

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G662	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/09/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 CRUFT AVE TERRE HAUTE, IN 47803
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/09/15</p> <p>Facility Number: 001207 Provider Number: 15G662 AIM Number: 100245260</p> <p>At this Life Safety Code survey, Normal Life of Indiana was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, client rooms and common living areas. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		
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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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K S014 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review on 09/14/15 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 bedrooms had at least a Class C interior finish. This deficient practice could affect 1 client.</p> <p>Findings include:</p> <p>Based on observation with the Clinical Supervisor on 09/09/15 at 2:35 p.m., the bottom half of the walls in bedroom #2 was covered with wood paneling. Based on an interview with the Clinical Supervisor at the time of observation, she was unable to provide documentation to confirm the wood paneling provided a Class A, B or C finish.</p>	K S014	<p>Although there was no evidence at the time of the survey that the wood-paneled areas were finished or treated with a class A, B, or C interior finish, it is thought that this treatment has been completed in the past. These areas will be treated again and the evidence will be maintained with the fire/ Life Safety documents for further review. The Maintenance Coordinator is responsible to see that all wood-paneled areas are finished or treated. A review of all areas of the home will be reviewed and treated as required.</p>	10/12/2015

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K S018 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 7 bedroom doors closed and latched into the door frame. This deficiency could affect 1 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation and interview on 09/09/15 at 2:20 p.m., the Clinical Supervisor acknowledged the door entering bedroom #2 failed to securely latch into the door frame when the door was closed.</p>	K S018	The issue of the door that was not properly closing has been addressed and resolved. The Residential Manager is responsible to insure that any maintenance issues in the home are reported and resolved timely through the established maintenance work order process. The Maintenance Manager completes at least a quarterly check of all areas of the home to identify issues such as this. Additionally, the Safety Committee conducts a check of the home on at least a quarterly basis and that check does include looking to see that all doors close and latch. Any issues noted by the Safety Committee are communicated and followed up by the Program Manager and Maintenance Manager.	10/09/2015	
K S147	483.470(j)(1)(i)				

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Bldg. 01	<p>LIFE SAFETY CODE STANDARD</p> <p>The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under 1 of 1 written fire safety plans. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Clinical Supervisor on 09/09/15 at 2:00 p.m., the facility failed to provide training records to show first shift employees have been instructed of their duties and</p>	K S147	The facility administration will ensure that all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of all clients, and the procedures will be amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction will be reviewed by the staff at least every two months. All staff will complete training on the revised drill schedule to insure that drill are completed at the appropriate time frame. The Residential Manager is responsible for insuring that drills are completed	10/09/2015			

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K S152 Bldg. 01	responsibilities, at least every two months, according to the written fire safety plan. Based on interview with the Clinical Supervisor at the time of record review, the facility did not conduct a first shift fire drill for the fourth quarter of 2014. 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -		according to the posted drill schedule in order to make sure that all staff receives training at least every two months. The Safety Committee review all completed drills on at least a quarterly basis to insure that drills have been conducted on each shift as scheduled. The emergency procedures specific to the home will be updated and made available to all staff in the homes life safety book. All staff will complete formal training on the revised procedures and guidelines. These procedures will include steps to follow in the event of a fire/ emergency including a designated meeting place for evacuations, alarm use, and contacting the fire department as well as specific evacuation needs of each current individual in the home. The Home Manager is responsible for insuring that these emergency procedures are current and that all staff receive training on these procedures. The Safety Committee will add checking for the procedures to the quarterly home check to insure that they are complete and current. The Program Manager is responsible to insure that any issues noted are addressed immediately.	

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	<p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on interview and record review of the fire drill reports titled "Fire/Tornado Drill" on 09/09/15 at 2:00 p.m., the Clinical Supervisor confirmed a first shift fire drill for the fourth quarter of 2014 was not available for review.</p>	K S152	All staff will complete training on the revised drill schedule to insure that drill are completed at the appropriate time frame. The Residential Manager is responsible for insuring that drills are completed according to the posted drill schedule in order to make sure that all staff receives training at least every two months. Since 2014, a new tracking process has been initiated to ensure that all homes are compliant in conducting drills as required. The Clinical Supervisor is responsible to track and follow up in the event that	10/09/2015

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			drills are not conducted timely as scheduled. The Safety Committee reviews all completed drills on at least a quarterly basis to insure that drills have been conducted on each shift as scheduled. The Program Manager is responsible to see that any issues identified by the Safety Committee is follow-up immediately.		