

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G619	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/01/2014
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 605 SHERWOOD ST CROWN POINT, IN 46307
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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
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: 07/01/14</p> <p>Facility Number: 001178 Provider Number: 15G619 AIM Number: 100240150</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, In-Pact 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 bi-level facility was not sprinklered. The facility has a fire alarm system with hard wired smoke detection on both levels in corridors, in sleeping rooms and in common living areas. The facility has the capacity for 5 and had a census of 5 at the time of this survey.</p>	K010000		

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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K01S018	<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 07/03/14.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 2 of 2 lower level</p>	K01S018	A maintenance request was filled out to fix the basement east bedroom door so it will self close	07/31/2014

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	<p>sleeping room doors would self close and latch into their door frames. This deficient practice would affect 2 clients living in the lower level.</p> <p>Findings include:</p> <p>Based on observation with the resident manager on 07/01/14 at 3:45 p.m., the west basement level sleeping room door was held open by a magnet which failed to release to allow the door to close upon activation of the fire alarm. The east sleeping room door failed to self close and latch into the door frame when tested on 07/01/14 at 3:50 p.m. with the resident manager. The resident manager acknowledged at the time of observations, the doors in this unsprinklered home were not self closing.</p>		<p>and latch into the door frame securely. Responsible person: Dana Rock, Group Home Manager. Maintenance will fix the basement east bedroom door so that it will self close and latch into the door frame securely. Responsible person: Maintenance staff &amp; Dana Rock, Group Home Manager. Alert Alarm was called out to assess the basement west bedroom door magnet. They have ordered a part and will be back out to install it, so that the magnet will release to allow the door to close upon activation of the fire alarm. Responsible person: Dana Rock, Group Home Manager and Alert Alarm. All the sleeping room doors on both levels were checked and they all self closed and latched securely into the door frames. Responsible person: Dana Rock, Group Home Manager. Monthly, all sleeping room doors will be checked to ensure that they all self close and latch securely into the door frames. Responsible person: Traci Hardesty, QDDP &amp; Sheila O'Dell, Group Home Director.</p>		