

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G450	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/26/2012
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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1305 Q AVE NEW CASTLE, IN 47362
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K0000	<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: 03/26/12</p> <p>Facility Number: 000964 Provider Number: 15G450 AIM Number: 100249350</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Life Safety Code survey, Residential CRF 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 not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and in all client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K0000	The fire alarm system for the home was repaired and is in working order. House staff will perform bi monthly fire drills to ensure the fire alarm system is in working order. Completion date: April 25, 2012	
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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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	<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 0.32</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<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>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. NFPA 72 Section 1-5.5.2.3 requires all apparatus requiring rewinding or resetting to maintain normal operation shall be restored to normal as promptly as possible after each alarm and kept in normal condition for operation. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 03/26/12 at</p>	KS051	The alarm system for the group home was repaired and is in working order. Staff will check fire alarm system on a routine basis to ensure it is in working order. If any concerns are noted staff will notify the fire alarm company and Residential CRF maintenance staff.	04/25/2012	

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	12:00 p.m., the fire alarm control panel (FACP) located in the laundry room was silenced. The FACP was reset and activated by pulling the nearest manual station. The manual station and FACP were reset but the FACP reactivated approximately one minute later. Several attempts were made to reset the FACP but the panel kept activating after one minute. A smoke detector in the east hallway was found to be in alarm, preventing the FACP from being reset. Based on interview, the Maintenance Supervisor acknowledged the FACP would not reset and contacted the facility's fire alarm contractor to schedule the repair.			

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KS120	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> <p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape</p>				

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	<p>requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 5 bedrooms were provided with a secondary means of escape. This deficient practice could affect 4 of 8 clients within the facility.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 03/26/12 at 12:15 p.m., the secondary means of escape for the two client bedrooms on the east hallway was through the staff sleeping room which was equipped with a lockable door knob. Based on interview, the Maintenance Supervisor acknowledged, the door was equipped with a lockable door knob.</p>	KS120	The lockable door knob was removed and replaced with an unlockable door to ensure a secondary means of escape for two client bedrooms.	04/25/2012