

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G400	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/28/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 605 W CRAIG BRAZIL, IN 47834
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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: 12/28/15</p> <p>Facility Number: 000914 Provider Number: 15G400 AIM Number: 100244450</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 building was determined to be not sprinklered. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety,</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 S147 Bldg. 01	<p>Chapter 6, rated the facility Prompt with an E-Score of 0.4.</p> <p>Quality Review completed 01/05/16 - DA.</p> <p>483.470(j)(1)(i) 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 failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients in the facility. This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the QIDP</p>	K S147	<p>The Clinical Supervisor will review to insure that all drills are now current and that all staff have received training regarding the plan for special response.</p> <p>The facility has a monthly drill schedule that is provided to the Residential Manager that outlines when drills are to take place, including each shift, so that at least one drill is conducted one each shift at least every three months. Unless there is inclement weather during</p>	01/27/2016			

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K S152 Bldg. 01	<p>from 11:00 a.m. to 11:50 a.m. on 12/28/15, records of staff instruction and review of the facility's written protection plan was not available for review. Based on interview at the time of record review, the QIDP acknowledged records of periodic staff instruction regarding special staff response and the protection plan for the facility was not available for review. Furthermore, based on review of "Fire/Tornado Drill: Fire" with the QIDP, documentation of a fire drill conducted on the third shift in the second quarter (April, May, June) and third quarter (July, August, September) of 2015 was not available for review.</p> <p>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 - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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>the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts.</p> <p>The Residential Manager has received training concerning their responsibilities to insure that staff training in emergency procedures and fire drills is completed in at least a monthly basis.</p> <p>The Clinical Supervisor tracks the completion of emergency drills and evacuations on a monthly basis. If any discrepancies are noted they are reported to the Program Manager for follow up with the Residential Manager. The Safety Committee reviews the timely completion of and issues noted during fire and storm drill on at least a quarterly basis. The Program Manager is responsible for submitting, reviewing and following up on recommendation with the Safety Committee.</p>				

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	<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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the third shift for 2 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire/Tornado Drill: Fire" documentation with the QIDP during record review from 11:00 a.m. to 11:50 a.m. on 12/28/15, documentation of a fire drill conducted on the third shift in the second quarter (April, May, June) and third quarter (July, August, September) of 2015 was not available for review. Based on interview at the time of record review, the QIDP stated additional</p>	K S152	<p>The Clinical Supervisor will review to insure that all drills are now current and that all staff have received training regarding the plan for special response.</p> <p>The facility has a monthly drill schedule that is provided to the Residential Manager that outlines when drills are to take place, including each shift, so that at least one drill is conducted one each shift at least every three months. Unless there is inclement weather during the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts.</p> <p>The Residential Manager has received training concerning their responsibilities to insure that staff training in emergency procedures and fire drills is completed in at least a monthly basis.</p>	01/27/2016			

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	fire drill documentation was not available for review and acknowledged documentation a fire drill conducted on the third shift for the aforementioned quarters was not available for review.		The Clinical Supervisor tracks the completion of emergency drills and evacuations on a monthly basis. If any discrepancies are noted they are reported to the Program Manager for follow up with the Residential Manager. The Safety Committee reviews the timely completion of and issues noted during fire and storm drill on at least a quarterly basis. The Program Manager is responsible for submitting, reviewing and following up on recommendation with the Safety Committee.		