

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G592	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/06/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 107 A VILLA CT BRAZIL, IN 47834
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W000000	<p>This visit was for a predetermined full recertification and state licensure survey.</p> <p>Dates of Survey: September 30, October 2, 3, 6, 2014</p> <p>Provider Number: 15G592 Aims Number: 100240070 Facility Number: 001106</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/15/14 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, interview and record review for 4 of 4 sampled clients (#1, #2, #3, #4), the facility failed to ensure clients had the right to keep/maintain their own personal electric razors.</p> <p>Findings include:</p>	W000137	All of the client's personal hygiene supplies will be placed in their bedrooms so that they are accessible to them. All staff will be trained on client rights and rights restrictions that includes providing access to hygiene supplies/personal razors. The Residential Manager/QIDP will be responsible for providing this	11/05/2014

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>An observation was done on 10/2/14 from 2:38p.m. to 5:09p.m. at the group home. At 3:27p.m. clients #1, #2, #3 and #4's personal electric razors were observed to be in a container kept in the locked office area of the group home to which only staff had a key to the office.</p> <p>Record review for client #1 was done on 10/6/14 at 11:37a.m. Client #1's 8/8/14 individual support plan (ISP) did not indicate client #1's personal electric razor would be kept locked in the office. Client #1 had no training program to address the locked item.</p> <p>Record review for client #2 was done on 10/6/14 at 9:18a.m. Client #2's 8/26/14 ISP did not indicate client #2's personal electric razor would be kept locked in the office. Client #2 had no training program to address the locked item.</p> <p>Record review for client #3 was done on 10/6/14 at 10:12a.m. Client #3's 8/8/14 ISP did not indicate client #3's personal electric razor would be kept locked in the office. Client #3 had no training program to address the locked item.</p> <p>Record review for client #4 was done on 10/6/14 at 11:02a.m. Client #4's 8/8/14 ISP did not indicate client #4's personal</p>		<p>training. In the event that the IDT or per assessment it is identified that a restriction must be in place for training or safety purposes, The QIDP is responsible to insure that any restrictions initiated against the rights of any client is to be addressed and approved by the IDT and the Human Rights Committee before any type of restriction can be implemented.</p> <p>The Residential Manager/QIDP will include monitoring that hygiene supplies/ personal razors are accessible as part of their weekly audits.</p>		

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W000159	<p>electric razor would be kept locked in the office. Client #4 had no training program to address the locked item.</p> <p>Staff #3 was interviewed on 10/6/14 at 3:27p.m. Staff #3 indicated clients #1, #2, #3 and #4's personal electric razors were kept locked in the office when not in use. Staff #3 indicated only staff had keys to the office. Staff #3 indicated the clients' personal electric razors were locked due to the clients being unable to take care of them.</p> <p>Staff #1 was interviewed on 10/6/14 at 12:34p.m. Staff #1 indicated clients #1, #2, #3 and #4 did not have training programs to address their locked electric razors. Staff #1 indicated the restriction was due to the clients' overuse and breakage of the razors.</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</p>	W000159	All current QIDP's will receive training on the coordination and monitoring of client treatment	11/05/2014			

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	<p>active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring a guardian's written consent had been returned via the mail (#1, #4) and a behavior medication reduction for met criteria was addressed (#3).</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 10/6/14 at 10:12a.m. Client #3's 8/8/14 individual support plan (ISP) indicated client #3 received the behavior medication Seroquel for Psychosis and Autism Disorder. Client #3's behavior data indicated client #3 had (0) documented (resistive behavior) behavioral incidents from 2/14 through 10/6/14. Client #3's medication reduction plan indicated a medication reduction would be considered if client #3 had "no more than 16 resistive behaviors per month across a 6 month period." There was no documentation the interdisciplinary team (IDT) had addressed a possible behavior medication reduction. There was no documentation by the psychiatrist regarding a contraindication to a medication reduction. There was no documentation client #3's medication had been reduced during the past year.</p>		<p>programs. This training will include protocols for analyzing and compiling collected data and timelines for completing reports on the result. On a quarterly basis, the QIDP facilitates a meeting with IDT to review progress and needs with team members. Monthly and Quarterly reports will be completed to insure that each plan is current. The QIDP 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 the training with the QIDP and Clinical Supervisor as to their responsibilities for implementing further training or corrective measures instances where the expectations for providing monitoring of client's treatment programs are not met.</p> <p>The QIDP will be required to submit</p>		

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	<p>The record of client #1 was reviewed on 10/6/14 at 11:37a.m. Client #1's 8/8/14 individual support plan (ISP) indicated client #1 had a guardian. The ISP indicated client #1 had a restrictive behavior support plan (BSP). There was documentation the ISP had been sent to the guardian. There was no documentation of guardian written informed consent for client #1's 8/8/14 ISP.</p> <p>The record of client #4 was reviewed on 10/6/14 at 11:02a.m. Client #4's 8/8/14 ISP indicated client #4 had a guardian. The ISP indicated client #4 had a restrictive behavior support plan. There was documentation the ISP had been sent to the guardian. There was no documentation of guardian written informed consent for client #4's 8/8/14 ISP.</p> <p>Staff #1 (QIDP) was interviewed on 10/6/14 at 12:34p.m. Staff #1 indicated clients #1 and #4's guardians had been sent a copy of their 8/8/14 ISPs/BSPs but had not returned a written consent for the programs. Staff #1 indicated there was no documentation the QIDP had followed up on obtaining the guardian signature for the 8/8/14 ISPs/BSPs. Staff #1 indicated the QIDP was responsible for the</p>		a monthly progress report to the Clinical Supervisor that indicates the progress review for each individual plan. This will be required for at least the next 6 months to insure compliance and competency. The QIPD will also submit a schedule indicating when quarterly and annual Team Reviews are scheduled to the Clinical Supervisor so that they can track that plans are being reviewed as required.				

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W000249	<p>coordination and monitoring of obtaining guardian written consent and the monitoring of behavior data/criteria for client medication reductions.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review and interview, the facility failed for 3 of 4 sampled clients (#2, #3, #4) to ensure client #2's identified behavior support plan (BSP) and client #3 and #4's communication training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 10/2/14 from 2:38p.m. to 5:09p.m. at the facility group home. Throughout the observation time client #2 would grab the surveyor's arm and hold and squeeze it. Staff would</p>			W000249	<p>The training objectives for Client #3 and Client #4 to address communication needs have been reviewed and all staff will be trained on the implementations of the program as written. The behavior support plan for Client #2 has been reviewed and all staff will be trained on the behavior support plan. 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 a weekly basis, the Residential Manager and/or QIDP will monitor all objectives to insure that staff are providing the</p>		11/05/2014

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	<p>give client #2 verbal prompts to release his hold. Client #2 was not consistently redirected to an activity after his release (from his hold). At 4:10p.m., client #4 was asked by staff if he wanted to look at his books. Client #4 was not prompted to communicate his desire to look at books. At 5:02p.m., client #3 ate supper and helped prepare his drink. Client #3 did not use any sign language when he received his drink.</p> <p>Record review for client #2 was done on 10/6/14 at 9:18a.m. Client #2 had an individual support plan (ISP) and BSP dated 8/26/14. The ISP/BSP indicated client #2 was to be encouraged to participate in activities with others during unstructured time. The BSP also indicated during resistive behaviors, client #2 was to be redirected to activities he enjoys (puzzles, blocks, balls, noise makers). The BSP indicated staff should provide consistency with staff directions.</p> <p>Record review for client #3 was done on 10/6/14 at 10:12a.m. Client #3 had an ISP dated 8/8/14. The ISP indicated client #3 had a communication program to sign drink when opportunities were present.</p> <p>Record review for client #4 was done on 10/6/14 at 11:02a.m. Client #4 had an</p>		<p>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 11-26-14): The QIDP and/Residential Manager completed daily observations at the home for 30 days at various times to assure staff are meeting expectations with running training programs when opportunities allowed and providing active treatment at all times. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations.</p>				

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W000250	<p>ISP dated 8/8/14. The ISP indicated client #4 had a communication program to state the word "book" when opportunities were present.</p> <p>Professional staff #1 was interviewed on 10/6/14 at 12:34p.m. Staff #1 indicated the facility staff should consistently redirect client #2 to an activity when he displayed resistive behavior. Staff #1 indicated client #3 had a communication program to sign drink at all opportunities. Staff #1 indicated client #4 had a communication program to state the word book. Staff #1 indicated this training program should have been implemented at opportunities</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure the clients had an individualized daily activity schedule for their day program activities.</p>	W000250	The Residential Manager will provide a schedule of daily activities to the QIDP on a weekly basis. The schedule will include an individualized schedule of activities for each client, either single or group activites, that will	11/05/2014			

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	<p>Findings include:</p> <p>An observation was done on 10/2/14 from 2:38p.m. to 5:09p.m. at the group home. During the home day service time from 2:38p.m. to 4p.m., clients #3 and #4 were in their bedrooms from 2:38p.m. to 3:11p.m. Clients #2 and #4 were verbally prompted to come for medication at 3:11p.m. Client #3 received his medication at 3:44p.m. and then sat at the dining room table and waited on supper. Client #2 walked around the house and was prompted to the dining room table and he played with a slinky. Client #2 walked out to the van 2 times, with a staff, and staff indicated client #2 wanted to go for a ride. Client #2 was taken for a short van ride. Client #1 watched television and at 3:02p.m. helped put some clothes into the dryer. There were 4 staff at the group home during this time. The staff were interacting with the clients and were observed to redirect behaviors and to play ball with some of the clients. Interview of staff #2 on 10/6/14 at 2:50p.m. indicated the clients were home for day service and there was a schedule for day activities posted in the office. Staff #2 indicated the scheduled afternoon activity for 10/2/14 "toss ball" would not take the entire afternoon and there was no other activity on the</p>		<p>include life skills training, social, physical and community activities that each individual will be assisted and encouraged to participate in throughout each day. Each individual will be provided with choices of recreational and leisure activities that they want to participate in. The client's participation levels will be documented in daily progress notes and reviewed by the QIDP on at least a weekly basis. Staff at the home will be trained on the implementation of the daily individualized schedule and their responsibilities to follow the schedule. The Residential Manager is responsible for the provision of staff training, monitoring and coaching on an ongoing basis. 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. The QIDP will be required to submit a monthly progress report to the Clinical Supervisor that indicates the progress review of the individual's daily activity schedule. This will be required for at least the next 6 months to insure compliance and competency. Addendum (Added</p>				

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W000316	<p>schedule for the afternoon.</p> <p>Record review of the facility's day "Recreation Calendars" was done on 10/2/14 at 2:54p.m. The September and October 2014 Recreation Calendars had 2 activities listed on each day to direct client day program activities. The daily recreation calendar for the week of September 29th through October 3, 2014 indicated on 10/3/14: [name] park; 10/2/14: cartoons and play ball; 10/1/14: puzzles and music. The September 2014 calendar indicated on 9/30/14: puzzle and dance; 9/29/14: look at books and wheel of fortune.</p> <p>Interview of staff #1 on 10/6/14 at 12:34p.m. indicated the clients' recreation calendars consisted of two listed activities for a day and were not specific to client training needs to help guide staff with program activity and training during the day program time.</p> <p>9-3-4(a)</p> <p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. Based on record review and interview, the facility failed for 1 of 4 sampled</p>	W000316	<p>11-26-14) The Residential Manager will provide a copy of the weekly activities schedule to the Clinical Supervisor for review. The Clinical Supervisor will review to insure that the activities are appropriate for the individuals. The Residential Manager is responsible to see that all activities are implemented on an ongoing basis. The Manager, QIDP and Clinical Supervisor will provide at least weekly visits to the home to insure that the schedule and activities are being offered and completed.</p> <p>The Behavioral Support Plans (BSP) for all individuals in the</p>	11/05/2014			

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	<p>clients (#3) who received behavior control medications, to ensure client #3 received an annual medication reduction.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 10/6/14 at 10:12a.m. Client #3's 8/8/14 individual support plan (ISP) indicated client #3 received the behavior medication Seroquel for Psychosis and Autism Disorder. Client #3's behavior data indicated client #3 had (0) documented (resistive behavior) behavioral incidents from 2/14 through 10/6/14. Client #3's medication reduction plan indicated a medication reduction would be considered if client #3 had "no more than 16 resistive behaviors per month across a 6 month period." There was no documentation the interdisciplinary team (IDT) had addressed a possible behavior medication reduction. There was no documentation by the psychiatrist regarding a contraindication to a medication reduction. There was no documentation client #3's medication had been reduced during the past year.</p> <p>Interview of staff #1 on 10/6/14 at 12:34p.m. indicated the facility's IDT had not met and discussed a possible annual reduction for client #3. Staff #1 indicated</p>		<p>home, as well as Client # 3 have been reviewed to insure that a medication reduction plan is in place and are current.</p> <p>The QIDP is responsible to monitor the progress of behavior support goals and report the progress of lack of progress to the physician that monitors the individual's behavior medications. The QIDP reports this progress to the physician and to the team on at least a quarterly basis for review. The QIDP will assure that a medication reduction plan is included in each individual Behavior Support Plan and that a medication reduction is initiated on at least an annual basis. Each QIDP will receive training on their responsibilities for monitoring and reporting progress to the IDT and physician.</p> <p>The Clinical Supervisor is responsible for reviewing each individual client record on at least a quarterly basis to assess accuracy and timeliness, including monitoring that each BSP includes a plan for the reduction of medications. The Program Manager will insure that the quarterly audits are completed and any issues</p>				

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	client #3 had met the criteria for a behavior medication reduction. 9-3-5(a)		identified are resolved.		