STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G370	A. BUILDING 00 B. WING	08/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORMAL LIFE OF INDIANA	3214 W ELLEN DR TERRE HAUTE, IN 47803

(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
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00324144. This visit included the Covid-19 focused infection control survey. Complaint #IN00324144: Substantiated, Federal/State deficiency related to the allegation(s) was cited at W249. Survey Dates: 08/20/20 and 08/24/20. Facility Number: 000884 Provider Number: 15G370 AIM Number: 100235090 This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/27/20.	W 0000		
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 1 of 3 clients in the sample (client A), the facility failed to ensure the client's program plan for door alarms was implemented. Findings include: On 8/20/20 from 2:59 PM to 4:02 PM an	W 0249	Door alarms at all exits of the home have been repaired and inspected and are functioning properly. QIDP will implement a door alarm tracking log to ensure they are inspected daily and functioning	09/23/2020

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

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	observation was conducted at the group home. At 3:04 PM, upon entrance through the front screen door, no door alarm sounded. The interior front door was open with a door alarm attached on the door and on the door frame. At 3:11 PM, the sliding door leading from the living room to back deck did not have a door alarm. At 3:14 PM, the sliding door leading from the medication room to the back door had a door alarm present but did not sound when the back door was opened. At 3:30 PM, client A exited to the back deck through the door leading from the living room, no alarm sounded. At 3:33 PM, client A entered the living room through the door from the back deck, no alarm sounded. At 3:54 PM, client A exited to the back deck through the living room sliding door, no alarm sounded. At 3:55 PM, client A entered the living room through the sliding door, no alarm sounded. At 4:02 PM, upon exiting the home through the front screen door, no alarm sounded. On 8/20/20 at 3:15 PM, the Residential Manager (RM) stated, "We do not have anyone in this home who has to have alarms on". On 8/20/20 at 3:34 PM, Direct Support Professional (DSP) #2 indicated there were no individuals in the home who required door alarms. On 8/20/20 at 1:25 PM, a review of client A's 3/10/20 Individual Support Plan (ISP) had the following Modification of Rights: -"Right to be modified: Freedom of movement (Alarms) a. Manner in which the right will be modified: Door alarms are placed on the doors that lead to the outside. b. Reason the modification is needed: To provide for the safety, welfare, and health of an individual living in the home.		properly. Staff will be trained on client's door alarm protocol and the use of the implemented tracking. Door alarm tracking and functionality will be checked during administrative site reviews and weekly supervisory audits. Issues noted during these reviews will be escalated to the Program Manager for timely correction.	

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	c. Less Restrictive Measures that have been attempted: Documentation denotes this individual's inability to provide for movement independently, disorientation, and lack of survival skills necessary to provide for his own safety. d. Services that will be provided in order that the right may be restored: This area will remain and (sic) active goal in the current ISP." On 8/20/20 at 1:27 PM, a review of client A's 3/10/20 Behavior Support Plan (BSP) had the following target behaviors: -"Elopement- defined by running away, leaving supervision of staff without staff's knowledge; leaving the premises without staff or family's knowledge". On 8/20/20 at 2:11 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated door alarms are a Human Rights Committee approved restriction for the group home. The QIDP stated "there should be alarms on and working." This federal tag relates to complaint #IN00324144. 9-3-4(a)			