

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G402	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3913 E RIVERSIDE DR EVANSVILLE, IN 47715
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K010000	<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: 03/20/14</p> <p>Facility Number: 000916 Provider Number: 15G402 AIM Number: 100235170</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms, and in common living areas. The facility has a capacity of eight and had a census of seven at the time of this survey.</p>	K010000		
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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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.28.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/24/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 2 of 2 portable fire extinguishers. LSC 101, 4.6.12.2 says existing life safety features obvious to the public, if not required by the Code, Shall either be maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 03/20/14 between 12:00 p.m. and 12:30 p.m. during a tour of facility with the Maintenance Supervisor, there was no documentation on the inspection tags to show the two portable fire extinguishers were inspected during July through</p>	K010130	<p>K130</p> <ul style="list-style-type: none"> - The facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 2 of 2 portable fire extinguishers. - The Residential Manger will be retrained on ensuring that the fire extinguishers are inspected monthly and that the findings are documented. - The Residential Manager will monitor through daily visitations to ensure that the fire extinguishers are being inspected monthly and that the findings are documented. - The Program Manager will monitor through weekly visitations to ensure that the fire extinguishers are being inspected monthly and that the findings are documented. - The Environmental Manger will monitor through monthly visitations to ensure that the fire extinguishers are being inspected monthly and that the findings are documented. <p>Persons Responsible: Residential Manager, Program Manger, Environmental Manager, & Executive Director.</p>	04/17/2014			

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	December of 2013, and February of 2014. During an interview at the time of each observation, the Maintenance Supervisor said there was no other evidence available the two portable fire extinguishers were inspected during the previously mentioned months of 2013 and 2014.			