

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G441	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 29 EAST LONGRIDGE TERRE HAUTE, IN 47802
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 7, 8, 9, 2015</p> <p>Provider Number: 15G441 Aims Number: 100235230 Facility Number: 000955</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/16/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS 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>Based on observation and interview, for 1 of 4 sampled clients (#4), the facility failed to ensure the rights of all clients, by ensuring client #4 had proper fitting clothing.</p> <p>Findings include:</p> <p>Observations were done at the group</p>	W000137	<p>The QIDP/Residential Manager is responsible to insure that all of the needs of each individual are addressed formally as recommended by the IDT. This is to include any personal possession needs and the need for clothing and other items. Staff will receive additional training on insuring that clients have proper fitting and</p>	02/06/2015

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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W000159	<p>home on 1/7/15 from 3:24p.m. to 5:17p.m. and on 1/8/15 from 7:24a.m. to 9:38a.m. During both observation periods, client #4 was observed to wear the same pair of gray sweatpants. The sweat pant's waist was too big and the pants slid down under client #4's buttocks with his underwear exposed. On 1/7/15 at 5:22p.m. staff #3 stated client #4's pants were "too big" and stretched out and did not stay up.</p> <p>Staff #1 was interviewed on 1/8/15 at 2:40p.m. Staff #1 stated client #4 was "hard on clothes." Staff #1 indicated client #4 would stretch all of his pants and shirts. Staff #1 indicated client #4 should have been prompted to wear clothing that fit him.</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, the facility failed for 3 of 4 sampled clients (#1, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities</p>	W000159	<p>appropriate clothing. Staff will also be aware that they are to prompt and support all of the individuals when their clothing is not appropriate or fitting well and assist them as needed. The Residential Manager will receive additional training on their responsibility to insure that the individuals have appropriate clothing and personal possessions in good repair. The Clinical Supervisor will be responsible to see that the training is completed and documented. The QIDP and/Residential Manager will complete daily observations at the home for 30days at various times to assure staff are meeting expectations in regards to personal possessions and will insure all clients have access to proper fitting clothing. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations</p> <p>All current QIPD's will receive training on the coordination and monitoring of client treatment programs. This training will include protocols for analyzing and complaining collected data and</p>	02/06/2015			

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	<p>professional (QIDP), by the QIDP not completing annual individual support plan (ISP) program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 1/8/15 at 11:39a.m. Client #1's training program reviews indicated client #1's current documented annual ISP was over a year old and was dated 11/26/13.</p> <p>Record review for client #3 was done on 1/8/15 at 11:04a.m. Client #3's training program reviews indicated client #3's current documented annual ISP was over a year old and was dated 11/21/13.</p> <p>Record review for client #4 was done on 1/8/15 at 1:31p.m. Client #4's training program reviews indicated client #4's current documented annual ISP was over a year old and was dated 12/5/13.</p> <p>Staff #1 (QIDP) was interviewed on 1/8/15 at 2:40p.m.. Staff #1 indicated the QIDP should be reviewing the clients' programs at least quarterly and each client should have an annual review (ISP) completed annually. Staff #1 indicated clients #1, #3 and #4's last documented ISPs were past due and had not been completed during the past 365 days.</p>		<p>timelines for completing reports on the result. On a quarterly basis, the QIDP facilitates a meeting with the IDT to review progress and needs with team members. Monthly and Quarterly reports will be completed to insure that each plan is current. The QIPD will be responsible to see that all monitoring and plans are current.</p> <p>The Clinical Supervisor will oversee that the QIDP provides continuous integration, coordination and monitoring of client services by way of monthly tracking and quarterly meetings with the interdisciplinary team by conducting at least a quarterly audit of each Individual Support Plan and following up accordingly. The Program Manager will conduct training with the QIPD and Clinical Supervisor as to their responsibilities in the coordination and monitoring of treatment plans. The Program Manager will be responsible for implementing further training or corrective measures in instances where the expectations for providing monitoring of client's treatment programs are not met.</p>	

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W000249	<p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (#1, #3) to ensure client #1's medication, communication and positioning training programs and client #3's communication training program were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 1/7/15 from 3:24p.m. to 5:17p.m. at the facility group home. During the entire observation time, client #1 remained in her wheelchair. At 3:58p.m., client #1 received her medication. Staff #4 threw away client #1's medication cup when client #1 had completed taking her medication. During the entire observation time which included medication pass, activities, meals and toileting, clients #1 and #3</p>	W000249	<p>The training objectives form Client #1 and the training objectives for Client #3 has been reviewed and all staff have been trained on the implementation of the program as written. The QIDP is responsible to ensure that each client's treatment program is reviewed on at least a monthly basis to determine that written objectives are being implemented and to determine the success of the plan. On at least a weekly basis, the home manager and/or the QIPD will monitor all objectives to insure that staff are providing the appropriate opportunities to receive continues active treatment as determined by the ISP. The Home Manager is responsible for insuring that staff has the information and supplies required to assist with individual with programming needs. Staff responsible for the implementation each client's program plan will be re-trained</p>	02/06/2015			

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	<p>(both non-verbal) were not prompted to use communication books.</p> <p>Record review for client #1 was done on 1/8/15 at 11:39a.m. Client #1 had an individual support plan (ISP) dated 11/26/13. The ISP indicated client #1 had a medication training program to throw away her medication cup. Client #1 had a communication program to use her communication book by pointing to pictures to make wants and needs known. The communication book included "food" and "toilet." Client #1's 12/8/14 repositioning program indicated client #1 was to be repositioned every hour.</p> <p>Record review for client #3 was done on 1/8/15 at 11:04a.m. Client #3 had an ISP dated 11/21/13. The ISP indicated client #3 had a communication book to use to make wants and needs known.</p> <p>Professional staff #1 was interviewed on 1/8/15 at 2:40p.m. Staff #1 indicated clients #1 and #3 had communication picture books that should have been used at all opportunities. Staff #1 indicated client #1 had a medication training program to throw away her medication cup. Staff #1 indicated client #1 was to be repositioned every hour. Staff #1 indicated these training programs should have been implemented at all</p>		<p>regarding the program goals and implementation for the client's programming needs in the home. The QIDP will be responsible for providing the training. On a weekly basis, the Residential Manager and/or QIDP will monitor all objectives to insure that staff are providing the appropriate opportunities to receive continuous active treatment as determined by the ISP. The Residential Manager is responsible for insuring that staff have the information and supplies required to assist each individual with programming needs.</p> <p>Addendum: (added 2-23-15) Following training, The QIDP, Clinical Supervisor and Residential Manager conducted additional coaching and observation in the home for at least a two week period to insure that they had observed each staff person implementing each client's program plan and goals as the opportunities arose. The additional monitoring and observations insured that staff was knowledgeable of the plans and of their responsibilities in implementing them. The QIDP and Residential Manager are responsible for continuing to provide staff training and observation on at least a weekly basis to insure staff continue to follow-through with</p>		

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W000260	<p>opportunities</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview, the facility failed for 3 of 4 sampled clients (#1, #3, #4) to at least annually review and revise client #1, #3 and #4's individual support plans (ISP).</p> <p>Findings include:</p> <p>Record review for client #1 was done on 1/8/15 at 11:39a.m. Client #1's training program reviews indicated client #1's current documented annual ISP was over a year old and was dated 11/26/13.</p> <p>Record review for client #3 was done on 1/8/15 at 11:04a.m. Client #3's training program reviews indicated client #3's current documented annual ISP was over a year old and was dated 11/21/13.</p>	W000260	<p>and maintain an understanding of the individual program plans. The Program Manager is responsible to insure that the Clinical Supervisor monitors the QIDP and Residential Manager in conducting their face to face observations and training in the homes on an ongoing basis.</p> <p>The facility has written policy and process in which the QIDP is to follow in regards to the ISP/IDT process. The facility encourages 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 QIDP is responsible for contacting the guardian by phone/mail to schedule a meeting to discuss plans or issues. The QIDP is responsible for developing and monitoring each person's Individual Support Plan which outlines the strengths and needs of each individual.</p> <p>The QIDP will receive training concerning their responsibilities in</p>	02/06/2015	

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W000440	<p>Record review for client #4 was done on 1/8/15 at 1:31p.m. Client #4's training program reviews indicated client #4's current documented annual ISP was over a year old and was dated 12/5/13.</p> <p>Interview of staff #1 (qualified intellectual disability professional, QIDP) on 1/8/15 at 2:40p.m., indicated clients #1, #3 and #4's current ISP's were past due. Staff #1 indicated the annual ISP's had not been completed annually (within 365 days).</p> <p>9-3-4(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 1/1/14 through 1/7/15.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 1/1/14 through 1/7/15 for</p>	W000440	<p>the Interdisciplinary team process and the ISP process. The Clinical Supervisor will be insuring the training is complete and documented.</p> <p>The Clinical Supervisor and/or Program Manager are responsible for reviewing plans on a quarterly basis.</p> <p>All shifts of personnel will participate in an evacuation drill at least every 90 days.</p> <p>The facility has always maintained a monthly schedule that indicates when evacuation drills are to be conducted in order to insure that each shift conducted an evacuation drill each quarter. It was only discovered recently that even though each shift conducted a drill during a 3 month/</p>	02/06/2015

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	<p>clients #1, #2, #3, #4, #5, #6 and #7 was completed on 1/7/15 at 1:19p.m. There was no documentation of an evening shift (4p.m. to 12p.m.) evacuation drill held from 6/29/14 through 12/27/14.</p> <p>Interview of professional staff #1 on 1/8/15 at 2:40p.m. indicated there were no other documented evening shift drills between 6/14 through 12/14. Staff #2 indicated all scheduled evening shift evacuation drills should have been completed and documented on a quarterly basis.</p> <p>9-3-7(a)</p>		<p>Quarter, is did not always insure that the drill occurred within 90 days. (For example, a drill may have been scheduled and conducted in January for the 1st quarter and then in May for the 2nd Quarter. This then did not meet the every 90 day standard.) The evacuation drill schedule has now been revised to insure that drills are conducted at least every 90 days on each personnel shift. The Residential Managers and staff will receive training on the revised drill schedule and it will be implemented immediately.</p> <p>The Clinical Supervisor will track and monitor the completion of all required evacuation drills and provide a bi-monthly report of the status of evacuation drills to the Program Manager.</p>				