

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G421		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/13/2012	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 935 E OLMSTEAD AVE EVANSVILLE, IN 47711			
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W0000	<p>This visit was for the post-certification revisit (PCR) survey to the investigation of complaint #IN00117254 completed on 10/19/12.</p> <p>This visit was in conjunction with the investigation of complaint #IN00118988.</p> <p>Complaint #IN00117254-Not Corrected.</p> <p>Dates of Survey: 11/29, 11/30 and 12/13/12</p> <p>Facility Number: 000935 AIMS Number: 100235180 Provider Number: 15G421</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/19/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000					

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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W0149	<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 record review and interview for 1 of 4 sampled clients (B), the facility failed to implement its policy and procedures to prevent abuse of client B.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 11/29/12 at 1:20 PM. The facility's 10/28/12 reportable incident report indicated "An allegation of physical abuse was made against staff [staff #3]..." toward client B.</p> <p>The facility's 10/29/12 Incident Investigation Review indicated "...He (staff #4) witnessed [staff #3] push [client B] down on his shower chair after [client B] punched [staff #3]. [Staff #4] indicated he witnessed [staff #3] slap [client B] in the back of the head, face and on his body...." The 10/28/12 investigative report indicated "...[Client F] indicated that he was walking outside the bathroom and that he noticed [staff #3] slapping [client B] in the face. [Client F] indicated that he witnessed [client B] hit [staff #3] first. [Client F] indicated that [staff #3] was trying to give [client B] a shower. [Client F] indicated</p>	W0149	<p>W149: Staff Treatment of Clients</p> <ul style="list-style-type: none"> - Staff will be retrained on the following related to ResCarePolicy: Abuse & Neglect, Bill of Rights, Grievance Policy, IncidentReporting (Immediately), Elder Law, & Chain of Command. - The facility will implement observations within the group hometo ensure that the home is free from Abuse & Neglect, as well as, to ensurethat staff members are reporting to Administration as required by ResCarePolicy & Procedure related to Incident Reporting and Abuse & Neglect. - The Program Coordinator will be trained on ensuring that theChain of Command is current and posted in the home and that the OperationsManger is notified immediately via phone call related to any allegations ofAbuse & Neglect. - The Operation Manager and Nurses will be trained on notifyingResCare Administration immediately via phone call and email regarding anyallegation of Abuse & Neglect. <p>PersonResponsible: Program Coordinator & Operations Manager</p>	01/12/2013	

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	<p>that he did not witness [staff #3] push [client B]...."</p> <p>The facility's 11/21/12 follow-up report indicated "...It was the consensus of the investigation committee that the allegation of physical abuse against staff [staff #3] was substantiated. An (sic) nursing assessment was completed on [client B] immediately following the allegation and no injury or marks were noted. [Client B] was taken to an after hours care facility to be assessed as a precautionary measure and no injury was noted...The following actions have been taken as a result of the investigation:</p> <p>1:) P & P (policy and procedure) termination of [staff #3].</p> <p>2:) Retrain all staff across the board on Abuse + (plus) Neglect policies, Client Rights and Elder Law.</p> <p>3:) Retrain all the staff across the board on reporting procedures and Chain of Command.</p> <p>4:) Grievance Policy and Bill of Rights with all clients in the home.</p> <p>5:) IDT (interdisciplinary team) to review [client B's] BSP (Behavior Support Plan) for appropriateness.</p> <p>6:) Retrain Olmstead staff on [client B's] BSP and ISP (Individual Support Plan)."</p> <p>Interview with client F on 11/29/12 at</p>			
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	<p>6:10 PM indicated he witnessed staff #3 hit client B.</p> <p>Interview with administrative staff #2 on 11/29/12 at 3:05 PM indicated the allegation of abuse was substantiated and staff #3 was terminated.</p> <p>The facility's policy and procedures were reviewed on 11/29/12 at 1:00 PM. The facility's 3/1/2009 Operational Procedure entitled Abuse/Neglect/Exploitation, Death, Incident Reporting & Investigation indicated "...Any act of abuse/neglect/exploitation is strictly prohibited and will not be tolerated...."</p> <p>The facility's 10/8/12 untitled policy indicated defined physical abuse as "...Includes knowingly or intentionally touching another in a rude, insolent or angry manner, including grabbing or shoving rudely or angrily, slapping or hitting, pushing, shoving, striking or kicking, throwing someone to the floor, etc...."</p> <p>This federal tag relates to complaint #IN00117254.</p> <p>This deficiency was cited on 10/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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	9-3-2(a)			