

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G543	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/17/2015
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 164 GLENDEE LN ROANOKE, IN 46783
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K 000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/17/15</p> <p>Facility Number: 001057 Provider Number: 15G543 AIM Number: 100245390</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist; Scott Wytosick, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinder Services Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and common living areas. The facility has a capacity of 7 and had a census of 6 at the time of this survey.</p>	K 000		
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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 051 Bldg. 01	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/23/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire</p>	K 051	Shambaugh Fire protection was called on 03/18/2015 to schedule our annual fire inspection for our Roanoke Group Home. The inspection was completed on 3/26/2015. A copy of the report	03/26/2015

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	<p>Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During the record review process on 03/17/14 at 12:41 p.m., the last annual inspection for the fire alarm system was conducted by Shambaugh & Sons on 03/04/14. Based on an interview at the time of record review, the Community Support Coordinator acknowledged this was the most recent fire alarm inspection.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 4 smoke detectors were installed where air flow would not adversely affect their operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be</p>		<p>will be included. The annual inspection was done for all of our group homes in Huntington County on 03/25/2015 and 03/26/2015 to assure that all homes were in compliance with their annual inspection. To assure the inspection get scheduled at the beginning of March for all years moving forward, the Community Supports Coordinator has created an electronic reminder to be sent March 1st that Shambaugh Fire Protection needs to be called and that the annual inspections for all group home locations needs to be scheduled. The community supports coordination will be the one making sure that this call gets made and the inspections scheduled. On 03/26/2015, while doing the annual inspection, Shambaugh also moved the two smoke detectors located in the hallways. Each detector was moved so that they were 3 feet from the air vent. The work order showing that this was completed will be attached. On 04/07/2015 the Community Supports Coordinator will be going to all of our group homes to do a visual check of all smoke detectors to assure that they are located at least 3 feet away from all air vents.</p>				

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K 056 Bldg. 01	<p>located where air flow prevents operation of the detectors. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/17/15 from 12:54 p.m. to 1:05 p.m., the Community Support Coordinator confirmed the smoke detector in each hallway was mounted within 10 inches of an HVAC supply vent.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p>			

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	<p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation</p>			

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	<p>of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in</p>			

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	<p>bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to ensure only one type of sprinkler head i.e. quick response or standard sprinklers were installed in 1 of 1 living rooms. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could all occupants.</p>	K 056	We had a service technician from Shambaugh Fire Protection come to the home on 03/26/2015. He inspected all sprinkler heads in the living room of the Roanoke Group Home and noted that all sprinkler heads installed were Quick Response. The services order with their visit notes will be attached. He did note that the dust on the spinkler head may have made it difficult to tell that it was a quick response and coule have led someone to believe it was a standard sprinkler head.An email will be sent to all the group	03/26/2015

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K 152 Bldg. 01	<p>Findings include:</p> <p>Based on observation and interview on 03/17/15 at 1:11 p.m., the Community Support Coordinator confirmed all sprinkler heads in the living room were quick response with the exception of the sprinkler head above the couch which was a standard response sprinkler head. Additionally, she acknowledged the standard response sprinkler was covered in dirt and dust from the ceiling HVAC vent which was located near the sprinkler head.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill:</p>		home staff at Roanoke by the Community Supportes Coordinator on 04/02/2015 asking that they please make sure the sprinkler head above the couch get dusted regularly. Due to it's location of the sprinkler head in relation to the air vent, it is in a location that makes it likely to get dust regularly so we will assure it gets dusted to assure that it does not get clogged and will work properly if ever needed. We will get this added to our checklist used at the home for routinely monthly cleaning purposes.Our Roanoke Group Home is our only home at this time that is sprinkled, so there are not other homes that are in need of being assessed to assure they do not have the same problem.				

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	<p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) 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. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>During record review and interview on 03/17/15 at 12:51 p.m., the Community Support Coordinator acknowledged the fire drill documentation titled "Fire Drill" showed all second shift fire drills for the last four quarters took place between 4:00 p.m. and 4:45 p.m.</p>	K 152	<p>On 03/08/2015 an email was sent to the Roanoke Group Home staff reminding them the importance of varying the drill times for each shift to assure that our clients know how to react to emergencies in differnt times or while doing differnt tasks. We have a calendar that all sites use to keep track of the date and times of each drill ran for the year. It has been requested that they review this prior to running each drill and make sure that the time is varied by at least 2 hours from the time the drill was ran on that shift the last time around. An email was sent to all group home staff on 04/02/2015 with this same information to assure that we were doing this at all of our homes with all of our clients. A copy of these emails will be attached. Each month as Drills come through, the Community Supports Coordinator makes note that the drills were received to assure they are getting completed monthly as required. Rather then souly marking they were completed on our check list,</p>	04/02/2015	

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			starting in April of 2015 the Coordinator will make note of the time the drill was complete for each month so that they can assure they are being varied as requested. If it is found that a drill is not in a varied time from the last time the drill was ran on that shift, the coordinator will require that the drill be re-ran.		