STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G137	A. BUILDING 00 B. WING	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	8616 NORTHFIELD DR EVANSVILLE, IN 47713

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W 0000 Bldg. 00	This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey. Survey dates: 6/21/21, 6/22/21, and 6/23/21. Facility number: 000674 Provider number: 15G137 AIM number: 100234390 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/6/21.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility by ensuring the group home remained in good repair. Findings include: On 6/21/21 from 3:00 PM to 6:00 PM, an observation was conducted at the group home. During the observation, the following environmental issues were noted affecting clients #1, #2, #3, #4, #5, #6, #7 and #8: 1) Client #3 and #4's bedroom had a softball	W 0104	The governing body must exercise general policy, budget, and operating direction over the facility. **Staff will be in-serviced on notifying RM of all maintenance issues that may arise in the home.** **Staff will be in-service on daily cleaning and weekly in-depth cleaning of all areas of the home to include but not limited to all bathrooms to include mirrors, walls and vanities**	07/23/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	sized hole in the wall to the right upon entering. The shared closet had a large hole within the back right side of the wall. 2) Client #1 and #8's bedroom had half of a broken blind in the main window covered with a blue sheet that had been secured to the wall with push pins. The upper curved part of the main window did not have a blind present. The wall behind client #8's bed had a large blanket type hanging, secured with push pins covering several holes in the wall. The small sized wall to the left upon entering the bedroom had a poster secured with tape covering a large hole. 3) The bathroom in client #5 and #6's bedroom had an unknown substance present on the walls, shower surrounding, and ceiling. The blinds were discolored with an unknown substance splattered on them. The connecting bathroom closet had 2 holes present. The light fixture in client #5 and #6's vanity area of bathroom was rusted and missing light bulbs. The large mirror in the vanity area of the bathroom had an unknown substance running down the length of the mirror. The bottom drawer of cabinets in the vanity area was missing. There was an unknown substance on the walls, ceiling and sink area of the vanity. Client #5's dresser located in his bedroom was missing the top drawer and the bottom drawer was broken. 4) A kitchen cabinet door was missing on the lower level of cabinets. The wall behind the kitchen sink was separating. 5) Client #2 and #7's bathroom toilet had a bath towel surrounding the base of the toilet. On 6/21/21 at 3:21 PM, client #3 indicated the		**including vanity drawers.** **Residential Manager will be in-serviced on Chain of Command and to complete work orders for all repairs needed in the home and to fax work orders to the Area Supervisor for processing.** **Residential Manager will be in-serviced on ensuring daily and in-depth cleaning is being completed by staff.** **Area Supervisor will be in-serviced regarding calling in the work order to ARAMARK and then sending copy of work order with assigned work order number to the Program Manager for future reference.** **Residential Manager will be in-serviced on following up with their Area Supervisor weekly on all work orders not have not been completed.** **Area Supervisor will be in-serviced on following up weekly with Aramark on all work orders that have not been completed and reporting any issues they are having with repairs to the Program Manager.** **Program Manager will be in-serviced on following up with Aramark on all problem work orders identified by the Area Supervisor that have not been completed and reporting all issues they are having with repairs to the Executive**	

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	hole in his wall and closet had been broken for a while and that it needed to be fixed. On 6/21/21 at 3:26 PM, client #8 indicated a work order had been completed and stated, "Rescare is slow at getting things fixed." On 6/21/21 at 3:32 PM, client #5 stated, "it's broke, needs fixed." On 6/21/21 at 4:56 PM, the Resident Manager (RM) stated, "everything has been reported, this is so nasty." On 6/21/21 at 4:58 PM, the Qualified Intellectual Disabilities Professional (QIDP) stated, "They (issues) should absolutely be fixed." On 6/22/21 at 2:40 PM, the Executive Director (ED) indicated maintenance requests are being made but the company that does the work is "not reliable" and does not fix issues within a timely manner. 9-3-1(a)		**Director.** **Residential Manager will monitor through daily observation to ensure that all environmental issues have been addressed and to maintain contact with Area Supervisor regarding updates on completion of reported environmental issues.** **QIDP will monitor through weekly observations to ensure all environmental issues have been addressed and notify Area Supervisor of incomplete work orders.** **Area Supervisor will monitor through weekly observation to ensure that all environmental issues have been addressed and to maintain contact with Aramark regarding updates on completion of reported environmental issues.** **Program Manager will monitor through monthly observation to ensure that all environmental issues have been addressed and to maintain contact with Aramark regarding updates on completion of reported environmental issues.** **Area Supervisor will notify Program Manager when there is a delay regrading repair of environmental issues so that Program Manager can help expedite repairs.** **Program Manager will notify Executive Director when there**	

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			is a delay regrading repair of environmental issues so that the Executive Director can help expedite repairs. **Persons Responsible: Staff, Residential Manager, QIDP, Area Supervisor, Program Manager, and Executive Director.** **The following repairs have already been completed:** **Clients #3 & #4 bedroom – Holes in walls have been repaired and painted and Hole is closet under repair now but not complete.** **Clients #1 & # Bedroom Holes have been repaired and painted.** **Clients #5 & #6 - bathroom walls and shower surround have been cleaned. Vanity drawer has been repaired/replaced. Walls around vanity and sink area have been cleaned. Holes in Bathroom closet and in bathroom area have been patched but have yet to be painted.** **Client # 2 & #7 – Checked bathroom toilet attached to bedroom – no leak around toilet – Clients did not close shower curtain.** **Additional work orders have been placed for immediate**	

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			repair: **Clients #3 & #4 - Bedroom blinds replaced WO# 222012** **Bedroom door replaced with solid door instead of hollow door WO#222016** **Closet has no doors – need doors placed on closet WO#222017** **Clients #1 & #8– Bedroom blind needs replaced WO#22022** **Clients #5 & #6 -Shower board in Master bath coming loose from wall – reattach. WO#222023** **Repair or Replace Exhaust fan WO#222027** **Repair door molding on bathroom door. WO#222024** **New Lighting Fixture in bathroom vanity area WO#22028** **Kitchen – Lower Kitchen Cabinet door replaced WO#222029** **Wall behind kitchen sink separating – WO#222032** **Clients #2 & #7 – Door stop behind bathroom door WO#222036** **Blind in Bendroom 222034**	

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W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 1 of 5 clients observed to receive their medications (#8), the facility failed to ensure staff administered client #8's medication without handling the pill. Findings include: On 6/21/21 from 3:09 PM to 6:00 PM, an observation was conducted at the group home. At 4:17 PM, staff #2 dropped client #8's Metformin (diabetes) 1000 mg (milligram) onto the desk, picked it up and placed it into the medication cup. Staff #2 administer the dropped pill to client #8 with bare hands. On 6/21/21 at 4:37 PM, staff #2 stated, "I thought meds (medications) could not touch the floor. I thought if medications touched the desk, it was fair game. If that is wrong then it is my mistake." On 6/21/21 at 5:45 PM, the RM (Resident Manager) indicated a medication should not be administered if it had been dropped. The RM stated, "Yes, it would be an infection control issue because it touched a surface that it should not have touched." 9-3-7(a)	W 0455	**ResCare has an active program for the prevention, control and investigation of infection and communicable diseases that remains appropriate.** **To correct W455** **All staff will be re-trained on ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup.** **Residential Manager will be re-trained on ResCare's active program for the prevention, control and investigation of infection and communicable**	07/23/2021

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			diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup. **QIDP will be re-trained on ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup.** **Area Supervisor will be re-trained on ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering**	

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			medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup. **Residential Manager will ensure through daily visits that all staff are following ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup.** **QIDP will ensure through weekly visits that ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized**	

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			surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup. **Area Supervisor will ensure through weekly visits that ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup.** **Program Manager will ensure through weekly visits that ResCare's active program for the prevention, control and investigation of infection and communicable diseases to include the proper wearing of masks, washing and sanitizing both staff and client's hands prior to administering medications and at any time after touching a non-sanitized surface (I.e. any portion of a person's body or any other**	

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			surface and how to properly dispose of a medication that has been compromise by dropping to any surface other than a med cup. **Persons responsible: Staff, Residential Manager, QIDP, Area Supervisor and Program manager.**	
W 9999 Bldg. 00	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met: 1) 460 IAC 9-3-1 Governing Body (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: 16) A medication error or medical treatment error as follows: c.) missed medication - not given; This state rule was not met as evidenced by: Based on record review and interview for 1 of 3 clients in the sample (#3) the facility failed to ensure client #3's incident of missed medication was reported to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours.	W 9999	ResCare has a missed Medication policy that remains appropriate. To Correct tag 9999 Section 1 Staff will be in-serviced on the protocol when a client misses a medication to include but not limited to immediately contacting the Nurse and Residential Manager and to fill out an Incident report and faxing it to the QA department. Residential Manager will be in-serviced on following protocol by sending out an email to the Management team to include the Nurse and QA department informing every one of the missed medications. QA will be in-serviced on reporting all missed medication to BDDS within 24hrs of the time the medication was missed or discovered that it was missed.	07/23/2021

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	Findings include: On 6/21/21 at 11:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: "On 6/14/21 at 8:00 AM (reported to BDDS on 6/17/21), [client #3] did not receive Latuda (depression) 40 mg (milligram) on 6/14/21. The prescription is being refilled. [Name of Doctor] was notified. [Client #3] did not have any adverse effects from missing the medication." -On 6/22/21 at 2:49 PM, the QAM (Quality Assurance Manager) indicated the RM (Resident Manager) noticed the group home had run out of the medication. The QAM indicated the RM called the back pharmacy and was able to get a 3 day supply until they could get a refill. The QAM indicated anyone who knows about a medication not being available or not given appropriately needs to report it. The QAM stated, "Missed medications are to be reported to BDDS (Bureau of Developmental Disabilities) within 24 hours." 9-3-1(b) 2) 460 IAC 9-3-2 Resident Protections Section 2, number (3) The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section. This state rule was not met as evidenced by: Based on record review and interview for 1 of 3 employee files reviewed (staff #1), the facility		ResCare has a Resident Protection policy that remains appropriate. To Correct tag 9999 Section 2 HR Manager and HR Coordinators will be in-serviced on ResCare's Resident Protection policy to include but not limited to requiring a potential staff must submit 3 references. HR Manager and HR Coordinators will be in-service on the importance of tracking annual TB testing to ensure client protection. Persons Responsible: HR Manager, HR Coordinators and Trainer.	

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	failed to ensure staff #1 had three references. Findings include: Staff #1's personnel record was reviewed on 6/22/21 at 11:58 AM. The review did not indicate documentation of three references for staff #1. - Staff #1's record indicated two reference checks which allowed comments about staff #1's prior experience and qualifications for employment. On 6/22/21 at 1:35 PM, the Quality Assurance Manager (QAM) indicated staff screening for employment should include three reference checks. 9-3-2(c)(3) 3) 460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician. This state rule was not met as evidenced by:			

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	Based on record review and interview for 1 of 3 employee files reviewed (staff #2), the facility failed to ensure an annual Mantoux (5TU, PPD) tuberculosis (TB) screening was conducted. Findings include: On 6/22/21 at 12:06 PM, a review of the facility's employee files was conducted and indicated the following: -Staff #2's employee file had no results for Mantoux (5TU, PPD) tuberculosis (TB) screening since 1/23/20. On 6/22/21 at 2:25 PM, the Quality Assurance Manager (QAM) stated, "TB tests are to be completed upon hire and then annually." "I don't know how he (staff #2) was missed, we normally have staff complete TB screening every 6 months, fall and spring." 9-3-3(e)			