

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  03/09/2016
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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 an investigation of Complaint #IN00191534.</p> <p>Complaint #IN00191534: Substantiated. Federal/State deficiencies related to the allegation were cited at W154, W159 and W9999.</p> <p>Dates of Survey: March 8 and 9, 2016.</p> <p>Facility Number: 001161 AIM Number: 100234350 Provider Number: 15G644</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/23/16.</p>	W 0000		
W 0154  Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for</p>	W 0154		04/22/2016

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>1 of 4 sampled clients (C), the facility failed to thoroughly investigate client C's two falls on 1/17/2016 and 1/18/2016.</p> <p>Findings include:</p> <p>During review of the facility's internal incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations on 3/8/16 at 4:45 PM, an incident report dated 1/17/16 at 7:00 PM indicated "[Name of Direct Personnel Staff] was helping [client C] with her shower. [Client C] went to walk out of the shower. She lost footing and fell." A BDDS (Bureau of Disabilities Services) report filed on 1/19/16 indicated "on 1/17/16 [client C] fell in the shower and has a cut above her right eye. Instructed to call 911. [Client C] is safe. She was discharged from the ER (emergency room) with 6 stitches to her forehead. An investigation has been initiated". At the time of the survey being opened at the facility, no investigation had been initiated/completed.</p> <p>An incident report dated 1/18/16 at 2:00 PM indicated "clients and staff was (sic) by van getting ready to go out to eat and [client C] fell." A BDDS report filed on 1/19/16 indicated "on 1/18/16 at 2:14 PM [client C] fell going outside to get on the</p>		<p>- QA Coordinator will be retrained on conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>- QA Manager will be retrained on conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>- QA Manager will be retrained on ensuring the QA Coordinator is conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>- Associate Executive Director will be retrained on ensuring the QA Coordinator and QA Manager are conducting a thorough investigation in regards to all alleged violations and assure review within 5 days of the incident.</p> <p>-The Executive Director shall assure through review of incidents and investigations to assure proper documentation and review occurs within 5 days. Any issues shall be dealt with through ResCare policy</p>	

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	<p>van to go out and eat. Staff said she complained of being dizzy. Instructed them to call 911. Requested staff to ask for labs and a CT scan this time. [Client C] is safe. [Client C] is home from the ER (emergency room). Labs, CT (Computed Tomography) scan, and chest X-ray completed. Diagnosis of bilateral pneumonia given. Levaquin (intravenous antibiotic used to treat lung infections/pneumonia) administered at the ER and a prescription given for home. She can return to work on Tuesday. Head injury tracking being completed and monitoring temperature twice. An investigation has been initiated." At the time of the survey being opened at the facility, no investigation had been initiated/completed.</p> <p>The Associate Executive Director of the facility was interviewed on 3/9/16 at 9:45 AM. She stated "we have had some problems in the months of December and January with investigations either not being done at all or being completed thoroughly. I told [Name of QIDP] (Qualified Intellectual Disabilities Professional) to make sure he completed an investigation on both falls. I am not sure why he didn't follow through. We now have a check-list being completed by our new QA (Quality Assurance) Manager. She was not in her current</p>		<p>and procedure.</p> <p>Persons Responsible: QA Coordinator, QA Manager, Program Manager, Associate Executive Director, and Executive Director.</p>	

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W 0159 Bldg. 00	<p>position at the time of the falls. Our goal is to make sure everything going forward is completed in a timely fashion."</p> <p>This federal tag relates to complaint #IN00191534.</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 for 1 of 4 sampled clients (C), the facility's QIDP failed to initiate IDT (Interdisciplinary Team) meeting(s) to address an increase in frequency of client C's falls.</p> <p>Findings include:</p> <p>During review of the facility's internal</p>	W 0159	<p>- Each client's active treatment program must be integrated, coordinated and monitored by a Qualified Intellectual Disability Professional.</p> <p>- QIPD will be retrained on ensuring that all Individual Support Plans are signed by the guardian including</p>	04/22/2016

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	<p>incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations on 3/8/16 at 4:45 PM, an incident report dated 1/17/16 at 7:00 PM indicated "[Name of Direct Personnel Staff] was helping [client C] with her shower. [Client C] went to walk out of the shower. She lost footing and fell." A BDDS (Bureau of Disabilities Services) report filed on 1/19/16 indicated "on 1/17/16 [client C] fell in the shower and has a cut above her right eye. Instructed to call 911. [Client C] is safe. She was discharged from the ER (emergency room) with 6 stitches to her forehead."</p> <p>An incident report dated 1/18/16 at 2:00 PM indicated "clients and staff was (sic) by van getting ready to go out to eat and [client C] fell." A BDDS report filed on 1/19/16 indicated "on 1/18/16 at 2:14 PM [client C] fell going outside to get on the van to go out and eat. Staff said she complained of being dizzy. Instructed them to call 911. Requested staff to ask for labs and a CT scan this time. [Client C] is safe. [Client C] is home from the ER (emergency room). Labs, CT (Computed Tomography) scan, and chest X-ray completed. Diagnosis of bilateral pneumonia given. Levaquin (intravenous antibiotic used to treat lung infections/pneumonia) administered at</p>		<p>approval for updates</p> <p>- Program Manager will be trained on ensure that all plans and updates are signed by the guardian</p> <p>-QIDP will do an IDT to review all clients' program plans &amp; goals to ensure that they remain appropriate and are approved by the guardian</p> <p>-QIDP will review goals monthly for any updates needed</p> <p>Persons Responsible: QIDP, Program Manager, &amp; Executive Director</p>	

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	<p>the ER and a prescription given for home. She can return to work on Tuesday. Head injury tracking being completed and monitoring temperature twice."</p> <p>An incident report dated 2/3/16 at 3:30 PM indicated "[Name of Group Home] clients went to the office to take borrowed van back. [Name of Direct Staff Personnel] had a hold of [client C's] gate belt. [Client C] tripped on light pole in parking lot. She scraped her face and hand." A BDDS report dated 2/5/16 indicated "on 2/3/16 [client C] tripped and fell in the parking lot. 911 was called. [Client C] is safe. She has an abrasion to her right cheek, a cut in the right corner of her mouth and possibly a cut on the inside of the mouth and abrasions to both hands. An investigation will be completed." The results of an investigative summary completed on 2/5/16 indicated "Conclusion: After review of witness statements and documentation, the investigative committee concludes [client C] was waking (sic) to the van from another van and tripped over the base of a light pole and while being assisted by staff who lowered her to the ground by use of a gait belt. It was determined staff followed policy and procedure during the fall."</p> <p>During review of client C's record on</p>			

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W 9999  Bldg. 00	<p>3/9/16 at 10:45 AM, no IDT (Interdisciplinary Team) notes were available since October of 2015. There were no IDT meeting notes indicating the team had met to discuss the increase in the frequency of client C's falls and/or whether to implement new measures to reduce the incidence of client C's falls.</p> <p>The Associated Executive Director was interviewed on 3/9/16 at 9:45 AM. She stated "I double checked and there are no IDT notes available indicating the team had met to discuss [client C's] increased falls. The team should have met to discuss the increased incidence of [client C's] falls."</p> <p>This federal tag relates to complaint #IN00191534.</p> <p>9-3-3(a)</p> <p>STATE FINDINGS</p>	W 9999	- QA Coordinator will be retrained	04/22/2016	

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	<p>The following Community Residential Facilities For Persons With Developmental Disabilities rules were not met.</p> <p>1. 460 IAC 9-3-1 Governing Body Section 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>"Incidents to be reported to BQIS (Bureau of Quality Improvement Services) included any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to...:</p> <p>15. A fall resulting in injury, regardless of the severity."</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 4 sampled clients (A and C), the facility failed to report three falls on 1/17/16 and 2/3/2016 immediately to the administrator and to the Bureau of Developmental Disabilities Services</p>		<p>on completing incident reports within 24 hours of knowledge</p> <p>- QA Manager will be retrained on ensuring that incident reports are completed within 24 hours of knowledge</p> <p>- Associate Executive Director will be retrained on ensuring the QA Coordinator and QA Manager are completing incident reports within 24 hours of knowledge</p> <p>-The Executive Director shall assure through review of all incidents that reports are completed within 24 hours. Any issues shall be dealt with through ResCare policy and procedure.</p> <p>Persons Responsible: QA Coordinator, QA Manager, Program Manager, Associate Executive Director, and Executive Director.</p>		

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	<p>(BDDS) in accordance with State law.</p> <p>Findings include:</p> <p>During review of the facility's internal incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations on 3/8/16 at 4:45 PM, an internal incident report dated 1/17/16 at 7:00 PM indicated "[Name of Direct Personnel Staff] was helping [client C] with her shower. [Client C] went to walk out of the shower. She lost footing and fell." A BDDS (Bureau of Disabilities Services) report filed on 1/19/16 indicated "on 1/17/16 [client C] fell in the shower and has a cut above her right eye. Instructed to call 911. [Client C] is safe. She was discharged from the ER (emergency room) with 6 stitches to her forehead. An investigation has been initiated". The 1/19/16 BDDS report was submitted two days after the incident.</p> <p>An internal incident report dated 2/3/16 at 4:30 AM indicated "[client A] feel (sic) in her room on the floor." A nursing note dated 2/3/16 indicated "client fell this AM (morning) in room, no injuries reported, body observation done per nurse with no complaint of pain or discomfort." A BDDS report dated 2/5/16 indicated "on 2/3/16 [client A] fell in her</p>			

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	<p>room and there were no injuries. [Client A] is safe. An investigation will be completed." The results of an investigative summary dated completed on 2/5/16 indicated "Conclusion: After review of witnesses statements and documentation, the investigation committee concludes [client A] was in her room and she fell and there were no witness (sic) to the incident. It was determined that staff are within arm's length of the individual when she is outside of her room." The BDDS report was submitted two days after the incident.</p> <p>An internal incident report dated 2/3/16 at 3:30 PM indicated "[Name of Group Home] clients went to the office to take borrowed van back. [Name of Direct Staff Personnel] had a hold of [client C's] gait belt. [Client C] tripped on light pole in parking lot. She scraped her face and hand." A BDDS report dated 2/5/16 indicated "on 2/3/16 [client C] tripped and fell in the parking lot. 911 was called. [Client C] is safe. She has an abrasion to her right cheek, a cut in the right corner of her mouth and possibly a cut on the inside of the mouth and abrasions to both hands. An investigation will be completed." The results of an investigative summary completed on 2/5/16 indicated "Conclusion: After</p>			

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	<p>review of witness statements and documentation, the investigative committee concludes [client C] was waking (sic) to the van from another van and tripped over the base of a light pole and while being assisted by staff who lowered her to the ground by use of a gait belt. It was determined staff followed policy and procedure during the fall." The 2/5/16 BDDS report was submitted two days after the incident.</p> <p>The Associate Executive Director of the facility was interviewed on 3/9/16 at 9:45 AM. She stated "We have had some problems in the months of December and January with incidents being completed/reported on a timely fashion. I told [Name of QIDP] (Qualified Intellectual Disabilities Professional) to make sure he filed the BDDS report immediately. I am not sure why it wasn't done. It should have been reported within 24 hours."</p> <p>This federal tag relates to complaint #IN00191534.</p> <p>9-3-1(b)</p>			