

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G797	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/09/2014
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NAME OF PROVIDER OR SUPPLIER  AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA RD LA FONTAINE, IN 46940
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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: 05/09/14</p> <p>Facility Number: 012563 Provider Number: 15G797 AIM Number: 201018540</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code, 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 4 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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K01S046	<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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/14.</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 Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure nonfused multiplug adapters were not used as a substitute for fixed wiring to protect 4 of 4 clients. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, nonfused multiplug adapters shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all clients.</p>	K01S046	<p><b>K S046</b> Nonfused Multiplug Adaptors <b>Corrective action for resident(s) found to have been affected</b> Each of the adaptors was removed. In each case, only one or two items were plugged into the outlet, so having the extra outlets was not needed. Regular faceplates replaced the multiplug adaptors, and these were screwed directly into the outlet as designed. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents potentially are affected, and corrective measures address the</p>	05/23/2014

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K01S147	<p>Findings include:</p> <p>Based on observation with the Home Manager and the Interim Home Manager on 05/09/14 during a tour of the facility from 11:00 a.m. to 12:30 p.m., a nonfused multiplug adapter was installed at one receptacle in each of the four sleeping rooms. The adapter allowed six items to be plugged into one receptacle. This was acknowledged by the Home Manger at the time of observation.</p> <p>3.1-19(b)</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p>		<p>needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> Mutiplug adaptors were replaced by regular faceplate as originally designed. <b>How corrective actions will be monitored to ensure no recurrence</b> The group home manager is responsible for maintenance in the home. The group home manager is supervised by the Regional Director, and they meet regularly with all managers and clinicians. During these meetings, there is a standing agenda item for maintenance of the home.</p>	
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	<p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 4 of 4 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of "Residential Safety Drill Report" documentation with the Home Manager and Interim Home Manager on 05/09/14 at 11:20 a.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any training or fire drill records for the third shift during the first quarter of 2014 and the second shift during the third quarter of 2013. The Home Manager stated at the time of record review, there was no other fire drill or other training documentation for this period.</p>	K01S147	<p><b>K S147</b> Evacuation Plans <b>Corrective action for resident(s) found to have been affected</b>An evacuation plan was written and tailored to each individual residing in the home. A staff meeting has taken place where all staff received training on each plan. Training on these plans will remain as a standing item on future staff meetings to ensure that staff review the plans at least every two months.</p> <p><b>How facility will identify other residents potentially affected &amp; what measures taken</b>All residents potentially are affected, and corrective measures address the needs of all clients.<b>Measures or systemic changes facility put in place to ensure no recurrence</b>New evacuation plans were written and trained. A standing agenda item was added for future staff meetings to review the plans.</p> <p><b>How corrective actions will be monitored to ensure no recurrence</b>The QIDP is the member of the IDT who writes plans, including evacuation plans. The Group Home Manager supervises staff and is responsible for ensuring proper training, including regular staff meetings. The Regional Director supervises both of these professional staff members and meets with them regularly.</p>	05/23/2014			

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:  Based on record review of the "Residential Safety Drill Report" and interview with the Home Manager and</p>	K01S152	<p><b>K S152 Evacuation Drills</b> Corrective action for resident(s) found to have been affected A year-long schedule has been placed in the home.</p> <p><b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents potentially are affected, and corrective measures address the needs of all clients. <b>Measures or systemic changes facility put in</b></p>	05/23/2014

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	the Interim Home Manager on 05/09/14 at 11:20 a.m., fire drill documentation of a third shift fire drill for the first quarter of 2014 and a second shift fire drill for the third quarter of 2013 was not available for review.		<p><b>place to ensure no recurrence</b></p> <p>A new schedule is in place.  <b>How corrective actions will be monitored to ensure no recurrence</b>A regular home audit includes a summary of evacuation drills. These are scanned and sent to the Director and to the agency's compliance department. If evacuation drills are not conducted, an action plan is required to correct the problem.</p>	