

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

PRINTED: 01/03/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G160	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2018
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 428 STERCHI DR EVANSVILLE, IN 47712
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 12/17/18</p> <p>Facility Number: 000696 Provider Number: 15G160 AIM Number: 100243160</p> <p>At this Emergency Preparedness survey, Normal Life of Indiana was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 12/19/18 - DA</p>	E 0000		
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: 12/17/18</p> <p>Facility Number: 000696 Provider Number: 15G160 AIM Number: 100243160</p> <p>At this Life Safety Code survey, Normal Life of Indiana was found not in compliance with</p>	K 0000		

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 S100 Bldg. 02	<p>Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 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> <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 0.48.</p> <p>Quality Review completed on 12/19/18 - DA</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested and the records of the testing maintained, furthermore, the facility failed to ensure 1 of 2 interior emergency lights was maintained. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the</p>	K S100	In order to correct K100 Residential Manager will be retrained on the importance of the completion and documentation of the monthly emergency lighting test and the annual 90 min test. Area Supervisor will be	01/01/2019	

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K S511 Bldg. 02	<p>public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/17/18 between 11:25 a.m. and 11:45 a.m. during a tour of the facility with Maintenance #2, the facility had two battery powered emergency light units. Based on record review between 10:30 a.m. and 11:25 a.m., there was no documentation to show the battery powered emergency lights were tested for 30 seconds during the month of November 2018. Furthermore, based on observation during the tour of the facility, the battery powered emergency light unit in the west hall did not illuminate when tested several times.</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric</p>		<p>retained on the importance of the completion and documentation of the monthly emergency lighting test and the annual 90 min test.</p> <p>Area Supervisor will ensure through weekly visits that the emergency lighting test is completed monthly as well as the annual 90 min test.</p> <p>Program Manager will ensure through monthly visits that the emergency lighting test in completed monthly as well as the annual 90 min test.</p> <p>Persons Responsible: Residential Manager, Area Supervisor and Program Manager.</p>		

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	<p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code.</p> <p>32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 3 of 4 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2)</p>	K S511	<p>In order to correct K0511</p> <p>-Maintenance will be in-serviced on checking all group homes to ensure that all wet locations (bathrooms, kitchens, rooftops and outdoors) are provided with GFCI protection.</p> <p>-Residential Managers will be in-serviced on checking the group home to ensure that all bathrooms, kitchens and outdoors electric receptacles are GFCI protected.</p> <p>-All staff will be retrained on the importance of GFCI protected outlets and how to check these outlets to ensure they are in working order.</p> <p>-Residential Manager will be retrained on the importance of GFCI protected outlets and how to check these outlets to ensure they are in working order.</p> <p>-QIDP will be retrained on the importance of GFCI protected outlets and how to check these outlets to ensure they are in working order.</p> <p>-Area Supervisor will be retrained on the importance of GFCI protected outlets and how to check these outlets to ensure they are in working order.</p>	01/01/2019

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	<p>shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect all clients in the home.</p> <p>Findings include:</p> <p>Based on observations on 12/17/18 between 11:25 a.m. and 11:45 a.m. during a tour of the facility with Maintenance #2, the following was noted:</p> <p>a. One wall electric receptacle in the small bathroom near the laundry room was within two feet of the sink. The receptacle was not provided</p>		<p>- Program Manager will be retrained on the importance of GFCI protected outlets and how to check these outlets to ensure they are in working order.</p> <p>Persons responsible: Maintenance Department, Staff, Residential Manager, QIDP, Area Supervisors and Program Manager.</p>		

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K S712 Bldg. 02	<p>with a GFCI.</p> <p>b. Two wall electric receptacles in the shared bathroom between the two bedrooms on the west side of the house were within two feet of the sink. The electric receptacles were not provided with GFCI's.</p> <p>c. Two wall electric receptacles in the east bathroom were within two feet of the sink and tub. The electric receptacles were not provided with GFCI's.</p> <p>During the tour, each receptacle was tested with a GFCI tester and did not break the electrical circuit. Based on interview at the time of observations, Maintenance #2 said he would change the current electric receptacles to GFCI receptacles as soon as possible.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. 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>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the evacuation of clients with physical disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>e. During fire drills, clients may be</p>			

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	<p>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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 3 of 3 shifts during 1 of 4 quarters during the past 12 months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 12/17/18 between 10:30 a.m. and 11:25 a.m. with Maintenance #2 present, there was no fire drill documentation available for the first (day), second (evening), and third (night) shifts of the first quarter (January, February, and March) of 2018. Based on interview at the time of record review, Maintenance #2 confirmed the lack of fire drills during the previously mentioned shifts and quarter of 2018.</p>	K S712	<p>In order to correct K712</p> <ul style="list-style-type: none"> - All staff will be retrained on the importance of following the fire drill schedule and accurately documenting all fire drills. - Residential Manager will be retrained on the importance of following the fire drill schedule and accurately documenting all fire drills. - QIDP will be retrained on the importance of following the fire drill schedule and accurately documenting all fire drills. - Area Supervisor will be retrained on the importance of following the fire drill schedule and accurately documenting all fire drills. - Program Manager will be retrained on the importance of following the fire drill schedule and accurately documenting all fire drills. - The Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately. - A QIDP will oversee through monthly weekly visits in the 	01/01/2019
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			<p>home to assure programs and objectives are implemented appropriately.</p> <ul style="list-style-type: none"> - The Area Supervisor will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately. - The Program Manager will oversee through monthly visits in the home to assure programs and objectives are implemented appropriately. <p>Persons Responsible: Maintenance supervisor, Residential Manager, QIDP, Area Supervisor, Program Manager</p>	