

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G489	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7469 KINGSWOOD ST TERRE HAUTE, IN 47802
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K020000	<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: 02/10/14</p> <p>Facility Number: 001003 Provider Number: 15G489 AIM Number: 100235260</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 smoke detection in corridors, in common living areas and in sleeping rooms. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</p>	K020000		
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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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K02S046	<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 0.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/11/14.</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 Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical outlets in a client sleeping room bathroom was equipped with ground-fault circuit-interrupter (GFCI) protection. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault</p>	K02S046	The electrical outlet in the bathroom for clients #1 and #2 has been replaced with a GFCI style outlet. The Maintenance Manager will conduct an audit of the home to insure that all electrical outlets are appropriate and in good repair, including ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Any issues noted will be resolved immediately. The	03/12/2014

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	<p>circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 2 clients in the sleeping room for clients #1 and #2.</p> <p>Findings include:</p> <p>Based on observation maintenance director on 02/10/14 at 12:50 p.m., an electrical outlet was located 24 inches from the sink in the sleeping room bathroom for Clients # 1 and # 2. The outlet was not provided with GFCI protection. The maintenance director acknowledged at the time of observation, there was no GFCI protection for the outlet.</p>		<p>Safety Committee conducts an inspection on a quarterly basis that includes testing each GFCI outlet to assure they are in proper working order. The Maintenance Manager is responsible to insure that all electrical outlets are installed and maintained according to code/ regulation.</p>		

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K02S147	<p>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</p> <p>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 8 of 8 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.</p>	K02S147	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. 1. Agency day shift staff had run drills for the second and fourth quarter in accordance with the agencies schedule, however the schedule that the agency maintained listed	03/12/2014	

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	<p>Findings include:</p> <p>Based on Fire Drill Reports reviewed with the maintenance director on 02/10/14 at 1:45 p.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 7 a.m. to 3:00 p.m. shift during the second and fourth quarters of 2013. The maintenance director said, at the time of record review there was no fire drill documentation available for this period. As a result, there was a lapse of five months for fire drills for the second quarter between the 03/31/13 and 08/04/13, and a lapse of five months between 08/04/13 to date for the fourth quarter drills for 2013. The maintenance director said, at the time of record review, there were no records for when the 7 a.m. to 3:00 p.m. staff completed any other fire safety/evacuation training during these periods.</p> <p>2. Based on record review and interview, the facility failed to ensure a plan for fire protection procedures needed to ensure the safety of clients was readily available in the facility. This deficient practice affects all occupants, including clients, visitors and staff.</p>		<p>the "day Shift" to be between the hours of either 8am- 1pm or 1pm-4pm. Drills had been conducted on 4/20/13 at 3:05 pm and on 11/11/13 at 3:45pm. The agency has revised the drill shift schedule to have all day shift drills completed by 3pm to assure consistency of day, evening, and overnight shifts. 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. 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. 2. 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</p>		

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	<p>Findings include:</p> <p>Based on review the facility Life Safety Code and Core Policy manuals provided by the maintenance director and Qualified Individuals Disability Professional (QIDP) on 02/10/14 at 1:50 p.m., no record for procedures to follow in the event of fire was found. The QIDP pointed out an evacuation diagram posted on the wall with a notice for all occupants to meet in the driveway at the time of record review as the only document available. She acknowledged there was nothing to reference the procedures to follow for evacuation, sounding an alarm, isolating a fire or contacting the fire department since the fire alarm was not monitored. She said "everyone knew what to do."</p>		<p>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. Any issues will be addressed immediately.</p>		

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K02S152	<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>(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.</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 ensure fire and evacuation drills were provided for each shift for 2 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include: Based on the Fire Drill Reports reviewed with the maintenance director</p>	K02S152	Agency day shift staff had run drills for the second and fourth quarter in accordance with the agencies schedule, however the schedule that the agency maintained listed the "day Shift" to be between the hours of either 8am-.1pm or 1pm-4pm. Drills had been conducted on 4/20/13 at 3:05 pm and on 11/11/13 at 3:45pm. The agency has revised the drill shift schedule to have all	03/12/2014			

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	on 02/10/14 at 1:50 p.m., fire drill records were not provided between March 31, 2013 and August 4, 2013 and between August 4, 2013 and January 1, 2014 for the first shift. The maintenance director said at the time of record review, all the fire drill records had been provided for review.		day shift drills completed by 3pm to assure consistency of day, evening, and overnight shifts. 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. 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.		