

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G370	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  10/16/2014
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3214 W ELLEN DR TERRE HAUTE, IN 47803
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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: 10/16/14</p> <p>Facility Number: 000884 Provider Number: 15G370 AIM Number: 100235090</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Normal Life of Indiana was found 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, client rooms and common living areas. 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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K02S147	<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 Dennis Austill, Life Safety Code Specialist on 10/27/14.</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 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,</p>	K02S147	The facility administration will	11/14/2014			

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	<p>the facility failed to ensure all staff were kept informed of their duties at least every two months in the event of fire. This deficient practice affects all occupants, including clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on review of Fire Drills with the maintenance director on 10/16/14 at 1:40 p.m., lapses in staff fire safety training times were more than the two month minimum allowed for the night shift. Fire drills for the night shift were missing from 10/01/13 to 05/07/14, a lapse of seven months. The maintenance director manager said at the time of record review, he had no records for when the staff on these shifts had last been instructed in fire protection procedures for the home.</p>		<p>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. 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. (see attached) 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 Residential 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 very inclement weather during the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts. The Residential Manager is responsible for ensuring that drills are completed by the direct care staff as outlined in the schedule. The Residential Manager also reviews and signs the Drill Reports indicating that</p>		

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K02S152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at		any issues identified during the drill are followed-up appropriately. The Residential Manager is responsible for assuring drills are properly filed with the program office and at the home. Completed drills are submitted to the Clinical Supervisor for review and tracking on a monthly basis. Any issues noted are then communicated for follow-up with the Residential Manager. The Clinical Supervisor 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 Clinical Supervisor will be responsible for insuring the training is completed with each staff member. Training will be provided to the Residential Manager to outline their responsibilities for communicating follow-up and drill/ training needs on at least a monthly basis. The Clinical Supervisor will follow-up to insure training is completed. The Home Manager will be responsible to insure that current copies of the fire/ evacuation drills are maintained at the home in order to be accessible during future surveys.		

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	<p>least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</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 ensure fire and/or evacuation drills were provided for each shift for 2 of 4 quarters. This deficient practice affects all occupants, including clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on a Fire Drill record review on 10/16/14 at 1:40 p.m. with the maintenance director, documentation of</p>	K02S152	<p>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. (See attached) All drills have been reviewed for all quarters in the past year and are current.</p> <p>The facility has a monthly drill schedule that is provided to</p>	11/14/2014			

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	fire and/or evacuation drills was not found for the for the third shift during the first quarter (January, February, March) of 2014 and the third shift during the fourth quarter (October, November, December) of 2013. The maintenance director agreed there was no fire drill documentation for these time frames.		<p>the Residential 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.</p> <p>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. Completed drills are submitted to the Clinical Supervisor for review and tracking on a monthly basis. Any issues noted are then communicated for follow-up with the Residential Manager. The Clinical Supervisor also reports drills conducted to the Safety Committee on at least a quarterly basis.</p>	