

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G123	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2015
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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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K 0000 Bldg. 01	<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: 06/11/2015</p> <p>Facility Number: 000660 Provider Number: 15G123 AIM Number: 100234190</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 with a garage attached by a deck extending from the second level of the home to the side of the garage. Neither structure was 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</p>	K 0000		
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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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K 0130 Bldg. 01	<p>census of 8 at the time of this survey.</p> <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>Based on observation and interview, the facility failed to ensure that evidence of annual maintenance and monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 4 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 indicates fire extinguishers shall be subjected to maintenance at intervals of not more than one year, at the time of hydrostatic test, or when specifically indicated by an inspection. 4-3.1 requires that extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least</p>	K 0130	<p>HOUSTON GROUP HOMES, INC. PLAN OF CORRECTION 714 Penn Drive Crawfordsville, IN 47933 Standards K-130, K-41 & K-46 2015 LIFE SAFETY SURVEY</p>	06/26/2015

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	<p>monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients and staff in the upper level bedrooms and upper bedroom corridor.</p> <p>Findings include:</p> <p>Based on observation of fire extinguisher inspection/maintenance tags during a tour of the home on 06/11/2015 between 11:55 A.M. and 12:28 P.M., a fire extinguisher located in the garage which had a tag indicating the last annual inspection was April 2014. This garage was attached to the home by a deck extending between the garage and the second level of the home. The garage contained storage of combustible material including but not limited to shelves of paints and solvents, scrap wood, extra wooden doors and a dumpster on wheels used to store trash. Additionally, the tag attached to the extinguisher did not indicate dates and initials of a person conducting monthly inspections. Interview with the house manager at the time of the observation indicated the fire extinguisher in the garage had been missed during the last annual inspection and was not being checked monthly.</p>		<p>Plan of Correction Houston Group Homes, Inc. Life Safety 714 Penn Drive June 11, 2015</p> <p>The facility Executive Director had a conversation with the Residential Supervisor and the Maintenance Technician. The purpose of this conversation was to address the citation from the 6/11/15 Life Safety Survey.</p> <p>K-130 the Residential Supervisor called B&R fire extinguisher and had them come out and inspect the fire extinguisher in the garage. The tag has updated. (See</p>	

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K S041 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2.</p> <p>Based on observation and interview a means of egress from the second story of the home failed to provide a safe path to the right of way as evidenced by the lack of guards on an exterior deck. NFPA 101 Chapter 7.2.2.4.1 states "Means of egress</p>	K S041	<p>attachment A.)</p> <p>K-41 the Maintenance Technician installed a new railingthat goes from the door to the stairway. (See attachment B).</p> <p>K-46 the Maintenance Technician installed a new outletfor the C-PAP machine and both of the plugs were plugged into the newoutlet. (See Attachment C).</p> <p>HOUSTON GROUP HOMES, INC. PLAN OF CORRECTION 714 Penn Drive</p>	06/26/2015	

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	<p>that are more than 30 inches above the floor or grade below shall be provided with guards to prevent falls over the open side." 7.2.2.4.6 indicates the guards required shall not be less than 42 inches high measured from the surface to the top of the guard. This could affect 8 of 8 clients occupying the bedrooms on the second story of the home.</p> <p>Findings include:</p> <p>During an observational tour of the home with the house manager on 6/11/2015 between 11:55 A.M. and 12:28 P.M. the upstairs corridor in the second story of the home exited out onto an exterior deck that extended between the home to a garage. Occupants exiting the second story had to walk the length of the deck to a stairs that were located next to the garage. On the two open sides of this deck there were no guards to prevent an occupant from falling. Interview with the house manager indicated there used to be railings but they were taken down when the older deck was disassembled and the new deck was built.</p>		<p>Crawfordsville, IN 47933 Standards K-130, K-41 & K-46 2015 LIFE SAFETY SURVEY</p> <p>Plan of Correction Houston Group Homes, Inc. Life Safety 714 Penn Drive June 11, 2015</p>		

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			<p>The facility Executive Director had a conversation with the Residential Supervisor and the Maintenance Technician. The purpose of this conversation was to address the citation from the 6/11/15 Life Safety Survey.</p> <p>K-130 the Residential Supervisor called B&R fire extinguisher and had them come out and inspect the fire extinguisher in the garage. The tag has updated. (See attachment A.)</p> <p>K-41 the Maintenance Technician installed a new railing that goes from the door to the stairway. (See attachment B).</p> <p>K-46 the Maintenance Technician installed a new outlet for the C-PAP machine and both of the plugs were plugged into the new outlet. (See Attachment C).</p>	

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K S046 Bldg. 01	<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 pieces of medical equipment were not plugged into an extension cord as a substitute for fixed wiring. 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, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect at least two clients in the upstairs southwest corner bedroom.</p> <p>Findings include:</p> <p>During an observational tour with the house manager on 6/11/2015 between 11:5 A.M. and 12:28 P.M. a Continuous Positive Air Pressure (C-PAP) machine and an Oxygen Concentrator were observed to be separately plugged into the multi plug end of a brown standard extension cord. The extension cord was plugged into a wall. Interview with the house manager at the time of the observation indicated she was unaware that medical equipment needed to be directly plugged into wall outlets or that extension cords were not permitted as</p>	K S046	<p>HOUSTON GROUP HOMES, INC. PLAN OF CORRECTION 714 Penn Drive Crawfordsville, IN 47933 Standards K-130, K-41 & K-46 2015 LIFE SAFETY SURVEY</p>	06/26/2015			

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	permanent wiring.		<p>Plan of Correction Houston Group Homes, Inc. Life Safety 714 Penn Drive June 11, 2015</p> <p>The facility Executive Director had a conversation with the Residential Supervisor and the Maintenance Technician. The purpose of this conversation was to address the citation from the 6/11/15 Life Safety Survey.</p> <p>K-130 the Residential Supervisor called B&R fire extinguisher and had them come out and inspect the fire extinguisher in the garage. The tag has updated. (See attachment A.)</p> <p>K-41 the Maintenance Technician installed a new railing that goes from the door to the stairway. (See attachment B).</p>		

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