

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G505	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2014
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 333 TREELINE DR TERRE HAUTE, IN 47802
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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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 8, 9, 10, 11 and 15, 2014.</p> <p>Provider Number: 15G505 Aims Number: 100235280 Facility Number: 001019</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 19, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 9/1/13 through 9/9/14.</p> <p>Findings include: Record review of the facility's evacuation</p>	W000440	All shifts of personnel will participate in an evacuation drill at least every 90 days. The facility has always maintained a monthly schedule that indicates when evacuation drills are to be conducted in order to insure that each shift conducted an evacuation drill each quarter. It was only discovered recently that even though each shift conducted a drill during a 3 month/ Quarter, is did not always insure that the drill occurred within 90 days. (For	10/14/2014

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>drills from 9/1/13 through 9/9/14 for clients #1, #2, #3, #4, #5, #6 and #7 was completed on 9/9/14 at 9:40a.m. There were no 2nd quarter (April, May, June 2014) "night shift," sleep time, evacuation drills documented. There was documentation of evacuation drills held on 10/16/13 at 1:29a.m. and 3/8/14 at 4a.m.</p> <p>Interview of professional staff #2 on 9/9/14 at 11:32a.m. indicated there were no other documented night shift drills. Staff #2 indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis.</p> <p>9-3-7(a)</p>		<p>example, a drill may have been scheduled and conducted in January for the 1st quarter and then in May for the 2nd Quarter. This then did not meet the every 90 day standard.) The evacuation drill schedule has now been revised to insure that drills are conducted at least every 90 days on each personnel shift. The Residential Managers and staff will receive training on the revised drill schedule and it will be implemented immediately. The Clinical Supervisor will track and monitor the completion of all required evacuation drills and provide a bi-monthly report of the status of evacuation drills to the Program Manager.</p>		