

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

PRINTED: 08/23/2024

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 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2024
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN 47834
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaints #IN00426495 and #IN00433010.</p> <p>Complaint #IN00426495: Federal/state deficiencies related to the allegation(s) are cited at W149 and W186.</p> <p>Complaint #IN00433010: No deficiencies related to the allegation(s) are cited.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 7/15, 7/16, 7/18 and 7/22/24.</p> <p>Facility Number: 001105 Provider Number: 15G591 AIMS Number: 100245580</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/1/24.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair.</p> <p>Findings include:</p>	W 0104	The facility will ensure that specific governing body and management requirements are met. The Governing Body will exercise general policy, budget, and operating direction over the facility in regard to home maintenance. Cosmetic maintenance needs	08/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Julia Vaughn

QA Manager

08/16/2024

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>Observations were conducted at the group home on 7/15/24 from 4:30 PM until 6:54 PM. During the observations, the following issues were noted affecting clients A, B, C, D, E, F, G and H.</p> <ul style="list-style-type: none"> - There was a comforter hanging over a swing on the porch of the home. - There was bedding hung over the front porch of the home. - There was a swing tipped over in the front yard. - The recliner in the north living room had a rip 4" (inches) by 4". - There was a twin sized mattress with box spring partially blocking the back hallway leading to a secondary exit. - Laminated cards with a red stop sign and a green go sign hanging on the refrigerator were covered with dried food particles. - The dryer was not drying properly. - There was a 2' (foot) section of trim missing in front of the shower in the south side bathroom. - There was a black trash bag in the corner of the fenced in yard with debris spilling out it. - There was a 6' foot section of fence missing. - There was a shower chair sitting on the outside of the shed. - There was trash on the ground behind and around the trash cans on the north side of the home. - There was a black substance in the corners of the shower on the north side. - There were multiple piles of clothing stored on the floor in front of the washer and dryer. - There was an area 10" by 10" of linoleum missing between the living rooms. - There were broken blinds in the kitchen on the South side of the home. <p>An interview was conducted on 7/15/24 at 5:16 PM with DSP (Direct Support Professional) #2.</p>		<p>are tasked with priority behind those involving client safety and larger projects involving the appearance of the home.</p> <p>A maintenance request was submitted and the bed mattress and frame were removed from the hallway of the home on 07/18/24.</p> <p>A maintenance request was submitted and the dryer in the home was repaired on 07/21/24.</p> <p>A maintenance request was submitted and the 10" by 10" piece of linoleum was repaired on 07/21/24. ResCare is presently in process of having all flooring replaced in the home.</p> <p>A maintenance request was submitted and repairs were made to the shower on 07/23/24.</p> <p>A new recliner is in process of being purchased to replace the one identified with a 4" by 4" rip.</p> <p>A maintenance request was submitted for repair of the fence and maintenance assessed fencing on 07/31/24. Maintenance is presently obtaining bids for replacement of all fencing in yard.</p> <p>A maintenance request was submitted on 08/13/24 for repair of the broken blinds identified in kitchen area of home and for removal of shower chair by</p>	

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W 0149 Bldg. 00	<p>DSP #2 stated, "a couple of weeks ago they were working under the house. Ever since then the dryer has been taking up to 5 cycles to dry clothes."</p> <p>An interview was conducted on 7/18/24 at 11:40 AM with the QIDP-M (Qualified Intellectual Disabilities Professional-Manager). The QIDP-M stated, "maintenance issues should be reported by the staff immediately and repairs should be completed within two weeks."</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 (client A), the facility failed to implement their policy and procedure to protect client A from a fall which resulted in injury and medical intervention.</p> <p>Findings include:</p> <p>On 7/16/2024 at 9:53 AM, the facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed and indicated the following incident regarding client A's significant injury:</p>	W 0149	<p>outside shed.</p> <p>Area Supervisor and all staff in the home will receive retraining on completing maintenance requests at the time needs arise and following up to ensure completion.</p> <p>Area Supervisor and all staff in the home will be retrained on cleaning checklist and ensuring interior and exterior of the home remains clean and free from trash. All staff will be retrained on appropriate laundry procedure, not placing items outside the home to dry, and ensuring maintenance requests are submitted for any issues observed with dryer in home.</p> <p>The agency has policies and procedures defining and preventing abuse, neglect, exploitation, and misstatement. All staff are trained on this upon hire and annual thereafter.</p> <p>All staff and the Area Supervisor will be retrained on agency's abuse, neglect, exploitation, and mistreatment policy.</p> <p>The facility has policies and procedures in place to train</p>	08/16/2024	

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	<p>The 1/16/24 BDS report indicated, "[Client A] presented with not wanting to bear weight on right side. Nurse notified. Staff transported [client A] to the local ER (Emergency Room) for evaluation. X-ray testing indicated right hip fracture. Fracture to hip consistent with fall which occurred in the home on 01/11/24. While staff was assisting other peers with evening medication pass, [client A] had attempted to stand from his wheelchair without waiting for staff assistance to get a drink from the sink and fallen (sic) onto his right side. [Client A] was assessed to have no bruising following fall on 01/11/24 and voiced no discomfort to staff immediately following incident. Local ER referred [client A] to a larger hospital for further treatment. [Client A] was admitted to the hospital on 01/15/24 and is awaiting ortho surgeon consult to discuss possible surgery for repair of hip fracture." The BDS report indicated client A fell fracturing his hip due to staff assisting another client with evening medication pass.</p> <p>Client A's record was reviewed on 7/16/2024 at 11:45 AM. Client A's 6/4/2024 HRP (High Risk Plan) for falls indicated, "Ensure SAFETY first! In the event of an emergency take care of [client A] FIRST then notify appropriate personnel (i.e., nurse, supervisor) 1. Staff will encourage [client A] to remain ambulatory while using his walker, as desired. 2. Staff will encourage [client A] to remain mobile with use of wheelchair. 3. Staff will ensure seat belt is always utilized properly when [client A] is in his wheelchair. 4. Staff will encourage [client A] to always wear his gait belt when ambulating with walker. Staff are to walk with [client A] when not seated, holding the gait belt. 5. Staff will use proper body mechanics when lifting/transferring [client A]. 6. [Client A] will wear properly fitting shoes with brace when</p>		<p>employees who work with clients on skills and competencies directed towards clients' behavioral, medical needs, and objectives. All staff will in the home will be retrained on competency-based consumer specific training to include their ISP, BSP and HRP's.</p>		

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	<p>outside the home. 7. Should injury occur staff will administer first aid as needed and notify nurse immediately. 8. If injury is noted: Document in detail using these guidelines: -DESCRIBE injury - size, color, shape, complaint of pain, guarding or protecting specific body part, limping. - DOCUMENT location of injury and description. Follow-up with the nurse to assure that nurse is aware of the injury."</p> <p>Client A's nursing notes dated 7/16/24 indicated, "On 1/12/24 Staff reached out nurse last night et (and) stated while in the med office, [client A] attempted to stand up at the sink on his own et fell on his right side. Staff assisted him up et back into his w/c (wheelchair). Per staff [client A] appeared to have no injuries et [client A] denied any c/o (complaints) of pain or discomfort. Staff reached out this morning stating [client A] was c/o of some discomfort in his leg. Nurse in home this morning et assessed. ROM (Range of Motion) WNL (Within Normal Limits). No bruising, swelling, redness, or discoloration noted on right side. [Client A] states its sore but 'not too bad.' Staff instructed to continue to monitor et notify nurse with any concerns. Staff gave verbal understanding."</p> <p>On 1/16/24 client A's nursing notes indicated, "Nurse called et spoke to (sic) nurse this morning regarding tx (treatment) plan. Nurse still waiting on (sic) to see [client A]. (Sic) nurse reported [client A] was given IV (Intravenous) pain medication last night et leg is currently in immobilizer. Surgery most likely the plan to correct hip fx (fracture). [Client A] is currently resting."</p> <p>Nursing Notes on 1/17/24 indicated, "Spoke with (sic) this morning. (Sic) surgery reviewed xrays, no surgical intervention required. (Sic) setting up</p>			

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	<p>transition to rehab facility for a few weeks before [Client A] returns to provider."</p> <p>Nursing notes on 1/24/24 indicated, "[Client A] is transitioning to (sic) for rehab today. Team notified via email."</p> <p>3/1/24 nursing notes indicated, "[Client A] discharged from (sic) today. No med changes. [Client A] voiced excitement about being home. Physical assessment unremarkable. F/u scheduled."</p> <p>Nursing notes on 3/25/24 indicated, "(Sic) f/u (follow up): Fx (fracture) doing well. Pt (patient) denies pain. Weight bearing as tolerated. f/u 4 weeks."</p> <p>Nursing notes on 4/30/24 indicated, "Ortho f/u, Fx healed. F/u PRN (as needed)."</p> <p>On 7/15/24 at 2:10 PM an interview was conducted with the QIDP-M (Qualified Intellectual Disabilities Professional-Manager). The QIDP-M indicated the facility prohibited abuse, neglect and mistreatment by clients and staff. The QIDP-M indicated corrective measures are developed by a peer review team to ensure incidents were prevented.</p> <p>On 7/15/24 at 6:23 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "Abuse, Neglect and Exploitation are to be reported immediately." The QIDP stated, "the Abuse, Neglect and Exploitation policy was not followed due to [client A's] significant injury."</p> <p>On 7/22/2024 at 10:00 AM, a review was completed of the 10/2005 "Bureau of Disability</p>			

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	<p>Services Policy and Guidelines." The BDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...." The policy and procedure indicated allegations of abuse, neglect, and mistreatment should be immediately reported to the agency's administrator and to BDS in accordance with State Law and thoroughly investigated.</p> <p>On 7/22/24 at 10:30 AM, a review was completed of the agency's policy Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a violation of Individual's Rights dated 1/10/21 indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights. These include and are defined as any of the following: corporal punishment i.e. forced physical activity, contingent exercise, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, use of a restraint, use and unauthorized possession of weapons, unauthorized use and possession of legal or illegal substances, sexual assault, the infliction of physical pain, seclusion in an area which exit is prohibited, negative practice or over correction, visual or facial screening, verbal abuse including</p>			

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W 0186 Bldg. 00	<p>screaming, swearing, name-calling, belittling, damaging an individual's self-respect or dignity, failure to follow physician's orders, denial of sleep, shelter, food, drink, physical movement for prolonged periods to time."</p> <p>This federal tag relates to complaint #IN00426495.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 3 of 3 sample clients (clients A, B and C), and 5 additional clients (clients D, E, F, G and H), the facility failed to provide a sufficient number of staff to address the clients' needs.</p> <p>Findings include:</p> <p>On 7/16/2024 at 9:53 AM, the facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed and indicated the following incident regarding client A's significant injury:</p> <p>The 1/16/24 BDS report indicated, "[Client A] presented with not wanting to bear weight on right side. Nurse notified. Staff transported [client A] to the local ER (Emergency Room) for</p>	W 0186	<p>The facility will provide sufficient staff to manage and supervise clients in accordance with their individualized plan</p> <p>Program Manager will review all schedules to ensure adequate staffing is in place at all locations and work with Human Resources to recruit to fill staff vacancies at home.</p> <p>The Area Supervisor is responsible for ensuring there is always sufficient staff in the home and reviewing and approving the staffing schedule weekly to ensure that adequate staffing is assigned. The staffing schedule has been</p>	08/16/2024	

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	<p>evaluation. X-ray testing indicated right hip fracture. Fracture to hip consistent with fall which occurred in the home on 01/11/24. While staff was assisting other peers with evening medication pass, [client A] had attempted to stand from his wheelchair without waiting for staff assistance to get a drink from the sink and fallen (sic) onto his right side. [Client A] was assessed to have no bruising following fall on 01/11/24 and voiced no discomfort to staff immediately following incident. Local ER referred [client A] to a larger hospital for further treatment. [Client A] was admitted to the hospital on 01/15/24 and is awaiting ortho surgeon consult to discuss possible surgery for repair of hip fracture." The BDS report indicated client A fell fracturing his hip due to staff assisting another client with evening medication pass.</p> <p>An observation was conducted on 7/15/24 from 4:30 PM until 6:30 PM at the group home. At 4:30 PM DSP (Direct Support Professional) #2 greeted the surveyor at the front door of the home. Clients A, F and G were sitting in the south living room watching cartoons on tv. In the north living room clients D and E were watching a crime show on tv. Client H was bringing in the lunch boxes from the outside. Clients B and C were in their bedrooms on opposite sides of the home. DSP #2 stated, "I am currently the only staff on shift right now." At 4:35 PM DSP #2 assisted client G with proper placement of his nasal oxygen tubing. At 4:42 PM DSP #2 assisted client E with starting his breathing treatment while he was watching tv. At 4:49 PM DSP #2 assisted client B from his bedroom into the office for his afternoon medications. At 4:51 PM DSP #2 assisted client B back to bed. DSP #2 stated, "I am going to assist [client B] with his Ostomy Care." DSP #2 shut the bedroom door. At 4:53 PM DSP #7 arrived at the</p>		<p>reviewed for the home and the Area Supervisor will monitor that adequate staff are assigned daily.</p> <p>Program Manager will retrain the Area Supervisor on Job Responsibilities and ensuring adequate staffing in the home.</p>	

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	<p>home. At 4:54 PM DSP #2 stated, "[Client B] requires extra care due to the Colostomy. [Client G] requires extra care due to G-Tube (gastrostomy) feedings. It is a lot when I am working alone, but I manage."</p> <p>On 7/15/24 at 4:54 PM an interview was conducted with DSP (Direct Support Professional) #2. DSP #2 stated, "I usually work alone in the evenings, we have several openings."</p> <p>An interview was conducted on 7/15/24 at 5:14 PM with DSP #7. DSP #7 stated, "I am not assigned to this home, I just help out occasionally."</p> <p>An interview was conducted on 7/18/24 at 11:30 AM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "the home should have at least 2 staff on shift, more than that would be better. When only one staff is working, they are only getting done what needs to be done. One staff is not able to work on goals or provide them with meaningful activities. Being single staffed is only getting done what is needed to keep the clients healthy and safe."</p> <p>This federal tag relates to complaint #IN00426495.</p> <p>9-3-3(a)</p>			