

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2025
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 8616 NORTHFIELD DR EVANSVILLE, IN 47713
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00436920.</p> <p>Complaint #IN00436920: No deficiencies related to the allegation(s) are cited.</p> <p>Dates of Survey: 3/11/25, 3/12/25 and 3/13/25.</p> <p>Facility Number: 000674 Provider Number: 15G137 AIMS Number: 100234390</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #39778 on 3/19/25.</p>	W 0000		
W 0351 Bldg. 00	<p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A had a dental exam within 30 days of admission to the group home.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 3/12/25 at 11:11 AM.</p> <p>Client A's ISP (Individual Support Plan), dated 5/23/2024, indicated he was admitted to the group home on 6/11/24.</p>	W 0351	<p>Client A has a dental appointment scheduled for 5/29/25 at 10am at Familia Dental.</p> <p>All Area Supervisor will be trained that individuals must have a dental exam upon admission to group home.</p> <p>Program Manager will be trained that individuals must have adental exams upon admission to group home.</p>	04/18/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Danica Curtis	QA Manager	04/03/2025

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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W 0352 Bldg. 00	<p>Client A's record did not indicate he saw the dentist since moving into the group home.</p> <p>An e-mailed received by the LPN (License Practical Nurse) dated 3/12/25 at 2:12 PM and read on 3/13/25 at 10:28 AM indicated, "I finally got through to [provider] Dentist and they stated that he had an appointment in August and in November that he did not attend due to Covid. He than (sic) had an appointment in Janurary (sic) the 4th of this year (sic) he did not attend due to weather issues. He again has an appointment (sic) set for May 29th at 10:00. This appointment is verified and set in his scheduled appointments in [facility's documentation system]."</p> <p>The LPN (Licensed Practical Nurse) was interviewed on 3/13/25 at 10:56 AM. The LPN indicated client A missed three dental appointments due to Covid and the weather. The LPN indicated the last appointment missed was not rescheduled. The LPN indicated client A did not have a dental appointment scheduled until the surveyor asked. The LPN indicated clients should receive a dental exam.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Based on record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C had an annual dental exam.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 3/13/25 at 9:40 AM.</p>	W 0352	<p>Nurses will be trained that individuals must have dental exam upon admission to group home.</p> <p>Person(s) Responsible: Area Supervisor, Program Manager, Nurse</p> <p>Client A has a dental appointment scheduled for 5/29/25 at 10am at Familia Dental.</p> <p>All Area Supervisor will be trained on individuals must have annual dental exams.</p> <p>Program Manager will be trained</p>	04/18/2025

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

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	<p>Client C's record did not indicate he had an annual dental exam.</p> <p>The LPN (Licensed Practical Nurse) was interviewed on 3/13/25 at 10:56 AM. The LPN stated, "I looked through [client C's] chart and could not find a dental exam at all." The LPN indicated she was unsure when client C last saw the dentist as she is new with the company. The LPN indicated clients should receive an annual dental exam.</p> <p>9-3-6(a)</p>		<p>that individuals must have annual dental exams.</p> <p>Nurse will be trained that individuals must have annual dental exams.</p> <p>Person(s) Responsible: Area Supervisor, Program Manager, Nurse</p>		