

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G621	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/26/2024
NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 4217 N 13 1/2 ST TERRE HAUTE, IN 47805	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit to investigation of Complaint Number IN00344964 that exited on 01/31/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Complaint Number IN00344964 - Corrected.</p> <p>Survey Date: 02/26/24</p> <p>Facility Number: 001158 Provider Number: 15G621 AIM Number: 100245680</p> <p>At this PSR survey, Normal Life of Indiana was found in compliance with 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 facility is located at 4330 North 13th Street Terra Haute, IN 47805. The facility is used as the day program for all Normal Life of Indiana clients located in the Terre Haute area. The number of clients there daily averages from around 100 to 115 clients daily Monday through Friday. This one-story building was determined to be fully sprinklered. The facility has monitored a fire alarm system with hard wired smoke detection in corridors, sleeping rooms and in all living areas. The facility has a capacity of 135 and had a census of 100 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score</p>	{K 000}		
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 000}	Continued From page 1 (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.48. Quality Review completed on 02/29/24	{K 000}			