STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 11/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORMAL LIFE OF INDIANA	1970 E 45 1/2 CT TERRE HAUTE, IN 47802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 11/25/13 Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720 Surveyor: Bridget Brown, Life Safety Code Specialist 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. This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in corridors and in common living areas. Client sleeping rooms are provided with battery powered smoke detectors. The facility has a capacity of 8 and had a census of 6 at the time of this survey.	K010000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	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 1.3. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/26/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced bythe following:			

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K010130	1. Based on observation, record review and interview; the facility failed to implement and maintain a preventive maintenance program for battery operated smoke detectors installed in 5 of 5 client sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required, shall be either maintained or removed. This deficient practice could affect visitors, staff and 6 clients. Findings include: Based on record review and interview with the maintenance director on 11/25/13 at 11:30 a.m., there was no record of monthly checks for the battery powered smoke detectors observed in client sleeping rooms. The maintenance director said he did not have any record of monthly checks available for review. 2. Based on observation, record review and interview; the facility failed to provide evidence of a preventive maintenance program for 2 of 2 battery powered emergency light fixtures. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required, shall be either maintained or removed. This deficient practice could	K010130	The facility does maintain a preventative maintenance program which includes a monthly, semi-annual and annual home check that is completed at each home. The program also includes a maintenance request system for informing the maintenance department of needs on an ongoing basis. A monthly check of the battery operated smoke detectors and emergency lights has been added to the Monthly Preventative Maintenance checklist. Each checklist is submitted to the Quality Assurance Manager when completed for review and tracking. Any issues that are not addressed will be follow-up by the QA Manager. Results and issues identified on the checklist are reported to the Safety Committee on a quarterly basis and to the executive director as needed. Each home is also equipped with flashlights and extra batteries to utilize in the case of an emergency. The Home Manager is responsible for insuring that these are in working order at all times. The Safety Committee conducts an environmental checklist at each home on at least a quarterly basis. Emergency equipment is checked and tested at that time as well.	12/20/2013

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	affect visitors, staff and 6 clients. Findings Include: Based on observation with the maintenance director on 11/25/13 between 11:15 a.m. and 11:45 a.m., two battery powered emergency light fixtures were provided in the sleeping room corridor. A review of facility test records with the maintenance director on 11/25/13 at 11:50 a.m. failed to include evidence of emergency lighting test records. The maintenance director said at the time of record review, testing was done but he did not have the records for review.			

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K01S147	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 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 the plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients. Findings include:	K01S147	Fire drills for the shifts as indicated in the survey had been completed however the documentation for those drills was maintained at the program office and was not available at the home at the time of the inspection. All drills have been reviewed for all quarters in the past year and are current. The facility has a monthly drill schedule that is provided to the Home Manager that outlines when drills are to take place, including each shift, so that at least one drill is conducted on each shift at least every three months. Unless there is inclement weather during the drill, all residents are evacuated from	12/20/2013

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	Based on Fire Drills reviewed with the maintenance director on 11/25/13 at 11:45 a.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any record of a fire drill for the first shift during the fourth quarter of 2012 and second quarter of 2013. No drills were provided for the second shift during the fourth quarter of 2012 and the first quarter and third quarters of 2013. The maintenance director confirmed after consulting with the house manager at the time of record review, there was no other documentation available to evidence staff training during these periods.		the home during each drill conducted at the home on all shifts. The Home Manager is responsible for ensuring that drills are completed by the direct care staff as outlined in the schedule. The Home Manager also reviews and signs the Drill Reports indicating that any issues identified during the drill are followed-up appropriately. The Home Manager is responsible for assuring drills are properly filed with the QA office and at the home. The Quality Assurance Coordinator collects and tracks completed drills and evacuations on a monthly basis. Information is then communicated to the Program Director for follow-up with the Home Manager. The QA Coordinator also reports drills conducted to the Safety Committee on at least a quarterly basis. All staff in the home will receive training on the fire drill schedules, documentation of drills, evacuation of the clients from the home and their specific responsibilities in a fire/ disaster drill. The Program Manager will be responsible for insuring the training is completed with each staff member. Training will be provided to the QA Coordinator to outline their responsibilities for communicating follow-up and drill/ training needs on at least a monthly basis. The QA Manager will follow-up to insure training is completed. The Home Manager will be responsible to insure that	

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			current copies of the fire/ evacuation drills are maintained at the home in order to be accessible during future surveys.	

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K01S152	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. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. (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 ensure fire and evacuation drills were provided for each shift for 4 of 4 quarters. This deficient practice affects all occupants. Findings include: Based on Fire Drills reviewed with the maintenance director on 11/25/13 at	K01S152	Fire drills for the shifts as indicated in the survey had been completed however the documentation for those drills was maintained at the program office and was not available at the home at the time of the inspection. All drills have been reviewed for all quarters in the past year and are current. The facility has a monthly drill schedule that is provided to the	12/20/2013

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	11:45 a.m., fire drill records were not provided between 06/30/12 and 06/11/13 for the second shift. There were no drill records provided for the first shift between 09/30/12 and 03/29/13, and between 03/29/13 and 07/11/13. The maintenance director consulted with the house manager at the time of record review. She said the drills were all done since she started in March, they could have been sent "to the office," but she could not say whether missing drills prior to March 2013 had been done.		Home Manager that outlines when drills are to take place, including each shift, so that at least one drill is conducted on 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. The Home Manager is responsible for ensuring that drills are completed by the direct care staff as outlined in the schedule. The Home Manager also reviews and signs the Drill Reports indicating that any issues identified during the drill are followed-up	