

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  12/07/2012
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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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K0000	<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: 12/07/12</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</p>	K0000		

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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	<p>detection in corridors, 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> <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 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was given maintenance at periods not more than one year apart. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. NFPA 10, 4.2.2 defines maintenance as a "thorough check" of the extinguisher. It is intended to give maximum assurance the extinguisher will operate effectively and safely. This deficient practice could affect affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with maintenance staff # 1 on</p>	K0130	<p>The portable fire extinguishers located in the home have all been serviced and are current at this time.</p> <p>The Residential Manager is responsible for conducting a monthly check of each extinguisher and to report any issues or needs discovered at that time. Additionally, each extinguisher is to be taken in for service at least annually. The Residential Manager will receive training concerning their responsibilities in maintaining the fire extinguishers in the home.</p> <p>The Quality Assurance Director is developing a tracking method for all portable fire extinguishers to insure that each of them are serviced on at least an annual basis. The Safety Committee will visit the home on at least a quarterly basis and will monitor that the extinguishers in the home have been maintained properly.</p>	01/06/2013

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	12/07/12 at 1:25 p.m., the service and inspection tag on the portable fire extinguisher located in the entry hall revealed the extinguisher had been placed in service in October of 2011. Monthly checks were documented on this same tag for 2011 and 2012. At the time of observation, Maintenance staff # 1 could not explain why there was no annual check for this fire extinguisher.				