STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G591	A. BUILDING 00 B. WING	06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	411 N PINE BRAZIL, IN 47834

(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	This visit was for the PCR (Post Certification Revisit) to the recertification and state licensure survey completed on 3/10/21. Dates of Survey: 6/8/21, 6/9/21 and 6/10/21. Facility number: 001105 Provider number: 15G591 AIM number: 100245580 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/28/21.	W 0000		
W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 3 sampled clients (#1 and #2) plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to ensure clients were encouraged to help with meal preparation, were provided napkins at meals, and clients #1, #2, #4, #5, #6, #7, and #8 were encouraged to participate in family style dining. Findings include: Observations were completed on 6/8/21 from 4:00 pm through 6:00 pm. On 6/8/21 at 4:28 pm staff #3 prepared the evening meal, cooked the ground beef, opened and heated a can of corn, and prepared the lettuce and shredded cheese without any client participation. Clients (#1, #2,	W 0488	**All staff will receive training on providing napkins at mealtime, involving clients in meal preparation, setting the table, and participating in family style dining to the best of their ability.** **QIDP and Area Supervisor to each conduct meal time observations in the home on a weekly basis and report any observed concerns to the Program Manager. QIDP to retrain staff as needed with any concerns observed. Staff continuing to exhibit deficient meal time practices after**	07/10/2021

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G591	A. BUILDING 00 B. WING	06/10/2021

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	#4, #5, #6, #7 and #8) were in the living room watching TV; no clients were prompted to help prepare dinner. At 4:41 pm staff #3 called clients #1, #2, #4, #5, #6, #7, and #8 to the dining room table for their evening meal, which was taco salad, corn and mixed fruit. Staff #3 dished out ground beef, tortilla chips, corn and fruit onto each client's plate. Staff #3 passed out utensils to each client and no client was given a napkin during the evening meal. Client #1 used a bath towel from his walker to wipe his face. Client #8 helped place cups onto the table and poured juice for clients #1, #2, #4, #5, #6, #7, and himself. At 5:00 pm client #8 was prompted to place his dishes into the sink. No client was prompted to wash their dishes after their meal. At 5:00pm, staff #3 was asked if clients help prepare meals. Staff #3 indicated she was new and was still learning about each client's goals. Staff #3 indicated clients should help with meal preparation when able to. QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 6/10/21 at 12:10 pm. QIDP #1 indicated all clients should be encouraged to participate in meal preparation through prompting from staff. QIDP #1 indicated clients should be provided napkins at all meals. QIDP #1 indicated clients should be encouraged to help set the table, meal preparation, carrying food to the table, scoop their own portions (with hand over hand assistance if needed) and participate in family style dining. 9-3-8(a)		**retraining will be referred to the Program Manager for additional corrections.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	