

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G544	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 887 BUNKERHILL 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
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K 0000  Bldg. 02	<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: 02/08/16</p> <p>Facility Number: 001058 Provider Number: 15G444 AIM Number: 100245350</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 building was determined to be not sprinklered. The facility has a fire alarm system with smoke detection in corridors, in living areas and in resident rooms. The facility has a capacity of 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		
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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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K S051 Bldg. 02	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.6.</p> <p>Quality Review on 02/11/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, Section 7-1.1.2 states system defects shall be corrected. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Orr Protection</p>	K S051	The facility will maintain the fire alarm system in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. The fire alarm system in the home is inspected annually by Orr Protection Systems. At the inspection on 6-3-15 it was discovered that there was an electrical issue which was documented by the inspector. The system was however operational. The repair was made the next day. Orr Protection Systems was called to re-check/ inspect the system to insure that there were no further issues and the repair was completed. Orr completed the reinspection on 7-29-15 and	03/01/2016

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	Systems "Inspection Report" documentation dated 06/03/15 with the Clinical Supervisor during record review from 10:50 a.m. to 11:30 a.m. on 02/08/16, "When NAC or initiating circuits are removed panel does not go into trouble" was stated as a "deficiency" in the "Inspection Notes" section. In addition, the "Inspection Results Summary" of the aforementioned annual fire alarm system report stated three initiating circuits "failed inspection." Fire alarm system repair or replacement documentation on or after 06/03/15 was not available for review. Based on interview at the time of record review, the Clinical Supervisor stated repairs had been made to the facility fire alarm system but acknowledged documentation of facility fire alarm system repair or replacement documentation on or after 06/03/15 was not available for review.		indicated that there were no further issues. The report was not available at the home during the Life Safety Survey. A copy was sent to the surveyor the day following the survey and a copy is attached. The facility will continue to maintain the fire alarm system, will conduct at least annual inspections and will follow-up to any issues noted immediately. The Maintenance Coordinator is responsible for insuring that inspections are scheduled and conducted timely and to maintain documentation of such information.		