

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G644	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/16/2015
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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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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 6, 9, 10, 12, 13 and 16, 2015.</p> <p>Provider Number: 15G644 AIMS Number: 100234350 Facility Number: 001161</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/30/15.</p>	W 0000		
W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate, and monitor the</p>	W 0159	<p>W159</p> <p>- Each client's active treatment</p>	12/22/2015

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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	<p>clients' active treatment programs. The QIDP failed to ensure a guardian's written consent had been obtained (#3) and failed to ensure a client's placement into a work or day program (#4).</p> <p>Findings include:</p> <p>1) During client #3's record review on 11/12/15 at 9:16 AM, the ISP (Individual Support Plan) dated 9/10/15 included the client's signature but did not include the signature of the client's guardian.</p> <p>The Clinical Supervisor was interviewed on 11/10/15 at 1:25 PM. She stated "the guardian's signature should have already been obtained. I'm not sure why we haven't received it since it's been two months since the plan was revised. I'll have to look into it to see why we don't already have it."</p> <p>2) During observation at the group home on 11/9/15 between 5:30 AM and 7:45 AM, clients #1, #2, #3, #6, #7 and #8 were loaded into the group home van to depart for the day program and work programs. Clients #4 and #5 did not get on the van with the rest of the clients.</p> <p>Interview with the RM (Residential Manager) of the group home on 11/9/15 at 7:50 AM indicated client #4 was not</p>		<p>program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>- QIPD will be retrained on updating goals and following the Medication Reduction for all psychotropics</p> <p>- Clinical Supervisor will be trained on ensure that all plans/goals are reviewed at least quarterly.</p> <p>-IDT will be conducted to review all clients' program plans & goals to ensure that they remain appropriate.</p> <p>-QIDP will review goals monthly for any updates needed</p> <p>Persons Responsible: QIDP, Clinical Supervisor, & Executive Director</p>	

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W 0262 Bldg. 00	<p>accepted by the workshop due to her history of aggressive behavior and the day program was completely full.</p> <p>During interview with the QIDP on 11/12/15 at 10:25 AM, she stated "[client #4] moved from another outside facility into [name of group home] the first part of this year. Her application was reviewed by [name of workshop] management and we were told she was not accepted due to her aggressive physical behaviors. I haven't put her application in for [name of another workshop] because of a lack of staff and vehicles. I plan to get right on it now since I talked with the BDDS (Bureau of Developmental Disabilities Services) Specialist."</p> <p>9-3-3(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other</p>			
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	<p>programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to obtain HRC (Human Rights Committee) approval for the restriction of sharps in the group home.</p> <p>Findings include:</p> <p>During observation at the group home on 11/9/15 between 4:15 PM and 6:15 PM, group home staff was observed taking the knives out of a locked container to be placed on the kitchen table just prior to the dinner meal. Shortly after the dining room table was set for dinner, client #1 was seated for the evening meal.</p> <p>During client #1's record review on 11/10/15 at 10:16 AM, the 9/10/15 Individual Support Plan (ISP) included a page entitled Modification of Rights which included:</p> <p>"RESTRICTION/PURPOSE --Money - Protections of client monies, unable to properly manage money. --Movement - Requires 24/7 staffing due to lack of safety skills and knowledge of her community --Medication - Ensure medications are correct, taken at appropriate times to</p>	W 0262	<p>W262</p> <p>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 other rights.</p> <p>-The Human Rights Committee will review all clients' plans in their entirety including modifications of rights at least quarterly.</p> <p>-The Residential Manager will monitor through monthly chart reviews to ensure all clients plans and modifications of rights are approved by the Human Rights Committee at least quarterly.</p> <p>-The QIDP will monitor through monthly chart reviews to ensure all clients plans and modifications of rights are approved by the Human Rights Committee at least quarterly.</p> <p>-The Clinical Supervisor will monitor through quarterly chart reviews to ensure all clients plans and modifications are approved by the Human Rights Committee at least quarterly.</p> <p>-An IDT meeting will be held for all clients to review their plans in</p>	12/22/2015

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W 0322 Bldg. 00	<p>prevent disruptive behaviors. --You're Safe, I'm Safe - Client has behaviors staff will intervene. --Privacy to include body observation - Body observation Date Sheets. --Behavior Support Plan - Client behaves properly. --Chemicals - Another client has behavior of ingesting inedible items."</p> <p>Client #1's ISP and/or record did not include a sharps restriction or HRC approval for the restriction.</p> <p>The clinical supervisor was interviewed on 11/10/15 at 1:20 PM. She stated "all sharps in the group home are indeed locked up due to another client's behaviors. The sharps restriction should be included in the Modification of Rights page of [client #1's] ISP with all the other restrictions."</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive</p>		<p>their entirety including modifications of rights. Any adjustments made to any client plans and/or modification or rights will be given to the Human Rights Committee for approval prior to changes being implemented.</p> <p>-The Clinical Supervisor will be trained on ensuring that the HRC members receive a copy of all individuals' plans along with their modifications of rights and behavior medication restrictions to review and approve prior to any psychiatric medication changes.</p> <p>-All members of the HRC meeting will be notified of quarterly meeting dates and a sign in sheet will be kept on all members' attendance.</p> <p>Person Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director.</p>		

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	<p>and general medical care.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to reschedule a mammogram after an unsuccessful attempt.</p> <p>Findings include:</p> <p>During client #1's record review on 11/10/15 at 10:16 AM, a form entitled "Medical Consult Report" dated 9/8/15 with client #1's name at the top of the page indicated "Unable to perform mammogram today. We attempted three times to position [client #1's nickname] for breast compression, but we were unable to keep her on machine (sic)." Another Medical Consult Report indicated the last successful mammogram for client #1 was completed on 10/2/13.</p> <p>Interview with the Director or Nursing Services was completed on 11/13/15 at 2:30 PM. She stated "surely if they weren't able to complete the mammogram, another attempt would have been made. However, I don't see any record that indicates a second mammogram was attempted."</p> <p>The group home nurse was interviewed on 11/13/15 at 3:10 PM. She stated "we took [client #1] over to have the</p>	W 0322	<p>W322</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>-Nurse will be retrained on completing quarterly reviews on each chart</p> <p>-QIDP and Clinical Supervisor will be retrained on completing quarterly reviews on each chart</p> <p>-An audit of appointments will be completed for each client to ensure that all recommendations are being followed and all appointments have been completed</p> <p>-Specifically for Client #1, a mammogram was completed on 12/9/15 with no findings</p> <p>Persons Responsible: QIDP, Clinical Supervisor, Director of Health Services, Executive Director</p>	12/22/2015

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W 0362 Bldg. 00	<p>mammogram done, but they (the diagnostic facility) couldn't get a proper picture so staff just took her back to the group home." When asked if a second mammogram had been ordered for another attempt, she indicated she had not done so. When asked if client #1 had had a mammogram since 10/2/13, the Director of Nursing Services stated "we definitely need to schedule another appointment even if it means giving her a pre-medication to reduce her anxiety prior to the procedure." The group home nurse then stated "Ok, I'll call and get another order and reschedule another one (mammogram) right away."</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for 1 of 4 sample clients (#2), the facility failed to ensure its contracted pharmacy services reviewed the client's medications at least quarterly.</p> <p>Findings include:</p>	W 0362	<p>W362</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p>	12/22/2015

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W 9999 Bldg. 00	<p>During client #2's record review on 11/10/15 at 12:23 PM, an undated form entitled "Pharmacy Alternatives - Chronological Record of Drug Regimen Review" indicated the pharmacist had reviewed client #2's medications on 6/30/14, 9/16/14, 3/20/15, 4/23/15 and 10/17/15. There was no entry log in between April and October 2015. There was no entry log indicating the pharmacist had reviewed the client's medications for the last quarter (October, November and December) of 2014.</p> <p>Interview with the Director of Nursing Services was interviewed on 11/10/15 at 12:53 PM. She stated "all clients should have their medications reviewed every 3 months by the pharmacist. I'm not sure why he missed hers (client #2)."</p> <p>9-3-6(a)</p> <p>State Findings</p> <p>460 IAC 9-3-4 Active Treatment Services</p>	W 9999	<p>- The nurse will be retrained on completing a quarterly chart audit. The nurse will ensure that the pharmacy reviews are completed and that all pharmacy recommendations are reviewed by the physician in a timely manner.</p> <p>-Pharmacy has been contacted will complete a review of all charts</p> <p>Persons Responsible: Home Nurse, Nursing Manager, Executive Director</p> <p>W9999</p> <p>-460 IAC 9-3-4 Active Treatment Services(b) The provider shall obtain day services for</p>	12/22/2015

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	<p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers, (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure a client's placement into a work or day program (#4).</p> <p>Findings include:</p> <p>During observation at the group home on 11/9/15 between 5:30 AM and 7:45 AM, clients #1, #2, #3, #6, #7 and #8 were loaded into the group home van to depart for the day program and work programs. Client #4 did not get on the van with the rest of the clients.</p> <p>Interview with the RM (Residential Manager) of the group home on 11/9/15 at 7:50 AM indicated client #4 was not</p>				<p>each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers, (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>-Applications have been submitted for clients #4 and #5 to attend Horizon Day Services in Mt Vernon, IN. ResCare is currently scheduling a meeting for admission dates.</p> <p>-QIDP and Clinical Supervisor will be retrained on ensuring clients are involved in an Active Treatment program during the day</p> <p>-QIDP, Clinical Supervisor, and Residential Managers will be retrained on ensuring an activity calendar will be followed on days that clients are home from day program</p>		

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	<p>accepted by the workshop due to her history of aggressive behavior and the day program was completely full.</p> <p>During interview with the QIDP on 11/12/15 at 10:25 AM, she stated "[client #4] moved from another outside facility into [name of Group Home] the first part of this year. Her application was reviewed by [Name of Workshop] management and we were told she was not accepted due to her aggressive physical behaviors. I haven't put her application in for [Name of another Workshop] because of a lack of staff and vehicles. I plan to get right on it now since I talked with the BDDS (Bureau of Developmental Disabilities Services) Specialist."</p> <p>9-3-4(b)</p>		Persons Responsible: QIDP, Clinical Supervisor, Residential Managers, Executive Director		