

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/18/2013
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PFEIFFER RD EVANSVILLE, IN 47711		
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: September 9, 10, 11, 13 and 18, 2013.</p> <p>Provider Number: 15G644 Aims Number: 100234350 Facility Number: 001161</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 27, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1), to ensure client #1's individual support plan (ISP) had a training program in place to address her identified behavior of picking scabs.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 9/11/13 at 10:20a.m. Client #1 had a 6/14/13 physician's note. The 6/14/13 note indicated "left elbow not healing, but improved, patient picks at scabs." A physician's orders note on 8/28/13 indicated "cellulitis left leg, avoid picking." Client #1 was also given an antibiotic. Client #1's 5/1/13 ISP did not address her picking of scabs.</p> <p>Staff #1 was interviewed on 9/11/13 at 1:42p.m. Staff #1 indicated client #1 had a history of picking her skin/scabs. Staff #1 indicated client #1 did not have a training program in place to address the identified need regarding picking her scabs.</p>	W000227	<p>W227 -The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c) (3) of this section. - Residential Manger will be retrained job responsibilities, including the monitoring and updating of ISP/BSP. -Specifically for client #1, the Residential Manger will meet with the IDT and review client #1's BSP and update to include picking of scabs. - Specifically for client #1, staff responsible for monitoring the ISP/BSP will be retrained on any changes. -Residential Manger shall monitor through daily observations in the home to assure that Client #1's, as well as all clients in the home, program plans are being implemented as written. - Program Manager shall monitor through weekly observations in the home to assure that Client #3's, as well as all clients in the home, program plans are being implemented as written. Persons Responsible: Staff, Residential Manger, Program Manager &amp; Executive Director.</p>	10/14/2013
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	9-3-4(a)			

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W000249	<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 money and client #3's behavior training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>1. An observation was done at the group home on 9/9/13 from 4:33p.m. to 6:15p.m. Upon entering the group home at 4:33p.m. there was a door alarm on the entrance door, but no alarm sounded.</p> <p>Staff #1 was interviewed on 9/9/13 at 4:53p.m. Staff #1 indicated the entrance/exit doors at the facility had door alarms. Staff #1 indicated the door alarms were part of client #3's behavior support plan. Staff #1 indicated the door alarms were supposed to have been turned on. Staff #1 indicated the staff had turned off the door alarm when the clients were coming in from the day program and staff had failed to reset the alarm after the</p>	W000249	<p>W249 - To resolve and ensure that each client's treatment program consists of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the program plan the following actions will occur: - Staff responsible for implementing each clients program plan will be re-trained regarding proper oversight and review of each clients plan to ensure that observations and on-site training are included as part of the overall process for ensuring that each client receives necessary services. -All staff will be re-trained regarding all clients program plan with emphasis on consistently implementing the program plan for each client to assure continuous active treatment at all times. -Specifically for client #1, staff will be retrained with regards to ensuring that client #1 has opportunities to make purchases as addressed in clients #1's ISP. - An IDT meeting will be held with all individuals in the home to</p>	10/14/2013			

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	<p>clients were in the house.</p> <p>The record of client #3 was reviewed on 9/11/13 at 11:37a.m. Client #3's 5/1/13 individual support plan (ISP) indicated she had a training program that included the use of door alarms to address elopement. The plan indicated the door alarms were "to be used 24/7 on all outside doors and bedroom window."</p> <p>2. Record review for client #1 was done on 9/11/13 at 10:20a.m. Client #1's 5/1/13 ISP indicated client #1 had a training program to make a purchase independently 1 to 2 times a week. Client #1 had no program implementation indicated during 8/13 for this training program.</p> <p>Interview of staff #1 on 9/11/13 at 1:42p.m. indicated client #1's training program to make a purchase had not been implemented during 8/13 when opportunities were present. Staff #1 indicated this training program should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>assess whether or not there continues to be a need for door alarms. - 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. -Residential Manger will observe in the home daily to ensure that Client #1's &amp; #3's program plan is being implemented appropriately and necessary supports are provided.</p> <p>-Program Manger will observe in the home weekly to ensure that Client #1's &amp; #3's program plan is being implemented appropriately and necessary supports are provided.</p> <p>Persons Responsible: Staff, Residential Manger, Program Manager &amp; Executive Director.</p>		

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