

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  04/18/2022
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 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: 04/18/22</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 04/20/22</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: 04/18/22</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 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 S347 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 .32.</p> <p>Quality Review completed on 04/20/22</p> <p>NFPA 101 Smoke Detection Smoke Alarms 2012 EXISTING (Prompt) Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless either of the following exist:</p> <ol style="list-style-type: none"> <li>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, or</li> <li>Buildings are protected throughout by an approved automatic sprinkler system, in</li> </ol>			

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	<p>accordance with 33.3.2.5, 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.</p> <p>Smoke alarms shall be installed on all levels, including basement but excluding crawl spaces and unfinished attics. Additional smoke alarms shall be installed for living rooms, dens, day rooms, and similar spaces. These alarms shall be powered from the building electrical system and when activated, shall initiate an alarm that is audible in all sleeping areas.</p> <p>33.2.3.4.3.</p> <p>Based on observation and interview, the facility failed to ensure smoke detectors were installed in 1 of 5 client sleeping rooms in non sprinklered homes. LSC section 9.6.2.10.1.2 requires installation of smoke alarms in sleeping rooms. This deficient practice could affect two clients.</p> <p>Findings include:</p> <p>During a tour of the facility with the QIDP Manager on 04/18/22 at 11:00 a.m. a wall mounted base for a battery operated smoke alarm was observed in EB &amp; KR's sleeping room, however the smoke alarm was missing. Based on interview at the time of observation, the QIDP Manager confirmed that there was not a smoke alarm in the client sleeping room.</p> <p>This finding was reviewed with the QIDP Manager at the exit conference.</p>	K S347	<p><b>A maintenance request was submitted and a smoke detector was installed to the client sleeping room on 4/28/2022.</b></p> <p><b>Aramark will conduct an inspection of all non sprinklered facilities to ensure all client sleeping rooms are equipped with smoke detection.</b></p> <p><b>Ongoing, QIDP Manager will inspect all non sprinklered facilities quarterly to ensure all client sleeping rooms are equipped with smoke detection.</b></p>	05/11/2022
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K S511  Bldg. 01	<p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 1. Based on observation and interview, the facility failed to ensure 1 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. Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders. (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. (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors 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. Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and</p>	K S511	<p>/b&gt; /b&gt; /b&gt; /b&gt; /b&gt; /b&gt; <b>The administrative site review team conducts a monthly review of each facility which identifies safety concerns to ensure all safety systems are uncompromised. Area Supervisor conducts a weekly inspection of the home using a checklist wherein environmental concerns are identified. Area Supervisor will be retrained to include ensuring outlet covers are intact. Program Manager will review these inspection records and provide direction to resolve all issues noted.</b></p>	05/11/2022
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	<p>supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) 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.</p> <p>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 and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 04/18/22 from 10:56 a.m. to 11:12 a.m. with the QIDP Manager and Area Supervisor, there was a</p>			

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K S712 Bldg. 01	<p>GFCI electric receptacle within two feet of the southeast bathroom sink. When tested with a GFCI tester, the receptacle did not break the electrical circuit. Based on interview at the time of observation, the QIDP Manager agreed the electric receptacle in the bathroom off the living room was not provided with GFCI protection.</p> <p>2. Based on observation and interview, the facility failed to ensure electrical receptacles were protected in 1 of 5 client sleeping rooms according to 33.2.5.1. LSC 33.2.5.1 states utilities shall comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 406.6, Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on observation on 04/18/22 at 11:04 am. during a tour of the facility with the QIDP Manager and Area Supervisor, the electrical receptacle by the bed in TG's sleeping room had a broken and cracked cover plate. Based on interview at the time of observation, the QIDP Manager confirmed the cover plate was broken and cracked and would have a new cover plate put on as soon as possible.</p> <p>This finding was reviewed with the QIDP Manager at the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills</p>				

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	<p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> <li>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</li> </ul> <p>2. The facility must:</p> <ul style="list-style-type: none"> <li>a. Actually evacuate clients during at least one drill each year on each shift;</li> <li>b. Make special provisions for the evacuation of clients with physical disabilities;</li> <li>c. File a report and evaluation on each drill;</li> <li>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</li> <li>e. 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.</li> </ul> <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 conduct 1 of 12 quarterly shift fire drills in accordance with 42 CFR 483.470(i), which states the following:</p> <p>(1) The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <ul style="list-style-type: none"> <li>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks.</li> <li>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</li> </ul> <p>Due to the COVID-19 Public Health Emergency,</p>	K S712	<p><b>The facility has a monthly drill schedule that is provided to the Supervisors that outlines when drills are to take place, including each shift, so that at least one drill is conducted one 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.</b></p>	05/11/2022
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	<p>documented training may be used in lieu of fire drills, as allowed.</p> <p>This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>During record review with the QIDP Manager on 04/18/22 from 10:05 a.m. to 10:56 a.m., the facility provided documentation of fire drills, however it was incomplete. They were unable to provide documentation of fire drills, or training as allowed, for first shift of second quarter 2021/2022. Based on interview at the time of record review, the QIDP Manager agreed that he was unable to provide documentation of fire drills, or allowed training, for the timeframe specified.</p> <p>This finding was reviewed with the QIDP Manager at the exit conference.</p>		<p><b>The Supervisor and staff will receive training concerning their responsibilities to ensure drills are completed as scheduled.</b></p> <p><b>The Quality Assurance Manager will track the completion of emergency drills and evacuations on a monthly basis. If any discrepancies are noted they are reported to the Program Manager for follow up with the Supervisor. The Safety Committee reviews the timely completion of and issues noted during fire and storm drill on at least a quarterly basis. The Program Manager is responsible for submitting, reviewing and following up on recommendation with the Safety Committee.</b></p>		