

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/09/2015
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4475 N 17TH ST TERRE HAUTE, IN 47805
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000  Bldg. 01	<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: 07/09/15</p> <p>Facility Number: 001022 Provider Number: 15G508 AIM Number: 100245140</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 fully sprinklered. The The facility has a fire alarm system with hard wired smoke detection in corridors, client rooms and all living areas. 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,</p>	K 0000		

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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K S152 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.3.</p> <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 provide documentation fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects</p>	K S152	Fire, Storm and Evacuation Drills will be completed at varied times on all shifts at least quarterly. The facility has a monthly drill schedule that is provided to the Residential Manager that outlines	08/03/2015

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	<p>all occupants.</p> <p>Findings include:</p> <p>Based on the Fire Drill review with the maintenance director on 07/09/15 at 12:15 p.m., a fire drill record was not provided between 01/03/15 and 07/07/15 for the first shift during the second quarter of 2015. The house manager arrived on 07/09/15 at 12:30 p.m. and said she was sure the drill for the second quarter had been done, reviewed the fire drill records and agreed it was not in the records. She said the drill may have been done at a time when staff shifts were in transition but she could not provide supporting documentation.</p>		<p>when drills are to take place, including each shift, so that at least one drill is conducted one 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. The Residential Manager has received training concerning their responsibilities to insure that staff training in emergency procedures and fire drills is completed in at least a monthly basis. The Clinical Supervisor tracks the completion of emergency drills and evacuations on a monthly basis. If any discrepancies are noted they are reported to the Program Manager for follow up with the Residential Manager. The Safety Committee reviews the timely completion of and issues noted during fire and storm drill on at least a quarterly basis. The Program Manager is responsible for submitting, reviewing and following up on recommendation with the Safety Committee.</p>		