

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G544	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2011
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 887 BUNKERHILL DR TERRE HAUTE, IN47802
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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: 12/05/11</p> <p>Facility Number: 001058 Provider Number: 15G544 AIM Number: 100245350</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist.</p> <p>At this Life Safety Code Recertification 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 determined to be nonsprinklered. The facility has a fire alarm system</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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K0130	<p>with smoke detection in corridors and sleeping rooms. 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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/06/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K0130	The facility will insure that all portable fire extinguishers are inspected monthly and that the name and date of the person performing the inspection is documented. The four portable fire extinguishers have been exchanged for extinguishers that were professionally tagged and	01/04/2012	

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	<p>performing the inspection. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice affects all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the director of supervised group living between 12:30 p.m. and 1:30 p.m. on 12/05/11, the service and inspection tags for the portable fire extinguishers located in the front entry and living room noted the extinguishers had been placed in service in July 2011 and the last monthly check was documented August 2011. Service and</p>		<p>inspected on 12/12/11. The Home Manager is responsible for monthly inspections of all portable fire extinguishers in the home including documenting on the tag with their initials and the date of inspection. The Home Manager has been re-trained on the responsibilities regarding fire extinguisher inspections. The agency Safety Committee completes an inspection of each home on at least a quarterly basis. Checking the tags on each extinguisher is included in the inspection to insure compliance. Any issues noted are followed-up immediately by the Licensing and Compliance Director.</p>		

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KS147	<p>inspection tags for the portable fire extinguishers located in the kitchen pantry and the west sleeping room fire exit corridor noted the extinguishers had been placed in service in October 2011, and the last monthly check was documented October 2011. The director of supervised group living said at the time of observations, the tags were the only documentation for the monthly inspection and the extinguishers should have been checked.</p> <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 record review and</p>	KS147	The Home Manager is responsible for ensuring that	01/04/2012	

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	<p>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> <p>Based on Fire Drill Record review with the director of supervised group living on 12/05/11 at 12:30 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 fire drill training for the 3:00 p.m. to 11:00 p.m. shift between June 2011 and December 2011 or the 11:00 p.m. to 7:00 a.m. shift between May 2011 and November 2011 during the third quarter of 2011. The director of supervised</p>		<p>training in regard to evacuation plans and drills are completed by the direct care staff as scheduled. 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 at the home. The Program Director tracks drills and evacuations on a monthly basis. The Program Director 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 Operations Manager will be responsible for insuring the training is completed with each staff member. The QMRP will follow-up to insure training is completed.</p>		

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	group living reviewed the available records at that time and said there were no other fire drill training records for these periods. As a result, there was a lapse of six months between training documented for both shifts.				

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KS152	<p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to ensure fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of Fire Drill records on 12/05/11 at 12:30 p.m. with the director of</p>	KS152	Drills have been completed on both the 3:00p-11:00p and the 11:00p-7:00a shifts. 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 the home during each drill conducted at the home on all shifts. The Home Manager has	01/04/2012	

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	supervised group living, documentation of fire drills was not found for the second and third shifts during the third quarter of 2011. The director of supervised group living said at the time of record review, she could find no additional records for fire drills conducted for these shifts.		received training concerning their responsibilities to insure that staff training in emergency procedures and fire drills is completed on at least a monthly basis. The Program Director tracks the completion of emergency drills and evacuations on a monthly basis. The Program Director also reports drills conducted to the Safety Committee for quarterly analysis.		