

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 09/20/2011
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 411 N PINE BRAZIL, IN47834
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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: 09/20/11</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 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, client rooms and all living areas. The facility has a capacity of 8 and had a census of 7 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 Slow with an E-Score of 3.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/23/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS147	<p>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 observation, record review and interview; the facility administration failed to provide a written plan for special staff response, including fire protection procedures needed to ensure the safety of 2 of 7 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> <p>Based on observation with the</p>	KS147	<p>The evacuation protocols for all clients have been reviewed. F-1's will reflect their current level of need in evacuating. Client # 2 passed away on 9-27-11. The Home Manager and Program Coordinator are responsible for providing training on each individual's evacuation protocols by 10-20-11. The Program Coordinator and Home Manager are responsible for on-going monthly monitoring of fire drills to assure evacuation protocols meet the needs of the clients. The Program Coordinator is responsible for any necessary changes to evacuation protocols as the need arises.</p> <p>Addendum: The F-1 forms have been re-evaluated for all of the clients in the home. A wheel chair for emergency evacuation</p>	10/20/2011			

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	<p>maintenance director on 09/20/11 at 12:15 p.m. Client # 2 was lying abed with oxygen supplied per nasal cannula. The client was awake and appeared unable to move about in the bed as demonstrated by his effort to turn and respond when spoken to. He could turn only his head. The house manager confirmed at the time of record review on 09/20/11 at 1:00 p.m., Client # 2 had special needs related to a change in condition in the past few weeks. He was receiving additional care provided by Hospice whose 08/03/11 assessment noted Client # 2 was "unable to do most activity" and "mainly in bed". The F1 reviewed for Client # 2 on 09/20/11 at 1:00 p.m. revealed he required the assistance of two staff for evacuation and transfer. An F1 for Client # 1 also noted the need for two staff for evacuation and/or response to fire drills. No written fire procedures were found for client protection and no special procedures were found for Clients # 1 and # 2. The house manager provided a diagram posted in each sleeping room corridor and said</p>		<p>purposes has been purchased for Client #1 in order to assist him in evacuating faster from the home due to his limited mobility. All of the other clients are able to evacuate by ambulating independently. The evacuation protocols have been revised and staff have been trained on the protocols. The Home Manager is responsible to insure that all staff are trained on the protocols and evacuation plans at least every two months and that fire drills are conducted on at least a monthly basis according to the established schedule that insure all shifts and times are completed according to the established standards. The Program Director is responsible to see that drills are completed as scheduled and that all staff have completed training.</p>		

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	staff "knew what to do" but she could not provide documentation of the procedure to be followed. In addition, the house manager confirmed there was one staff on duty during the 12:00 a.m. to 6:00 a.m. shift. She could not explain how this staff could evacuate two residents who each needed the assistance of two staff to evacuate in the event of fire or other emergency.				