. Staff #2 indicated client #3's guardian had been sent a copy of her 10/15 ISP/BSP but had not returned a written consent for the programs. Staff #2 indicated there was no documentation the QIDP had followed up on obtaining the guardian signature for the ISP/BSPs. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of obtaining guardian written consent. Staff #2 indicated client #1 was in need of a new wheelchair. Staff #2 indicated client #1 had been approved for a new wheelchair but the process had taken a long time. Staff #2 indicated their last documentation in regards to acquisition of the wheelchair was during the 10/13/15 annual ISP. Staff #3 (home manager) was interviewed on 1/14/16 at 5:34p.m. Staff #3 indicated client #1 was in need of a new			

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	wheelchair. Staff #3 indicated client #1 had a wheelchair evaluation during 6/15 and was eligible for a new wheelchair. Staff #3 indicated the last she had heard about the process of acquiring client #1 a new wheelchair was during the 10/15 annual ISP. 9-3-3(a)			
W 0262 Bldg. 00	483.440(f)(3)(i) PROGRAM MONITORING & 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, the facility's Human Rights Committee (HRC) failed for 2 of 4 sampled clients (#3, #4) with behavior support plans (BSP) to ensure the clients' BSPs (including behavior medications) were reviewed/monitored within the past year. Findings include: The record of client #3 was reviewed on 1/20/16 at 2:04p.m. Client #3's 10/16/15 individual support plan (ISP) and BSP indicated client #3's diagnoses included, but were not limited to, Anxiety and	W 0262	The QIDP is responsible for ensuring that informed consent is provided and approvals are obtained from the client and/or their guardian prior to presenting the program to the Human Rights Committee for their review and approval. The facility has a written policy and process in which the QIDP is to follow when reviewing information and obtaining these approvals. The facility encouraged active participation of family and guardians on the interdisciplinary team when discussion and review takes place. If the guardian is not able to attend the meeting, the	02/19/2016

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	Mood Disorder, for which client #3 received the medications Haldol, Revia and Trazadone. There was no documentation the ISP/BSP had been reviewed by the HRC. The record of client #4 was reviewed on 1/20/16 at 1:27p.m. Client #4's 10/16/15 ISP and BSP indicated client #4's diagnoses included, but were not limited to, Psychotic Disorder and Disruptive Behavior with Autistic Characteristics, for which client #4 received the medications Clozaril and Sinequan. There was no documentation the ISP/BSP had been reviewed by the HRC. Interview of facility staff #2 on 1/21/16 at 11:44a.m. indicated there was no documentation the facility's HRC had reviewed client #3 and #4's restrictive ISP/BSPs during the past year. 9-3-4(a)		QIDP is responsible for contacting the guardian by phone or scheduling a meeting with them to discuss plans or issues, and then follow up the discussion in writing in order to obtain a signature for approval. The QIDP will review the ISP and the BSP for Client #3 and Client #4 with the guardian to insure that informed consent is obtained and will review the plans with the HRC for approval. The QIDP will also check to ensure that all clients ISP's and behavior and restrictive plans have the proper approvals and signatures. The QIDP will receive training concerning their responsibilities in reviewing and obtaining proper approvals from individuals or guardians and the Human Rights Committee for ISP's, BSP's and programming that may include individual rights restrictions. The Program Manager will insure that the training is complete and documented. The Clinical Supervisor and/or the Program Manager are responsible for reviewing plans on a quarterly basis. The Clinical Supervisor and/ or the Program Manager will review ISP/BSP and plans that may include restriction to ensure that proper approvals have been obtained prior to the implementation of the plan.	