

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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  10/03/2023
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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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 10/03/23  Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720  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  The facility has eight certified beds. All eight beds are certified for Medicaid. At the time of the survey, the census was seven.  Quality Review completed on 10/05/23	E 0000		
K 0000  Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).  Survey Date: 10/03/23  Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720  At this Life Safety Code survey, Normal Life of Indiana was found not in compliance with	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Julia Vaughn	QA Manager	10/22/2023

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 S345 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 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 .88.</p> <p>Quality Review completed on 10/05/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to ensure all facility smoke detectors were within their listed and marked sensitivity range.</p>	K S345	<b>The agency contracts with Aramark Services and Koorsen Fire &amp; Security to ensure</b>	10/26/2023	

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	<p>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> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(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.</li> <li>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</li> </ol> <p>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</p>		<p><b>scheduling and completion of all facilities semi-annual Fire Alarm Systems inspection requirements are met. The fire alarm system inspection report dated 10/06/23 was obtained from Koorsen and includes listings of smoke detector sensitivity ranges. The technician who conducted the Fire Alarm System Inspection on 10/06/23 has reviewed his notes from the inspection and included Sensitivity Alarm Points in the report for this inspection. Administrator has coordinated with Koorsen and Aramark to ensure that all inspection forms are completed thoroughly and all required documentation is completed at time of inspection and at the time the reports are forwarded to the agency. QIDP Manager and Program Managers will inspect all reports to ensure all required notations are present and reports are present in the home and available upon survey or request. QIDP Manager will inspect all life safety books in all facilities to ensure inspection reports are present and available for review upon survey. Area Supervisors will be trained to ensure inspection reports are printed and filed</b></p>	

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K S347  Bldg. 01	<p>detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the QIDP Manager at 10:30 a.m. on 10/03/23, itemized documentation of smoke detector sensitivity test within the most recent two-year period could not be provided for record review. An annual system inspection test dated 05/02/23 was available for review but listed each detector as "Passed" with no detection range or trip point listed for each device. Additionally, the semi-annual inspection of the fire alarm dated 11/04/22 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 QIDP Manager agreed that documentation of an itemized smoke detector sensitivity test within the most recent two-year period was not available for review.</p> <p>This finding was reviewed with the QIDP Manager at the exit conference.</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> <p>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, or</p>		<p><b>appropriately in the life safety book immediately following the inspections and receipt of the documentation from Koorsen.</b></p> <p><b>Ongoing, Program Manager and QIDP Manager will review Inspection Reports to ensure they include an indication of Sensitivity Ranges and Alarm Sensitivity Points where required, and identification of failed, damaged or out of date sensors are repaired or replaced.</b></p>		

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	<p>2. Buildings are protected throughout by an approved automatic sprinkler system, in 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 2 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 three clients.</p> <p>Findings include:</p> <p>During a tour of the facility with the QIDP Manager on 10/03/23 at 10:56 a.m., a ceiling mounted base for a battery operated smoke alarm was observed in TG's sleeping room, however the smoke alarm was missing. Additionally, a ceiling mounted base for a battery operated smoke alarm was observed in the sleeping room shared by DW and EB, but the smoke alarm was missing. Based on interview at the time of each observation, the QIDP Manager confirmed that there was not a</p>	K S347	<p><b>A maintenance request was submitted and a smoke detector was installed to the client sleeping room on 10/05/23.</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>	10/26/2023

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K S511 Bldg. 01	<p>smoke alarms in the above mentioned client sleeping rooms.</p> <p>This finding was reviewed with the QIDP Manager at the exit conference.</p> <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 NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 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</p>	K S511	<p>The agency contracts with Aramark for all maintenance needs in the home.</p> <p>A maintenance request was submitted for the defective GFCI and it was replaced on 10/05/23.</p> <p>The Safety Inspection Checklist used by Aramark technicians during monthly inspections includes an item for identification of whether or not GFCI outlets are functioning properly.</p> <p>The three latest inspection reports for the home indicated all GFCI outlets were working at the time of inspection</p>	10/26/2023

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	<p>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) 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.</p> <p>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</p> <p>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.</p> <p>This deficient practice could affect all clients and staff.</p>			

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K S712 Bldg. 01	<p>Findings include:</p> <p>Based on observation during a tour of the facility on 10/03/23 at 10:55 a.m. with the QIDP Manager, there was a GFCI electric receptacle within two feet of the bathroom sink located across the corridor from TG's sleeping room. 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 across the corridor from TG's sleeping room was not provided with GFCI protection.</p> <p>This finding was reviewed with the QIDP Manager at the exit conference.</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> <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> </ul>				

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	<p>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.</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 conduct 2 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> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks.</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</p> <p>This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review with the with the Qualified Intellectual Disability Professional (QIDP) Manager on 10/03/23 from 10:00 a.m. to 10:50 a.m., the following was noted:</p> <p>A) documentation could not be provided regarding a fire drill conducted in the first quarter (January, February, and March) of 2023 on the night shift.</p> <p>B) documentation could not be provided regarding a fire drill conducted in the second quarter (April, May, or June) of 2023 on the day shift.</p> <p>Based on interview at the time of record review, the QIDP Manager agreed that he was unable to provide documentation of fire drills for the timeframes specified.</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. The Supervisor and staff will receive training concerning their responsibilities to ensure drills are completed as scheduled. 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,</b></p>	10/26/2023
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	This finding was reviewed with the QIDP Manager at the exit conference.		<b>reviewing and following up on recommendation with the Safety Committee.</b>		