

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G130		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2016	
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 4477 FOXMOOR DR NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 2, 3, 4, 7 and 9, 2016</p> <p>Provider Number: 15G130 AIMS Number: 100234360 Facility Number: 000667</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #27547 and #15068 on 11/18/16.</p>		W 0000				
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>		W 0249	W249- As soon as the		12/19/2016	

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>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3's active treatment program was implemented at the facility-owned day program.</p> <p>Findings include:</p> <p>During observation at the facility's day program on 11/7/16 between 9:50 AM and 10:45 AM, client #3 and 3 of 4 additional peers in the classroom were sleeping with their heads lying on the tables from 9:50 AM until 10:15 AM. Two classroom instructors were conversing at the front of the classroom.</p> <p>At no time between 9:50 AM and 10:15 AM was client #3 prompted to wake up and/or participate in any type of activity. At 10:15 AM, the interim day program director provided a copy of client #3's undated day program active treatment program. Client #3's active treatment program was reviewed on 11/7/16 at 10:15 AM. Client #3's active treatment schedule indicated:</p> <p>9:15 - 10:00 AM --- Game Recreation 10:00 - 10:30 AM --- Life skills (Letters, Reading, Writing) 10:30 - 11:00 AM --- Exercise</p> <p>At 10:15 AM, the two classroom instructors prompted client #3 and the other 4 peers to participate and review "Life Science Stories" discussing the development from the egg through the caterpillar phase to the final butterfly phase as well as the development of the tadpole through the different developmental phases to the frog. Client #3 briefly looked at the "Life Science Stories" then laid his head back down on the table. The clients were then supplied a multiplication worksheet to work on.</p>			<p>interdisciplinary team has formulated a client's individual support 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>- The QIDP responsible for implementing each client's program plan will be re-trained by the QIDP manager 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>- Group Home staff, including the residential manager, responsible for implementing each client's program plan will be re-trained by the QIDP</p>			

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	<p>At 10:15 AM, in response to being asked what the clients, in particular client #3, should be doing, the interim director stated "well he has an active treatment program we're supposed to be following. It's been hard to get the clients to do anything at all since [name of former day program director] quit just over a month ago. We need to purchase supplies such as cooking items, classroom items for a health class and other supplies. Since [name of former day program director] resigned, I haven't had access to the credit card to purchase the equipment we so desperately need."</p> <p>Client #3's record was reviewed on 11/7/16 at 11:15 AM. Client #3's 6/16/16 ISP (Individual Support Plan) indicated client #3's program plan training objectives included but were not limited to:</p> <ul style="list-style-type: none"> -- "Will initiate and participate in a group activity. -- Will make a grocery list of healthy (food) choices. -- Will locate and learn emergency numbers. -- Will practice safety when cooking. -- Will clean glasses daily." <p>During interview with the Associate Executive Director on 11/7/16 at 1:00 PM, she stated "[names of the interim day program directors] should be responsible for running the clients' active treatment programs. They should not allow them (the clients) to be sleeping through much of the day. There is enough equipment and supplies for them to work on with the clients."</p> <p>9-3-4(a)</p>				<p>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 direct day program staff will be re-trained regarding Client #3's program plan with emphasis on consistently implementing the program plan for each client to assure continuous active treatment at all times.</p> <p>- The Residential Manager will observe in the home daily to ensure that all clients program plan are being implemented appropriately and necessary supports are provided.</p> <p>- The QIDP will observe in the home twice monthly to ensure that all clients program plan are being</p>		

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					<p>implemented appropriately and necessary supports are provided.</p> <p>- The Area Supervisor will observe in the home monthly to ensure that all clients program plan are being implemented appropriately and necessary supports are provided.</p> <p>-Program Manager will observe in the home monthly to ensure that all clients program plans are being implemented appropriately</p> <p>Persons Responsible: Staff (home and day program), Residential Manager, QIDP, QIDP Manager, Program Manager, and Executive Director.</p>		