

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2021
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 E 45 1/2 CT TERRE HAUTE, IN 47802
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/08/21</p> <p>Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720</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 8.</p> <p>Quality Review completed on 03/10/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/08/21</p> <p>Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720</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 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 S200 Bldg. 01	<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 building was determined to be non-sprinklered. The facility has a fire alarm system with smoke detection in corridors, all living areas, and heat detectors within the unused attic space. The facility has battery operated smoke detectors installed in each of the five bedrooms. 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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of .40.</p> <p>Quality Review completed on 03/10/21</p> <p>NFPA 101 Means of Egress Requirements - Other Means of Escape Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.2.2 Means of Escape 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 1 of 4 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 public, if not required by the</p>	K S200	A maintenance request has been submitted to ensure all emergency lighting fixtures in the home are functioning. Area Supervisor conducts a weekly inspection of the home	04/02/2021

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K S345 Bldg. 01	<p>Code, shall either be maintained or removed. LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in a properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. LSC 7.9.2.7 states the emergency lighting shall be either continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Area Supervisor on 03/08/21 at 11:41 a.m., there were battery power emergency lights observed within the facility. All the battery powered emergency lights were tested during the tour, and the one located over the pantry failed when tested on three separate attempts. Based on interview at the time of the observation, the Area Supervisor acknowledged that the battery powered emergency light located over the pantry failed to function adding that it had just been checked just a few days ago. During the exit conference with the facility Area Supervisor at 11:56 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance</p>				<p>including observation of environmental concerns. Area Supervisor will be retrained to ensure functionality of emergency lighting or lack thereof is identified in the environmental concerns section of the weekly inspection. Program Manager reviews the weekly inspection report with Area Supervisor and Residential Manager to ensure the concerns identified therein are addressed appropriately.</p>		

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	<p>2012 EXISTING (Prompt)</p> <p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1) Based on record review and interview, the facility failed to ensure all facility smoke detectors were within their listed and marked sensitivity range. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6. Section 9.6.1.3 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, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and 14.4.5.3.2 states every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the</p>	K S345	<p>The agency contracts with Aramark Services and Koorsen Fire & Security to ensure scheduling and completion of all facilities semi-annual Fire Alarm Systems inspection requirements are met.</p> <p>Contractual agreements with the vendors will be reviewed and updated by the administrator to ensure the contracted service provider includes all information required pursuant to Life Safety Code when completing sensitivity testing.</p> <p>Ongoing, Program Manager will review Inspection Reports to ensure they include an indication of sensitivity ranges where required.</p> <p>A maintenance request has been submitted for replacement of the heat detectors.</p> <p>Area Supervisor will be retrained on submission of</p>	04/02/2021

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	<p>purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced. The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Area Supervisor at 10:48 a.m. on 03/08/21, itemized documentation of smoke detector sensitivity test within the most recent two-year period could not be located for record review. A function test dated 11/09/20 was available for review but listed each detector as "Passed" with no detection range or trip point listed for each device. Based on interview at the time of record review, the Area Supervisor acknowledged documentation of an itemized smoke detector sensitivity test within the most recent two-year period was not available for review. During the exit conference with the facility Area Supervisor at 11:56 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>2) Based on record review, observation, and interview; the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, 14.2.1.2.1 states</p>				<p>maintenance requests pursuant to needs identified from inspection reports.</p> <p>Program Manager will review all inspection reports to ensure needs identified therein are addressed appropriately.</p>		

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	<p>the requirements of Section 10.19 shall be applicable when a system is impaired. Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm panel inspection documentation entitled "Inspection and Testing Report" dated 11/09/20 with the Area Supervisor during record review at 10:45 a.m. on 03/08/21, all four heat detectors located within the facilities attic space were noted as "need to be replaced" in the "Problems Found" section of the fire alarm system inspection report. No additional documentation on replacement of the heat detectors was available for review. Based on observations with the Area Supervisor during a tour of the facility at 11:35 a.m., there were heat detectors visible through the attic access door within the facility. Based on interview at the time of the observations, the Area Supervisor stated that she may be able to obtain a work order showing that the heat detectors were replaced through her main office, but after a short phone call, it was determined that the heat detectors had not been replaced as of the time of this survey. During the exit conference with the facility Area Supervisor at 11:56 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p>			