

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/06/2022
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NORTHFIELD DR EVANSVILLE, IN 47713
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00375596.</p> <p>Complaint #IN00375596: Substantiated, federal/state deficiency related to the allegation(s) was cited at W149.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: 4/4/22, 4/5/22 and 4/6/22.</p> <p>Facility Number: 000674 Provider Number: 15G137 AIM Number: 100234390</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/13/22.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its written policy and procedures to prevent staff physical abuse of client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/4/22 at 11:00 AM. The review indicated the following:</p>	W 0149	<p>W149</p> <p>-The facility has a policy regarding abuse, neglect, and elopement that remains accurate and appropriate.</p> <p>-All staff will be retrained regarding abuse, neglect, incident reporting, client's rights, and elopement.</p> <p>- The Area Supervisor will be retrained regarding abuse, neglect,</p>	05/12/2022

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>-BDDS report dated 3/15/22 indicated, "[Client A] was not getting up to get ready for work. Staff asked another client to go get a towel.</p> <p>Plan to Resolve: Staff took the towel and put it around [client A's] neck and pulled him off the bed. [Client A] confirmed this when asked about how his morning went. [Client A] stated that [former staff #1] told him that he was going to drag him onto the van. Staff [former staff #1] was put on administrative leave and QA (Quality Assurance) initiated an investigation."</p> <p>-Investigative Summary dated 3/15/22 indicated the following:</p> <p>-"Factual Findings: -It was reported that staff [former staff #1] asked a client to go get him a towel and when the client brought the towel back to [former staff #1], [former staff #1] put it around [client A's] neck to pull him out of bed. -[Client B] was interviewed, and stated that he was asked by staff [former staff #1] to go get him a towel and when he brought the towel back, [former staff #1] put it around [client A's] neck and pulled him out of bed. -[Client B] stated that he is [client A's] roommate and witnessed the incident. -All other clients were interviewed and indicated that they did not see the incident, but heard about it from [client A]. -During the interview it was noted that staff [former staff #1] goes into the clients' rooms and goes through their personal things. -[Client C] indicated that he was sleeping, and [former staff #1] came into his room and was looking through his belongings. -[Client D] also indicated the same that [former</p>		<p>incident reporting, client's rights, and elopement.</p> <p>- The QIDP will be retrained regarding abuse, neglect, incident reporting, client's rights, and elopement.</p> <p>- The Area Supervisor will monitor through weekly observations in the group home to ensure abuse, neglect, incident reporting, client's rights, and elopement policy and procedures are being followed.</p> <p>- The QIDP will monitor through weekly observations in the group home to ensure abuse, neglect, incident reporting, client's rights, and elopement policy and procedures are being followed.</p> <p>- The Area Supervisor will monitor through weekly observations in the group home to ensure abuse, neglect, incident reporting, client's rights, and elopement policy and procedures are being followed.</p> <p>- Program Manager will monitor through monthly observations in the group home to ensure abuse, neglect, incident reporting, client's rights, and elopement policy and procedures are being followed.</p> <p>Persons Responsible: Direct Support Staff, QIDP, Area Supervisor, Program Manager, and Executive Director.</p>	

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	<p>staff #1] went into his room and went through his stuff.</p> <p>-All staff have been interviewed and indicated that they did not see [former staff #1] personally go into the guys' rooms but, the clients have been saying that he does.</p> <p>-Conclusion: -After review of all statements and documentation the investigation committee concludes that it is substantiated that staff [former staff #1] asked a client to go get him a towel and put it around [client A's] neck to get him out of bed. During the investigation it was noted that staff [former staff #1] goes into the clients' rooms and goes through their things."</p> <p>On 4/4/22 at 2:54 PM, the Quality Assurance Manager (QAM) indicated staff were trained on abuse, neglect, exploitation, mistreatment (ANEM) annually and as needed. The QAM stated, "We had a difficult time getting a hold of [former staff #1]. [Former staff #1] then agreed to come to the office but failed to show for an interview." The QAM indicated a registered letter was sent to [former staff #1] indicating he had been terminated for abuse and neglect. The QAM stated, "He (former staff #1) is marked non-rehireable." The QAM indicated staff at the home were to be retrained. The QAM stated, "Yes", the policy for ANEM is to be implemented "every time, all the time."</p> <p>The facility's policy and procedures were reviewed on 4/4/22 at 2:54 PM. The Abuse, Neglect and Exploitation (ANE) policy dated 11/14/18 indicated the following:</p> <p>"ResCare will: -Ensure all persons served are treated with dignity</p>				

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W 0154  Bldg. 00	<p>and respect.</p> <ul style="list-style-type: none"> <li>-Ensure that all persons served are free from abuse, neglect or exploitation.</li> <li>-Establish a protocol for reporting all incidents of abuse, neglect and exploitation to the ResCare Critical Incident Database.</li> <li>-Ensure all incidents of abuse, neglect and exploitation are reported to the appropriate authority as defined by state and local regulations.</li> </ul> <p>ResCare does not tolerate abuse, neglect, or exploitation of any persons served."</p> <p>This federal tag relates to complaint #IN00375596.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 incident/investigative reports reviewed affecting client B, the facility failed to conduct a thorough investigation of an incident involving police involvement with client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/4/22 at 11:00 AM. The review indicated the following:</p> <ul style="list-style-type: none"> <li>-A BDDS report dated 7/15/21 indicated, "During a behavior [client B] began hitting the fence tearing it up.</li> </ul> <p>-Plan to Resolve:</p>	W 0154	<p>W154- The facility must have evidence that all alleged violations are thoroughly investigated.</p> <ul style="list-style-type: none"> <li>-The facility has a policy regarding abuse, neglect, and mistreatment, which has been reviewed and remains appropriate.</li> <li>-The facility has a policy regarding thorough investigations which has been reviewed and remains appropriate.</li> <li>-Staff responsible for assuring proper implementation of this policy will be trained on this policy.</li> </ul>	05/12/2022

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	<p>BSP (Behavior Support Plan) was followed and will be reviewed for appropriateness. 911 was called and the [County Name] Sheriff responded and spoke with [client B]. [Client B] calmed down, went inside the house, and was calm the rest of the day. Staff will continue to monitor."</p> <p>-There was no documentation an investigation was completed.</p> <p>On 4/4/22 at 3:12 PM, the Quality Assurance Manager (QAM) stated, "Yes, there should have been an investigation completed since there was police involvement."</p> <p>9-3-2(a)</p>		<p>-The Training Director will assure that staff participate in training at least annually regarding abuse, neglect, mistreatment policy to assure ongoing understanding and compliance.</p> <p>-Quality Assurance Department shall be re-trained regarding process for assuring immediate notification to the Executive Director for significant incidents, as well as assuring thorough investigations, and review of investigations within 5 days.</p> <p>-Quality Assurance Department will ensure that thorough documentation is kept on file regarding any investigation.</p> <p>-Quality Assurance Director will review and oversee and incidents daily to assure they are reported to the Executive Director in a timely manner, as well as, assuring that all incidents are investigated thoroughly and assure review within 5 days of the incident.</p> <p>-The Executive Director shall assure through review of incidents to assure proper documentation and review occurs within 5 days as well as, assuring all incidents are investigated thoroughly and assure review within 5 days of the incident. Proof of review shall be</p>	

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W 0249 Bldg. 00	<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, interview and record review for 3 of 3 clients in the sample (A, B and C), the facility failed to ensure the clients' program plans for door alarms was implemented.</p> <p>Findings include:</p> <p>On 4/4/22 from 4:11 PM to 5:24 PM, an observation was conducted at the group home. At 4:11 PM, upon entrance to the group home, a door alarm was present on the front door, but it did not sound. At 4:18 PM, a visitor exited the group home through the front door, no alarm sounded when the door was opened. At 4:39 PM, the door in the laundry room leading to the back yard had an alarm present. The alarm did not sound when the door was opened. At 4:40 PM, the door leading to the garage had the control box to the</p>	W 0249	<p>through signature sign off of the investigation report.</p> <p>- Any issues shall be dealt with through ResCare policy and procedure.</p> <p>Persons Responsible: Executive Director, Training Director, Quality Assurance Department, Quality Assurance Director.</p> <p>W249:</p> <p>- Group Home staff, including the Area Supervisor, responsible for implementing each client's program plan will be re-trained by the QIDP regarding proper oversight and review of each client's 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.</p> <p>-Direct Support staff and Area Supervisor will be re-trained by QIDP regarding Clients program</p>	05/12/2022

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	<p>door alarm present but the connector piece on the door frame was missing. At 4:41 PM, the door leading from the office to the backyard had an alarm present on the door. The alarm did not sound when the door was opened. At 4:51 PM, the Qualified Intellectual Disabilities Professional (QIDP) activated the alarm on the office door leading to the backyard. At 4:53 PM, the QIDP activated the alarm on the front door. At 4:54 PM, the QIDP attempted to activate the alarm on the door leading to the garage. This affected clients A, B, C, D, E, F, G and H.</p> <p>On 4/5/22 at 10:30 AM, a review of client A's record was conducted.</p> <p>Client A's 5/11/21 Behavior Support Plan (BSP) had the following tracked behavior: -"Elopement defined as leaving the home/day program without permission and without supervision."</p> <p>Client A's 5/11/21 Human Rights Committee (HRC) approved Modification of Rights indicated the following: -"Door alarms due to elopement all exit doors will have alarms. All exit doors will have alarms when opened."</p> <p>On 4/5/22 at 10:37 AM, a review of client B's record was conducted.</p> <p>Client B's 5/11/21 BSP had the following tracked behavior: -"Elopement as defined as leaving an area that would leave him without supervision or opening van door while moving to exit the van."</p> <p>Client B's 5/11/21 HRC approved Modification of Rights indicated the following:</p>		<p>plan with emphasis on consistently implementing the program plan for each client to assure all clients are always safe and accounted for. Direct support staff and Area Supervisor will assure all door alarms are in working order and monitored.</p> <p>- The Area Supervisor will observe in the home weekly to ensure that all clients program plan is being implemented appropriately and necessary supports are provided.</p> <p>- The QIDP will observe in the home weekly to ensure that all clients program plan is being implemented appropriately and necessary supports are provided.</p> <p>- The Program Manager will observe in the home monthly to ensure that all clients program plan is being implemented appropriately and necessary supports are provided.</p> <p>Area Persons Responsible: Direct Support Staff, QIDP, Area Supervisor, Program Manager, and Executive Director.</p>	

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	<p>-"Door Alarms due to peer elopement all exit doors will have alarms. All exit doors will have alarms when opened."</p> <p>On 4/5/22 at 10:43 AM, a review of client C's record was conducted.</p> <p>Client C's 5/11/21 BSP had the following tracked behavior: -"Elopement defined as leaving the home/day program without permission and without supervision."</p> <p>Client C's 5/11/21 HRC approved Modification of Rights indicated the following: -"Door alarm due to elopement all exit doors will have alarms. All exit doors will have alarms when opened."</p> <p>On 4/4/22 at 4:18 PM, the Area Supervisor (AS) stated, "The alarm is not activated right now, he (client C) has not had an elopement in over a year, but yes, the alarm should be active."</p> <p>On 4/4/22 at 4:41 PM, the Qualified Intellectual Disabilities Professional (QIDP) stated, "Yes, the alarms should be on." The QIDP indicated the alarms were in place due to clients A and C who are elopement risks.</p> <p>9-3-4(a)</p>			