

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G124	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/20/2014
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NAME OF PROVIDER OR SUPPLIER  HOPEWELL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2605 LINDBERG ROAD ANDERSON, IN 46015
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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
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K010000	<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: 02/20/14</p> <p>Facility Number: 000661 Provider Number: 15G124 AIM Number: 100248720</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hopewell Center 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>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in common living areas and hard wired detectors in client sleeping rooms. The facility has a capacity of four and had a census of four at the time of this survey.</p>	K010000		
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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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 1.7.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 interior emergency lights operated when tested. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.2.5 requires the emergency lighting system be capable of repeated automatic operation. This deficient practice could affect all clients in the facility as well as staff and visitors if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation on 02/20/14 at 12:32 p.m. with the Home Coordinator,</p>	K010130	To assure immediate compliance with K0130, maintenance department has replaced burnt out light bulb in emergency light and all lighting is now fully operational. Date of Completion: 2-26-14 Person Responsible: Maintenance Department To assure ongoing compliance with K0130, House manager monthly checklist has been revised to now include a monthly check of all emergency lights to assure they are in working order at all times. (revised checklist attached) Date of Completion: 2-27-14 Person Responsible: House Manager	03/04/2014			

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	<p>the facility has four battery powered emergency lights. All battery powered emergency lights illuminated when the test button was pressed except the light located in the west hall of the home. Based on interview concurrent with the test with the Home Coordinator, it was acknowledged the aforementioned battery powered emergency light located in the west hall did not illuminate when tested.</p>			