

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

PRINTED: 04/29/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G137	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 04/11/2025
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NORTHFIELD DR EVANSVILLE, IN 47713
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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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: 04/11/25</p> <p>Facility Number: 000674 Provider Number: 15G137 AIM Number: 100234390</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. At the time of this survey, the census was 8.</p> <p>Quality Review completed on 04/15/25</p>	E 0000		
K 0000  Bldg. 02	<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: 04/11/25</p> <p>Facility Number: 000674 Provider Number: 15G137 AIM Number: 100234390</p> <p>At this Life Safety Code survey, Normal Life of Indiana was found not in compliance with Requirements for Participation in Medicaid, 42</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Danica Curtis

QA Manager

04/26/2025

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 S100 Bldg. 02	<p>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 not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas, plus heat detection in the attic connected to the fire alarm system. 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 0.52.</p> <p>Quality Review completed on 04/15/25</p> <p>NFPA 101 General Requirements - Other</p> <p>Based on record review, observation, and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested, maintained, and the records of the testing 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 Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. (2) The test interval shall be permitted to be</p>	K S100	<p>The Area Supervisor will conduct required emergency lighting system test.</p> <p>The Area Supervisor will be in-serviced on testing of required emergency lighting system conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. (2) The test interval shall be</p>	05/09/2025

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	<p>extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 04/11/25 at 11:30 a.m. with the Program Manager present, there was no documentation to show the two battery powered emergency lights were tested for 30 seconds monthly from July to December of 2024. Based on observations at 12:15 p.m. and 12:20 p.m. there were two battery powered emergency light units in the home (living room and staff office). Based on interview at 11:30 a.m., the Program Manager acknowledged there was no documentation available to show a 30 second monthly test of the two battery powered emergency light units from July to December of 2024.</p> <p>This finding was reviewed with the Program Manager during the exit conference.</p>		<p>permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction. Written records will be kept in drill book in the home.</p> <p>The Program Manager will be in-serviced on ensuring monthly inspection and documentation of all fire extinguishers occur. Including the date and initials of the person performing the inspection.</p> <p>The Program Manager will be in-serviced on ensuring that testing of required emergency lighting system is being conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the</p>		

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K S363  Bldg. 02	<p>NFPA 101 Corridor - Doors</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 client bedroom doors was provided with a self-closing device in this non-sprinklered home. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation on 04/11/25 at 12:40 p.m. during a tour of the facility with the Program Manager, the middle bedroom door on the south</p>	K S363	<p>authority having jurisdiction. (3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the test. (5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction. Written records will be kept in drill book in the home.</p> <p>The Program Manager will ensure monthly inspections are completed and documented with monthly observation in the home. Persons responsible: Area Supervisor, Program Manager, Executive Director</p> <p>The middle bedroom door on the south side of the house will be provided with a self-closing device.</p> <p>Direct Support Staff will be in-serviced regarding ensuring that all bedroom doors automatically close and latch and that rooms are smoke resistant and to report all discrepancies to maintenance immediately via protocol.</p>	05/09/2025

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	<p>side of the house was not provided with a self-closing device in this non-sprinklered home. Based on interview at 12:40 p.m., the Program Manager acknowledged and agreed the middle bedroom on the south side of the home was not provided with a self-closing device.</p> <p>This finding was reviewed with the Program Manager during the exit conference.</p>		<p>Area Supervisor will be in-serviced regarding ensuring that all bedroom doors automatically close and latch and that rooms are smoke resistant and to report all discrepancies to maintenance immediately via protocol.</p> <p>QIDP will be in-serviced regarding ensuring that all bedroom doors automatically close and latch and that rooms are smoke resistant and to report all discrepancies to maintenance immediately via protocol.</p> <p>Program Manager will be in-serviced regarding ensuring that all bedroom doors automatically close and latch and that rooms are smoke resistant and to report all discrepancies to maintenance immediately via protocol.</p> <p>Direct Support Staff will monitor facility daily to ensure compliance with Life &amp; Safety Guidelines to include but not limited to ensuring all bedroom doors automatically close and latch and that rooms are smoke resistant and report discrepancies to maintenance immediately via protocol.</p> <p>Area Supervisor will monitor facility weekly to ensure compliance with Life &amp; Safety Guidelines to include but not limited to ensuring all bedroom</p>	

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			<p>doors automatically close and latch and that rooms are smoke resistant and report discrepancies to maintenance immediately via protocol.</p> <p>QIDP will monitor facility weekly to ensure compliance with Life &amp; Safety Guidelines to include but not limited to ensuring all bedroom doors automatically close and latch and that rooms are smoke resistant and report discrepancies to maintenance immediately via protocol.</p> <p>Program Manager will monitor facility monthly to ensure compliance with Life &amp; Safety Guidelines to include but not limited to ensuring all bedroom doors automatically close and latch and that rooms are smoke resistant and report discrepancies to maintenance immediately via protocol.</p> <p>Maintenance will monitor facility monthly to ensure compliance with Life &amp; Safety Guidelines to include but not limited to ensuring all bedroom doors automatically close and latch and that rooms are smoke resistant and report discrepancies to maintenance immediately via protocol.</p> <p>Person Responsible: DSP, AS, QIDP, PM, Maintenance, QAM</p>	

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