

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G130	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
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
W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: September 11, 12, 13, 16 and 18, 2013.</p> <p>Provider Number: 15G130 Aims Number: 100234360 Facility Number: 000667</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 27, 2013 by Dotty Walton, QIDP.</p>	W000000		

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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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation and interview, the facility failed for 2 of 4 sampled clients (#1, #3) and 1 non-sample client (#5) with adaptive equipment, to provide opportunity for the clients to help maintain their eyeglasses.</p> <p>Findings include:</p> <p>An observation was done at the group home on 9/13/13 from 5:35a.m. to 7:04a.m. At 5:45a.m., staff #4 asked client #5 for his eyeglasses. Client #5 took off his eyeglasses and staff #4 custodially cleaned his eyeglasses and gave them back to client #5. Staff custodially cleaned client #3's eyeglasses at 6:04a.m. Staff #4 custodially cleaned client #1's eyeglasses at 6:24a.m.</p> <p>Interview on 9/16/13 at 1:32p.m. of staff #1 indicated clients #1, #3 and #5 wore eyeglasses. Staff #1 indicated clients #1, #3 and #5 were capable of participating with the maintenance/care of their eyeglasses.</p>	W000436	<p>W436 - The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by client. - All staff will be trained on providing clients the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids. - All staff will be retrained on client # 1& 2's goal for glasses maintained. - Residential Manager will be trained on providing clients the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids. - Residential Manager will be retrained on client # 1& 2's goal for glasses maintained. - Residential Manager will monitor through daily observations to ensure that all clients have the opportunity to maintain their own adaptive equipment including, but</p>	10/14/2013

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	9-3-7(a)		<p>not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids. - Program Manager will monitor through weekly observations to ensure that all clients have the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids. - An IDT meeting will be completed with client # 3, 4 & 5 to discuss each individual's abilities to properly maintain their own glasses. If the IDT deems that a client is capable of maintaining their own glasses a goal will be put into place and all staff and Residential Manager will be trained on the new goals for each client. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. Persons Responsible: Staff, Residential Manager, Program Manager & Executive Director.</p>	