

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G387	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1013 WHITE TAIL BRAZIL, IN 47834
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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: 12/12/14</p> <p>Facility Number: 000901 Provider Number: 15G387 AIM Number: 100244360</p> <p>Surveyor: Bridget Brown, 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 not sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and common living areas, and battery powered smoke detectors in two east sleeping rooms. The facility has the capacity for 6 and had a census of 5 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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K01S032	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.5.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens.</p> <p>Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2.2</p> <p>Based on observation and interview, the facility failed to ensure the primary means of escape from 2 of 5 sleeping rooms in a nonsprinklered facility with a Slow rated evacuation capacity was not exposed to the living and kitchen areas. This deficient practice affects 2 clients in the east sleeping rooms.</p>	K01S032	<p>This facility underwent a remodel in 2007 which resulted in the current floor plan of the bedrooms and living/ kitchen areas. Following the remodel, the facility was surveyed and approved by a Life Safety Specialist and the floor plan was approved. Since 2008, the home has received zero-deficiencies from the Life Safety Annual Surveys. Therefore the facility was not prepared for</p>	01/12/2015

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	<p>Findings include:</p> <p>Based on observation with the house manager and maintenance director on 12/12/14 at 2:50 p.m., the primary means of escape for the east sleeping rooms did not have separation from the kitchen and living room. The house manager and maintenance director acknowledged at the time of observation, the means of escape from these sleeping rooms had no separation from the common areas.</p>		<p>the outcome of this most recent survey. Plans are underway to determine how the facility will meet this standard by constructing a barrier in the home. A contractor is working with the facility to determine the best plan to complete this in a timely fashion. Completion of the wall will not likely be completed by the correction date due to holidays and the facility did not become aware of the citation until after 12-19-14. However it will be completed as soon as possible. In the interim, in order to assure client safety the following procedures have been established: 1. The two bedroom doors are equip with a fire rated door and automatic magnet closures. 2. There will be at least two staff on duty at all times that clients are in the home, including sleeping hours. 3. There is an outside exit door within approximately 10 feet of both bedroom doors.4. Staff will receive training that in the event of a fire in the kitchen or living areas, the evacuation of clients in the east bedrooms is the primary responsibility of one staff person. If such a fire prevents the staff from access to the east bedrooms, they are to immediately go outside and evacuate those individuals through their windows using whatever means as needed, including breaking the windows. An item for breaking the windows</p>		

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			will be located in a specified area within close proximity to the windows. Both individuals that live in the east bedrooms are ambulatory and able to evacuate through a window with little difficulty with staff prompting. The Executive Director and Maintenance Coordinator are responsible for insuring that the home becomes and remains compliant with Life Safety Standards.		