

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  02/10/2014
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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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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: 02/10/14</p> <p>Facility Number: 000914 Provider Number: 15G400 AIM Number: 100244450</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 and common living areas. The fire alarm system is not monitored. The facility has a capacity of 8 and had a census of 8 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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K010130	<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 2.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/13/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to maintain a clear path of travel for 2 of 5 exits to evacuate clients to an area of refuge. LSC 7.1.6.4 requires walking surfaces to be slip resistant under foreseeable conditions. This deficient practice could affect all occupants. This deficient practice could affect 8 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the</p>	K010130	The facility will maintain a clear path of travel at all exits to evacuate clients to an area of refuge. All walking surfaces in the means of egress shall be slip resistant under all foreseeable conditions. All homes maintain a supply of ice melt and snow shovels to keep walkways clear of weather related hazards. All staff at the home will receive training on expectations to assure all exits and walkways are clear of obstacles or potential weather related slip hazards. The Residential Manager is responsible for providing this	03/12/2014			

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K01S147	<p>maintenance director on 02/10/14 at 12:05 p.m., the exterior exit discharges for the sleeping room corridor and the south exit from the living room were covered with a two inch layer of ice and snow. The maintenance director agreed at the time of observation, the exit discharges had not been cleared and could be unsafe.</p> <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 Based on record review and interview, the facility failed to ensure the facility provided sufficient staffing and written</p>	K01S147	<p>training. The Residential Manager is responsible to insure that supplies are available in the home and that all exits are made clear at all times. The Residential Manager and QIDP, as part of weekly home visits, will observe to assure all exits are free of obstructions or hazards. In times of inclement weather involving snow the Residential Manager will be responsible to assure staff on duty have cleared all exits of snow and or ice.</p> <p>The facility will ensure that sufficient staffing and written fire protection and evacuation plans are available and all staff are</p>	03/12/2014	

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	<p>fire protection and evacuation plans with the necessary means for evacuating 8 of 8 clients during the night shift in the event of fire. This deficient practice affects all clients.</p> <p>Findings include:</p> <p>a. Based on review of the Fire Safety Procedures, Evacuation Procedures, and F-1 Worksheet Rating for Residents with Direct Service Personnel (DSP) # 1, DSP # 2 and the maintenance director 02/10/14 at 11:30 a.m., clients were to be evacuated in the event of fire to a location outside the home. DSP # 1 and DSP # 2 reported at the time of record review, one staff was on duty during the over night shift. A review of the F-1s noted Client # 8 needs "full assistance or very slow" due to impaired mobility. Client # 5 needs "limited assistance from 2 staff." Clients # 1 and # 4 were a Risk for Mild Resistance and Client # 6 was "slow." DSP # 1 and DSP # 2 both confirmed the ratings at the time of record review. When asked if one person could evacuate all residents safely if they needed to be awoken during sleep hours, they agreed when resisting, clients could "go down" and one person could not get them moving.</p> <p>b. Based on review of the Evacuation Procedures with Direct Service</p>		<p>familiar with their implementation. a. The needs of the individuals in the home have changed recently which should prompt a review of the current evacuation procedures. The agency will conduct a timed supervised drill on the overnight shift to evaluate client's current assistance needs for evacuation. The QIDP will be assigned to supervise and time a drill to determine the evacuation process and assistance needs of the individuals. Results of this drill will be reviewed with the Program Manager and Quality Assurance Manager. Additionally, drills from the past year for all shifts will be reviewed to analyze for any trends or concerns regarding client evacuations. If additional staffing needs are identified, the agency will immediately adjust scheduled staffing to accommodate client safety for evacuations. b. The home specific evacuation procedures will be updated to reflect current client needs. 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</p>				

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	Personnel (DSP) # 1, DSP # 2 and the maintenance director 02/10/14 at 11:30 a.m., the document listed 10 Clients with three names crossed out. The DSPs said these Clients were no longer living in the house. A closer review of the list revealed Client # 2 had been omitted and the direction for evacuating Client # 5 omitted any mention for the assistance required by two staff. The DSPs confirmed the client omission from the Evacuation Procedures and agreed they did not give sufficient information as to the needs of clients which might be anticipated in the event of an emergency during the over night shift.		department as well as specific evacuation needs of each current individual in the home. The Home Manager is responsible for insuring that these emergency 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.		