

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 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	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 10/24, 10/25, 10/26 and 10/27/2023.</p> <p>Facility Number: 001105 Provider Number: 15G591 AIMS Number: 100245580</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 11/15/23.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure a thorough investigation was completed of an incident of client-to-client aggression which resulted in an injury.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports and investigations were reviewed on 10/25/23 at 11:05 AM. The review indicated the following:</p> <p>A BDDS report (#1506743) dated 9/12/23 indicated, "On 9/12/23 following receiving a hug from peer while at RDS (ResCare Day Service), [client #2] accidentally lost his balance while</p>	W 0154	<p>The facility will have evidence that all Client to Client Aggression incidents are thoroughly investigated and reported to BDDS per reporting guidelines.</p> <p>All QIDPs will be retrained on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated. The QIDP is responsible for initiating and completing initial investigation of Client to Client Aggression incidents.</p>	11/27/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>stepping away from peer causing him to fall backwards onto his buttocks and hit his head against a nearby table. [Client #2] presently ambulates independently without assistance from staff. Staff assisted [client #2] to a seated position and evaluated for injuries. No injuries observed from incident. Nurse notified. 24 hour tracking initiated. Staff will continue to follow [client #2's] risk plan for falls. Staff will continue to monitor and report any changes to [client #2's] health.</p> <p>A BDDS report (#1507743) dated 9/15/23 indicated, "On 9/15/23 while assisting [client #2] to the restroom, staff observed an approximate 5" (inch) by 7" bruise on his right thigh caused by previous client to client incident where a peer pushed [client #2] causing him to fall backwards on 9/12/23. See incident report 1506743. [Client #2] presently ambulates independently without assistance from staff. Nurse notified. Staff to continue to monitor bruising for any further issues. Staff will continue to monitor and report any changes to [client #2's] health.</p> <p>The review did not indicate documentation of an investigation regarding client to client aggression causing injury.</p> <p>An interview was conducted on 10/24/23 at 1:52 PM with the QAM (Quality Assurance Manager). The QAM stated, "peer to peer aggression should be investigated."</p> <p>An interview was conducted on 10/27/23 at 12:28 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "peer to peer aggression needs to be investigated."</p> <p>9-3-2(a)</p>		<p>The QIDP Manager is responsible for QIDP oversight and ensuring that these incidents of Client to Client Aggression are thoroughly investigated, and follow-up is completed within the established timelines. QA Manager will maintain an electronic tracking record for compliance with completing investigations in the required timeline and address deficiencies as they occur.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure plans were developed addressing: 1) door alarms affecting clients #1 and #2, 2) chemicals being locked affecting client #2 and 3) clothing kept in separate closet affecting clients #2 and #3.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 10/24/23 from 4:15 PM until 5:50 PM. At 4:15 PM a door alarm was observed on the front door of the home. When the door opened an alarm did not sound. At 4:40 PM the clients arrived home using the North entrance on the side of the home. When the door opened an alarm sounded. At 5:00 PM the surveyor opened the side door on the South side of the home and an alarm sounded. At 5:50 PM when the surveyor left the home using the side door on the North side of the home, an alarm sounded. This affected clients #1 and #2.</p> <p>A record review was completed on 10/25/23 at 12:30 PM. Client #1's ISP (Individual Support Plan) dated 8/24/23 and BSP (Behavior Support Plan) dated 8/24/23 did not indicate the need of door alarms.</p> <p>A record review was completed on 10/25/23 at 12:55 PM. Client #2's ISP and BSP dated 8/24/23 did not indicate the use of door alarms.</p> <p>A record review was completed on 10/25/23 at 1:54</p>	W 0240	<p>/bqidp> /bqidp> QIDP is responsible for coordinating, developing, and revising client plans according to their needs. QIDP will receive retraining on developing and implementing a goal pursuant to addressing an implemented restriction in client plans. /bqidp> QIDP Manager will review all charts on a quarterly basis to ensure appropriate goals are in place pursuant to client needs. Client #1's BSP will be updated to address need to have door alarms present in the home. QIDP additionally will implement goal to address this behavior. Client #2's BSP will be updated to address the need to have door alarms present in the home. QIDP additionally will implement goal to address this behavior. Client #2's BSP will be updated to address need to have chemicals secured in a locked location in the home. QIDP additionally will implement goal to address this behavior. Client #2's BSP will be updated</p>	11/27/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>PM. Client #3's ISP and BSP dated 8/17/23 indicated the need of door alarms.</p> <p>An interview was conducted on 10/24/23 at 4:20 PM with DSP (Direct Support Professional) #6. DSP #6 stated, "the alarms on the doors were due to [client #5's] past behaviors. The alarms are no longer used."</p> <p>An interview was conducted on 10/27/23 at 12:28 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated,"use of door alarms affect all the clients in the home, all plans should address the use of door alarms."</p> <p>2) An observation was conducted at the group home on 10/25/23 from 6:05 AM until 7:50 AM. At 6:52 AM DSP #8 asked for the set of keys to the cleaning cabinet. DSP #6 gave a set of keys to DSP #8. DSP #8 went to a cabinet on the North side of the home used the key and unlocked the cabinet. DSP #8 removed a cleaning product. DSP closed the cabinet and replaced the lock on the cabinet door. This affected client #2.</p> <p>A record review was completed on 10/25/23 at 12:55 PM. Client #2's ISP and BSP dated 8/24/23 did not indicate the need for locked chemicals.</p> <p>An interview was conducted on 10/25/23 at 6:48 AM an interview was conducted with DSP #8. DSP #8 stated, " I was trained the chemicals are to be locked."</p> <p>An interview was conducted on 10/27/23 at 12:28 PM with the QIDP. The QIDP stated,"locked chemicals affect all the clients in the home. All plans should address the use of chemicals being locked."</p>		<p>to address need to have clothes locked in a separate closet due to frequent urination on clothing. QIDP additionally will implement goal to address this behavior.</p> <p>Client #3's BSP will be updated to address need to have clothes locked in a separate closet due to frequent urination on clothing. QIDP additionally will implement goal to address this behavior.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 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 0262 Bldg. 00	<p>3) An observation was conducted at the group home on 10/25/23 from 6:05 AM until 7:50 AM. At 6:35 AM DSP #8 asked client #3 if he wanted a jacket to take to RDS (Residential Day Services). Client #3 nodded his head yes. DSP #8 opened a door to a small room that contained racks of hanging clothes belonging to clients #2 and #3. The small room was not client #3's bedroom. DSP #8 retrieved a jacket and handed it to client #3. Clients #2 and #3 shared a bedroom.</p> <p>A record review was completed on 10/25/23 at 12:55 PM. Client #2's ISP and BSP dated 8/24/23 did not indicate the need for clothing to be kept in a separate closet.</p> <p>A record review was completed on 10/25/23 at 1:54 PM. Client #3's ISP and BSP dated 8/17/23 did not indicate the need for clothing to be kept in a separate closet.</p> <p>An interview was conducted on 10/25/23 at 6:38 AM with DSP #8. DSP #8 stated, "[Clients #2 and #3] are roommates who have a tendency to urinate on their clothing in their closets so it (their clothing) is kept in a separate closet."</p> <p>An interview was conducted on 10/27/23 at 12:28 PM with the QAM (Quality Assurance Manager). The QAM indicated door alarms and locked chemicals affected everyone and should be included in all of the clients' plans. The QAM stated, "clothing kept in a separate closet should be addressed in a plan."</p> <p>9-3-4(a) 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 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	
	<p>monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3), the facility's HRC (Human Rights Committee) failed to review, monitor, and/or make suggestions regarding the facility's use of door alarms, locked cabinet for chemicals, and clothing kept in a separate closet affecting clients #2 and #3.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 10/24/23 from 4:15 PM until 5:50 PM. At 4:15 PM a door alarm was observed on the front door of the home. When the door opened an alarm did not sound. At 4:40 PM the clients arrived home using the North entrance on the side of the home. When the door opened an alarm sounded. At 5:00 PM the surveyor opened the side door on the South side of the home and an alarm sounded. At 5:50 PM when the surveyor left the home using the side door on the North side of the home, an alarm sounded. This affected clients #2 and #3.</p> <p>2) An observation was conducted at the group home on 10/25/23 from 6:05 AM until 7:50 AM. At 6:52 AM DSP (Direct Support Professional) #8 asked for the set of keys to the cleaning cabinet. DSP #6 gave a set of keys to DSP #8. DSP #8 went to a cabinet on the North side of the home, used the key and unlocked the cabinet. DSP #8 removed a cleaning product. DSP closed the cabinet and replaced the lock on the cabinet door. This affected client #2.</p>	W 0262	<p>All rights restrictions implemented are forwarded to an external HRC committee for review. Due to scheduling conflicts which can occur, restriction approvals are sometimes provided via an e-mail response.</p> <p>All QIDPs will receive retraining on ensuring approval of Rights Restrictions are properly documented in the client charts and following through with the HRC committee to ensure approvals are received for implemented restrictions.</p> <p>QIDP will review all Rights Restrictions for individuals at this home to ensure door alarms and locked chemicals are included in current restrictions.</p> <p>Request for HRC approval of restrictions for door alarms, locked cabinets for chemicals, and clothing being maintained in separate closet were resubmitted for approval on 11/27/23.</p>	11/27/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 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
	<p>3) An observation was conducted at the group home on 10/25/23 from 6:05 AM until 7:50 AM. At 6:35 AM DSP #8 asked client #3 if he wanted a jacket to take to RDS (Residential Day Services). Client #3 nodded his head yes. DSP #8 opened a door to a small room that contained racks of hanging clothes belonging to clients #2 and #3. DSP #8 retrieved a jacket and handed it to client #3.</p> <p>An interview was conducted on 10/25/23 at 6:38 AM with DSP #8. DSP #8 stated, "[Clients #2 and #3] are roommates. They have a tendency to urinate on their clothing in their closets so it (clothing) is kept in a separate closet."</p> <p>A record review was completed on 10/25/23 at 12:30 PM. Client #2's ISP (Individual Support Plan) dated 8/24/23 did not include HRC signatures to indicate a review with approvals was included for the use of door alarms, locking of chemicals and clothing kept in a separate closet affecting client #2.</p> <p>A record review was completed on 10/25/23 at 1:54 PM. Client #3's ISP dated 8/17/23 did not include HRC signatures to indicate a review with approvals was included for the use of door alarms, locking of chemicals and clothing to be kept in a separate closet affecting client #3.</p> <p>An interview was conducted on 10/27/23 at 12:28 PM with the QAM (Quality Assurance Manager). The QAM stated, "door alarms, locked chemicals and clothing kept in a separate closet are rights restrictions. They should go through the HRC so we are not violating rights."</p> <p>9-3-4(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 3 of 3 sampled client (#1, #2 and #3), the facility failed to ensure the clients had annual hearing evaluations.</p> <p>Findings include:</p> <p>1) A record review was conducted on 10/25/23 at 12:30 PM. Client #1's annual functional hearing screening was completed by the LPN (Licensed Practical Nurse) on 3/6/23. The LPN did not complete the Screening Results section indicating whether or not client #1's hearing appeared normal, grossly normal, had possible hearing loss or failed the screening. The Screening Results section was left blank.</p> <p>2) A record review was conducted on 10/25/23 at 12:55 PM. Client #2's annual functional hearing screening was completed by the LPN on 3/6/23. The LPN did not complete the Screening Results section indicating whether or not client #2's hearing appeared normal, grossly normal, had possible hearing loss or failed the screening. The Screening Results section was left blank.</p> <p>3) A record review was conducted on 10/25/23 at 1:54 PM. Client #3's annual functional hearing screening was completed by the LPN on 3/6/23. The LPN did not complete the Screening Results section indicating whether or not client #3's hearing appeared normal, grossly normal, had possible hearing loss or failed the screening. The Screening Results section was left blank.</p>	W 0323	<p>The Hearing Screening Results section for all three individuals were updated by nursing on 11/22/23. Hearing screenings had previously been conducted for all three individuals without documented results at the end of the form.</p> <p>Nursing manager will conduct quarterly audit of medical charts to ensure annual hearing screens have been completed for individuals and results appropriately documented.</p>	11/27/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 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 0391 Bldg. 00	<p>An interview was conducted on 10/27/23 at 11:32 AM with the LPN (Licensed Practical Nurse). The LPN stated, "the screening results should have been documented. I failed to fill that box in."</p> <p>9-3-6(a)</p> <p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review and interview for 1 of 7 medications administered during the morning to client #8, the facility failed to remove a medication container without a label out of the supply for client #8.</p> <p>Findings include:</p> <p>An observation was conducted on 10/25/23 from 6:05 AM until 7:45 AM at the group home. At 6:30 AM, DSP (Direct Support Professional) #6 was preparing medications for [client #8.] DSP #6 removed a box from the medication closet. DSP #6 removed a small sealed packet with 1 tablet and 2 capsules. DSP #6 administered: Pharmanex Lifepak Anti Aging (advanced nutrition). There was not a label on the packet. DSP #6 offered the box for the medication for review. There was not a medication label on the box.</p> <p>A review of the PO (Physician's Orders) dated 10/2023 on 10/26/23 at 2:40 PM indicated [client #8] was to receive Lifepak Anti Aging (1 tablet) and Age to Youth (2 capsules) family to provide.</p> <p>An interview was conducted on 10/25/23 at 6:38 AM. DSP #6 stated, "the family provides the vitamins." DSP #6 stated, "They should have a</p>	W 0391	<p>Nursing contacted Pharmacy Alternatives on 11/22/23 to request appropriate label to be placed on vitamins provided by family of individuals for administration to individual. All nurses will be retrained on ensuring all medications are appropriately labeled in the home.</p>	11/27/2023

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

PRINTED: 12/11/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2023
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>label. I did not realize they did not."</p> <p>An interview was conducted on 10/27/23 at 11:32 AM with the agency LPN (Licensed Practical Nurse.) The LPN stated,"medications should have a label even if the guardian provides the vitamins." The LPN stated, "[Client #8's] guardian requested the physician order the vitamins."</p> <p>9-3-6(a)</p>				