

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

PRINTED: 12/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G591	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2023
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 411 N PINE BRAZIL, IN 47834
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(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
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: 11/20/23</p> <p>Facility Number: 001105 Provider Number: 15G591 AIM Number: 100245580</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 eight certified beds. All eight beds are certified for Medicaid. At the time of the survey, the census was eight.</p> <p>Quality Review completed on 11/27/23</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: 11/20/23</p> <p>Facility Number: 001105 Provider Number: 15G591 AIM Number: 100245580</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
Julia Vaughn	QA Manager	12/11/2023

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 S712 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 facility was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, client rooms, all living areas and heat detection in the attic. The facility has a capacity of eight and had a census of eight 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 1.32.</p> <p>Quality Review completed on 11/27/23</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> </ul>			

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	<p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <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 provide documentation of a fire drill conducted on the second shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Drill Report" documentation with the Program Director during record review at 2:10 p.m. on 11/20/23, documentation of a fire drill conducted on the second shift in the first quarter (January, February, March) 2023 was not available for review. Based on interview at the time of record review, the Program Director stated additional fire drill documentation was not available for review and agreed documentation of a fire drill conducted on the second shift in the first quarter 2023 was not available for review.</p> <p>This finding was reviewed with the Program Director during the exit conference.</p>	K S712	<p><b>The agency has implemented electronic scheduling and tracking of drills through Task Master Pro to ensure drills are scheduled and conducted at appropriate dates, times and within the appropriate timeframe. At least one drill is conducted on each shift at least every three months. All staff have been trained to enter drills into Task Master Pro. 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> <p><b>The Area Supervisor will receive training on their responsibilities for ensuring that drills are completed by the direct care staff as identified in Task Master Pro. The Program Manager will be responsible for conducting this training. The Area Supervisor also reviews and signs the Drill Reports indicating that any</b></p>	12/19/2023	

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			<p><b>issues identified during the drill are followed-up appropriately. The Area Supervisor is responsible for assuring drills are properly entered into Task Master Pro.</b></p> <p><b>The Area Supervisor will monitor that quarterly drills are completed as scheduled. Any drills not conducted as scheduled will be followed up with the Area Supervisor. The Area Supervisor will submit completed drills to the Quality Assurance Manager for review by the Safety Committee on a quarterly basis</b></p>		