

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G794	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2012
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9110 N CR 700 W SCIPIO, IN 47273
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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: 02/23/12</p> <p>Facility Number: 012529 Provider Number: 15G794 AIM Number: 201017530</p> <p>Surveyor: Mark Bugni, 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 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, client sleeping rooms and common living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p>	K0000		

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 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/29/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS046	<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 2 of 2 bathrooms and 1 of 1 kitchen sinks were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 101, 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and electrical insulation is more subject to failure. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 02/23/12 during a tour of the facility from 11:00 a.m. to 11:50 a.m. with the home manager, the north and south client bathrooms each had one electric outlet six inches from the</p>	KS046	<p>K0046 Bathrooms & Kitchen – GFCI Outlets Corrective action for resident(s) found to have been affected This home was built in 2011. The agency checked with the builder and confirmed that “There is a gfc outlet in one of the bathrooms that protect all of the bathroom receptacles. They are on a dedicated circuit for the bathrooms only. There are also 2 gfc receptacles in the kitchen that protects all of the kitchen counter receptacles.” How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action addresses the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence The company that constructed the home confirmed that GFCI outlets are in place. How corrective actions will be monitored to ensure no recurrence Group Home manager oversees maintenance at the home and is supervised by the Regional Director.</p>	03/24/2012			

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	hand wash basins which was not provided with a ground fault circuit interrupter. Based on observation on 02/23/12 at 11:40 a.m., the kitchen had one electric outlet one foot from the kitchen sink which was not provided with a ground fault circuit interrupter. Furthermore, the main electric panel in the garage was checked and it was confirmed the electric receptacle in the client bathrooms and the kitchen were not provided with GFCI protection to prevent electric shock. This was acknowledged by the home manager on 02/23/12 at the 12:10 p.m. exit conference.			

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KS147	<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>Based on record review and interview, the facility administration failed to periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan not less than every 2 months to protect 4 of 4 clients. This deficient practice would affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the Individual Support Plans with the home manager on 02/23/12 at 9:50 a.m., the Individual Support Plans for each client lacked documentation indicating employees were</p>	KS147	<p>K0147</p> <p>Periodic Two-month Instruction on Duties under Emergency Plan.</p> <p>Corrective action for resident(s) found to have been affected</p> <p>An in-service will be added to the regularly-scheduled monthly staff meeting to remind them of their Duties and Responsibilities under the written emergency plan. The first in-service will take place by 3-24-12.</p>	03/24/2012	

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	periodically instructed and kept informed with respect to their duties and responsibilities under the plan every two months from March 2011 to present. Based on an interview with the home manager on 02/23/12 at 10:00 a.m., there was no other documentation to indicate employees were periodically instructed and kept informed with respect to their duties and responsibilities under the Individual Support Plans from March 2011 to present.		<p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents affected, and corrective action addresses the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>On-going training at regular staff meetings.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Staff members are supervised by the Group Home Manager who is responsible for ensuring that training requirements are met.</p>		

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 -</p> <ul style="list-style-type: none"> (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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills at least quarterly on 1 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Residential Safety Drill reports with the home manager on 02/23/12 at 10:20 a.m., there</p>	KS152	<p>K0152 Evacuation Drills at least Quarterly for Every Shift Corrective action for resident(s) found to have been affected An Evacuation Drill was conducted on the shift cited. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action addresses the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence A Drill</p>	03/24/2012			

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	<p>was no evidence of a third shift fire drill for the third quarter and fourth quarter of the year 2011.</p> <p>Based on a review of Residential Safety Drill reports and interview with the home manager on 02/23/12 at 11:00 a.m., there was no other evidence available for review to indicate the missed fire drills were conducted.</p>		<p>schedule has been implemented to ensure that drills occur across shifts as required. How corrective actions will be monitored to ensure no recurrence The Group Home Manager is responsible to ensure that Drills are conducted as scheduled.</p>		