

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/25/2013
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE 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: 11/25/13</p> <p>Facility Number: 001105 Provider Number: 15G591 AIM Number: 100245580</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 fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, in client rooms and in all living areas. 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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	<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 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/26/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 4 of 4 sleeping room doors were not prevented from closing. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/25/13 at 2:45 p.m., all four sleeping room doors were prevented from closing by rubber wedges. The maintenance director said at the time of observations, he thought the doors were held open to facilitate the circulation of heat into the sleeping rooms. He said the rooms were colder if the doors were closed.</p>	K01S018	<p>Doors in the home will be provided with latches or other mechanisms suitable for keeping the doors closed. No doors will be arranged to prevent the occupant from closing the door. Because this home is equipped with an automatic sprinkler system, the automatic door closers will be removed from the sleeping room doors. Additionally, all staff will receive training informing them that no doors will be blocked at any time to prevent it from closing or from being opened. The Home Manager will be responsible for insuring that the doors are not blocked at any time and will observe all areas of the home during weekly/ daily visits. The Maintenance Coordinator will remove the automatic door closers and will insure that all doors close and latch properly. The Safety Committee conducts an inspection of the</p>	12/25/2013			

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			home on at least a quarterly basis and will check all doors to insure they are safe, not blocked and operate properly. The Maintenance staff conducts a monthly inspection of each home and will insure that all doors open and close/ latch properly.		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>IMPRACTICAL</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>						

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested during 3 of 4 quarters in the past year. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems. NFPA 25 at 2-3.3 requires waterflow alarm devices including but not limited to mechanical water motor gongs, vane type waterflow devices and pressure switches that provide audible or visual signals be tested quarterly. Vane type waterflow devices may be inspected semi-annually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system Inspection Reports with the maintenance director on 11/25/13 at 2:40 p.m., the last quarterly sprinkler test documentation was dated 12/05/12. The maintenance director said at the time of record review,</p>	K01S056	All agency homes with a sprinkler system are inspected by the vendor on a quarterly basis. Inspections had been completed on 2-6-13 (1st quarter), 6-13-13 (2nd Quarter), 7-15-13 (3rd Quarter) and on 10-16-13 (4th Quarter). The inspection had been scheduled in a timely manner (within the 3 month quarter) however the vendor had re-scheduled the inspection due to an emergency, making the 2nd and 3rd quarter inspections fairly close together. The Maintenance Coordinator routinely participates in these inspections. The Maintenance Coordinator will work with the vendor to assure that the quarterly inspections are completed in a timely basis and within the quarterly 3 month timeline. The Maintenance Coordinator will receive training to insure his knowledge of responsibilities concerning scheduling the inspections. If at any time the vendor is not able to complete the inspections within the quarterly timeline, the Maintenance Coordinator will inform the Administrator. The	12/25/2013	

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	sprinkler inspections were done quarterly, but could not provide the records.		Maintenance Coordinator will also assure documentation of completed inspections and results are obtained from the vendor in a timely fashion.		

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K01S147	<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, the facility administration failed to ensure 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 8 of 8 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K01S147	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. 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 Home 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	12/25/2013			

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	Based on Fire Drills reviewed with the maintenance director on 11/25/13 at 2:35 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any record of a fire drill for the third shift during the first quarter of 2013 for a period of five months between 12/31/12 and 05/31/13; and for the first shift during the second quarter for a period of six months between 01/26/13 and 07/03/13. The maintenance director said at the time of record review, there was no other documentation available to evidence staff training during these periods.		the home during each drill conducted at the home on all shifts. 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 appropriately. The Home Manager is responsible for assuring drills are properly filed with the QA office and at the home. The Quality Assurance Coordinator collects and tracks completed drills and evacuations on a monthly basis. Information is then communicated to the Program Director for follow-up with the Home Manager. The QA Coordinator 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 Program Manager will be responsible for insuring the training is completed with each staff member. Training will be provided to the QA Coordinator to outline their responsibilities for communicating follow-up and drill/ training needs on at least a monthly basis. The QA Manager will follow-up to insure training is completed. The Home Manager will be responsible to insure that		

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			current copies of the fire/evacuation drills are maintained at the home in order to be accessible during future surveys.		

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K01S152	<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 ensure fire and evacuation drills were provided for each shift for 3 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:  Based on Fire Drills reviewed with the maintenance director on 11/25/13 at 2:35</p>	K01S152	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. 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	12/25/2013			

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	p.m., fire drills were not provided between 12/31/12 and 05/31/13 for the third shift, between 12/31/12 and 02/28/13 for the second shift, and between 01/26/13 and 07/03/13 for the first shift. The maintenance director consulted with house staff at the time of record review and confirmed all the fire drill records had been provided.		Home 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. 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 appropriately. The Home Manager is responsible for assuring drills are properly filed with the QA office and at the home. The Quality Assurance Coordinator collects and tracks completed drills and evacuations on a monthly basis. Information is then communicated to the Program Director for follow-up with the Home Manager. The QA Coordinator 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 Program Manager will be responsible for insuring the training is completed with each staff member. Training will be		

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			provided to the QA Coordinator to outline their responsibilities for communicating follow-up and drill/ training needs on at least a monthly basis. The QA Manager 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.		