

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G766		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  08/20/2014	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 10036 CROWN POINT FORT WAYNE, IN 46804			
(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			
K020000	<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: 08/20/14</p> <p>Facility Number: 012402 Provider Number: 15G766 AIM Number: 200993410</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 building was not sprinklered. This facility has a fire alarm system with smoke detection in all common living areas, in corridors and in sleeping rooms. The facility has a capacity of 8 and a census of 8 at the time of this survey.</p>	K020000					

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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K020130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/25/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K020130	<p>K130Two oxygen racks were delivered to the group home on 08/20/14. All oxygen cylinders at the group home have been secured in the racks. All staff at the group home have been retrained on AWS Oxygen Administration Policy, including proper restraint of the oxygen cylinders according to Life Safety Code. The manager and Q are completing weekly checks for 3 months and monthly thereafter which are documented on an oxygen cylinder check sheet which will be turned in to the residential director to ensure compliance.</p>	09/06/2014			
	<p>Based on observation and interview, the facility failed to ensure 22 of 37 oxygen cylinders were properly restrained. NFPA 99, Chapter 13, "other" Health Facilities at 13-1, says this chapter addresses safety requirements for facilities or portions thereof, that provide diagnostic and treatment services in health facilities other than hospitals, nursing homes or limited care facilities. 13-3.8 requires gas equipment shall conform to the patient equipment requirements in Chapter 8. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of</p>						

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	<p>Section 4-3.5.2.1(b)27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Director on 08/20/14 at 11:10 a.m., one oxygen cylinder was stored on top of a shelving unit in the living room. At 11:55 a.m. on 08/20/14, 21 compressed oxygen cylinders were stored unrestrained in a small garage. This was acknowledged by the Residential Director at the time of observation.</p>				