

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G123	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/13/2014
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NAME OF PROVIDER OR SUPPLIER  HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 714 PENN DR CRAWFORDSVILLE, IN 47933
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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: 06/13/14</p> <p>Facility Number: 000660 Provider Number: 15G123 AIM Number: 100234190</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Houston Group Homes 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 two story facility was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels, in corridors and in living areas. Client rooms are equipped with battery powered smoke detectors. The facility has the capacity for 8 and had a census of 8 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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K01S051	<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 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/14.</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. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm systems components and devices such as smoke detectors, heat</p>	K01S051	<p>June 30, 2014</p> <p>Plan of Correction June 16, Life Safety Code Survey Houston Group Homes, Inc. 714 Penn Drive</p>	06/20/2014			

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	<p>sensors and fire alarm pull stations was complete. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, heat sensors, fire alarm pull stations, and fire alarm control equipment be tested annually. The inspection should include locations and serial numbers, the test/inspection done and whether each device passed or failed. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review of the facility's Annual Fire Alarm Inspection report dated 06/17/13 with the resident supervisor on 06/13/14 at 12:05 p.m., there was no itemized list of the fire alarm system components and devices such as smoke detectors, horn/strobe devices, door holder devices, and manual pull stations, with the locations and results of the visual and functional tests. At the time of record review, the resident supervisor said there was no itemized documentation available listing test results of all components and devices of the fire alarm system on any fire alarm inspection report.</p>		<p><b>Standard K 0051</b></p> <p>Corrective action has been completed on deficiency K 0051 cited during the annual LSC survey conducted on June 16, 2014. On June , 2014 the Director e-mailed CSC, the company that performs inspections for the facility to inform them of the citation and to instruct them that all inspections for the facility fire alarm system will need to have the serial number and location of each device done and whether each device passed or failed. (See attachment A) Annual Sensitivity Inspections were scheduled and completed on June 20, 2014 with all locations and serial numbers of the devices tested and indication of whether each device passed or failed. (see attachment B)</p> <p><b>Completion Date: June 20, 2014</b></p> <p>Julia Wicks, Director Houston Group Homes, Inc.</p>		