

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G060	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 106 ALLENDALE 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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to complaint #IN00091328 investigated on 7/7/11.</p> <p>Date of Survey: March 7, 8, 9, 12, 13, 15, 2012</p> <p>Provider Number: 15G060 Aims Number: 100233640 Facility Number: 000612</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 3/23/12 by Tim Shebel, 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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W0159	<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.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients (#1, #2, #3) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified mental retardation professional (QMRP), by the QMRP not completing program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 3/13/12 at 10:11a.m. Client #1's QMRP program reviews indicated client #1 had an individual support plan (ISP) dated 1/31/12. There were no documented QMRP program reviews during the time period of 1/1/11 through 1/1/12.</p> <p>Record review for client #2 was done on 3/13/12 at 12:52p.m. Client #2's QMRP program reviews indicated client #2 had a (ISP) dated 1/30/12. There were no documented QMRP program reviews during the time period of 1/1/11 through 1/1/12.</p> <p>Record review for client #3 was done on</p>	W0159	<p>All current qualified mental retardation professionals will receive training on the coordination and monitoring of client active treatment programs. This training will include protocols for analyzing and compiling collected client program data, and timelines for completing at least quarterly written reports on the results as well as meeting with the Support Team on at least a quarterly basis to review the information and data gathered.. The Program Director will implement this training.</p> <p>The Program Director will oversee that qualified mental retardation professionals provide continuous integration, coordination, and monitoring of client services by way of monthly tracking of quarterly review documentation of client services. This monthly tracking will be submitted to the Director of Licensing and Compliance to validate</p>	04/14/2012	

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	<p>3/13/12 at 12:18p.m. Client #3's QMRP program reviews indicated client #3 had an ISP dated 1/30/12. There were no documented QMRP program reviews during the time period of 1/1/11 through 1/1/12.</p> <p>Staff #1 (QMRP) was interviewed on 3/13/12 at 1:39p.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 and #3 during the past 12 months prior to their 2012 annual ISP. 9-3-3(a)</p>		<p>completion. In instances where the expectation for providing monitoring of client's active treatment programs is not met by the qualified mental retardation professional corrective action will be implemented.</p>		

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#3) with a restrictive behavior management plan (BMP), to ensure that all interventions to manage client #3's behavior (elopement) were included in the client's BMP.</p> <p>Findings include:</p> <p>An observation was done at the group home on 3/8/12 from 4:09p.m. to 6:28p.m. Staff were assigned to be 1:1 staffing (one staff with one client) with client #3 due to his elopement history.</p> <p>Record review for client #3 was done on 3/13/12 at 12:18p.m. Client #3's 1/30/12 BMP did not address the behavior interventions for elopement.</p> <p>Interview of staff #1 on 3/13/12 at 1:39p.m., indicated client #3 had recently had changes regarding his staffing needs due to his behavior. Staff #1 indicated the 1:1 staff intervention had not been included in client #1's current BMP.</p>	W0289	<p>The behavior management plan for client # 3 has been revised to address issues concerning elopement. Staff will receive training on the revisions to this plan which will include competency measures demonstrating staff's knowledge of elopement protocols. The Program Coordinator is responsible for implementing this training. The Program Coordinator is responsible for reviewing behavior management plans on at least a quarterly basis and as needs change. The Program Director will complete training with the Program Coordinator to ensure their understanding of this expectation. The Program Director will review the behavior management plans for all clients of the home to assure that identified behaviors are addressed and meet their current needs.</p>	04/14/2012

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	9-3-5(a)				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#3) with adaptive equipment, to provide client #3 with training for the wearing of his eyeglasses.</p> <p>Findings include:</p> <p>An observation was done on 3/8/12 from 4:09p.m. to 6:28p.m. at the group home. Client #3 did not wear nor was he prompted to wear eyeglasses during the observation.</p> <p>Record review of client #3 was done on 3/13/12 at 12:18p.m. Client #3's 9/29/11 eye exam indicated client #3 had prescribed eyeglasses. Review of client #3's 1/30/12 individual support plan (ISP) did not have documentation of training programs in place to address client #3's refusal to wear prescribed eyeglasses.</p> <p>Interview on 3/13/12 at 1:39p.m. of staff #1 indicated client #3 had eyeglasses.</p>	W0436	<p>The training program for client # 3 to address refusal to wear eyeglasses has been completed. Staff will receive training on the new plan. The Program Coordinator/QMRP is responsible for providing this training. The Home Manager and Program Coordinator will provide at least weekly monitoring to assure staff compliance with prompting the client in accordance with the program. The Home Manager will communicate weekly with the Program Coordinator regarding the client's progress or lack of progress with the program.</p> <p>The Program Director will review all client training programs at the home to assure that all individuals utilizing adaptive equipment have required training programs in place.</p>	04/14/2012	

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	Staff #1 indicated client #3 often refused to wear his eyeglasses. Staff #1 indicated client #3 did not have a training program in place to address the refusal of wearing them. 9-3-7(a)			

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 non-sampled clients (#5, #6, #7, #8) to ensure the clients received all the menued items at mealtime.</p> <p>Findings include:</p> <p>An observation was done at the group home on 3/8/12 from 4:09p.m. to 6:28p.m. Clients #1, #2, #3, #4, #5 #6, #7 and #8 ate supper at 6:08p.m. There was no milk on the dining room table and clients were not offered milk. The clients were not offered substitute items for the milk. The facility menu, reviewed on 3/8/12 at 4:23p.m., indicated supper on 3/8/12 was to include skim milk.</p> <p>Staff #1 was interviewed on 3/12/12 at 1:39p.m. Staff #1 indicated the clients should have been offered the menued items which included milk.</p> <p>9-3-8(a)</p>	W0460	<p>All staff at the home will receive training on adherence to client menus. The training will include competency measures to assure that staff understand how to follow posted menus. The training will include a review of substitution protocols for menu items. The Program Coordinator is responsible for this training.</p> <p>The Home Manager and Program Coordinator will provide on-going weekly monitoring of staff adherence to menus and substitution protocols.</p>	04/14/2012	