

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G137	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NORTHFIELD DR EVANSVILLE, IN 47713
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K020000	<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: 01/28/15</p> <p>Facility Number: 000674 Provider Number: 15G137 AIM Number: 100234390</p> <p>Surveyor: Lex Brashear, 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 not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of seven at the time of this survey.</p>	K020000		

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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K02S018	<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 1.08.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/03/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 sleeping room doors in this unsprinklered facility was provided with a self closing device. This deficient practice could affect all clients, as well as staff and visitors.</p>	K02S018	<p>-K0018</p> <p>-Self closing device on the door was corrected 2-10-15, in sleeping room #2.</p> <p>-In-service Staff on environmental checklist.</p> <p>-In-service Residential Manager on environmental checklist.</p> <p>- In-service QIDP on environmental</p>	02/27/2015

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K02S053	<p>Findings include:</p> <p>Based on observation on 01/28/15 at 10:43 a.m. during a tour of the facility with the Maintenance Supervisor, sleeping room #2 (located on south end of house - middle room) was not provided with a self closing device on the door. The door stayed wide open when tested. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance</p>		<p>checklist.</p> <p>-In-service Clinical Supervisor on environmental checklist.</p> <p>-In-service Property Manager on environmental checklist.</p> <p>Persons responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, Property Manager, and Executive Director.</p>	

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	<p>with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on observation and interview, the facility failed to ensure 1 of 7 smoke detectors were installed in a location that would allow each smoke detector to function to its fullest capability. LSC Section 9.6.2.10 requires compliance with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 2 clients in sleeping room #4.</p> <p>Findings include:</p> <p>Based on observation on 01/28/15 at 10:40 a.m. during a tour of the facility with Maintenance Supervisor, the smoke detector in client sleeping room #4 (only room on north end of house) was located on the ceiling within one foot of the ceiling fan blades, furthermore, the smoke detector was partially covered with dust from the ceiling fan blades. This was acknowledged by the Maintenance Supervisor at the time of</p>	K02S053	<p>-K0053</p> <p>- Smoke alarm was positioned to close to the ceiling fan this was corrected 2-10-15.</p> <p>-Self closing device on the door was corrected 2-10-15, in sleeping room #2.</p> <p>-In-service Staff on environmental checklist.</p> <p>-In-service Residential Manager on environmental checklist.</p> <p>- In-service QIDP on environmental checklist.</p> <p>-In-service Clinical Supervisor on environmental checklist.</p> <p>-In-service Property Manager on environmental checklist.</p> <p>Persons responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, Property Manager, and Executive Director.</p>	02/27/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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