

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G713	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2013
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 55021 BIRCH RD OSCEOLA, IN 46561
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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: 09/30/13</p> <p>Facility Number: 003863 Provider Number: 15G713 AIM Number: 200462800</p> <p>Surveyor: W. Chris Greeney, 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, in resident sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 3 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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/01/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S046	<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 1 of 1 extension cords was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and electrical equipment shall be in accordance with NFPA 70, National Electrical Code. 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 one resident occupying the southwest bedroom.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 09/30/13 at 3:35 P.M., an extension cord was found plugged into a wall outlet with two other electrical devices plugged into the extension cord's outlets. This was observed in southwest bedroom of the group home. The resident of the room was not in the room during the observation. The Group Home Manager indicated during the observation, it was facility policy to not use extension cords and she was not aware the extension cord was being used.</p>	K01S046	The extension cord was removed at the time of the survey. All staff have been retrained on the proper use of electrical outlets including unacceptable use of extension cords in place of fixed wiring. The house manager completes a maintenance house walk thru monthly. This walk-thru will include checking electrical outlets to ensure electrical items are plugged directly into wall outlets. This walk-thru will be documented on a CQA form and will be turned into the director to monitor compliance.	10/30/2013			

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K01S148	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1</p> <p>Based on observation and interview, the facility's administration failed to provide evidence the administration had adopted smoking regulations. This deficiency could affect all clients, staff and visitors in the home.</p> <p>Findings include:</p> <p>During observation in the home 09/30/13 at 3:30 P.M. with the Group Home Manager, a noncombustible smoking receptacle was present on the back patio. Interview with the Group Home Manager during the observation indicated staff were permitted to smoke outside the home, at least 8 feet from the entrance. The Group Home Manager indicated she believed the facility had developed a written smoking policy and procedure, however, she could not locate the policy during the survey.</p>	K01S148	<p>AWS has a smoking policy which states that employees are not allowed to use tobacco products in the client's home regardless of whether or not the client uses tobacco products or grants permission. The employee is not allowed to use tobacco products while transporting clients or while attending community functions with clients. Employees and clients will only smoke in designated smoking areas. You will be informed of this designated smoking area by your manager or supervisor. All employees and clients will smoke at least 8 feet from any entrance/exit door in accordance with state law. Employees will properly dispose of used tobacco products in a cigarette butt receptacle and ensure that all used tobacco products are properly extinguished. This policy is located in the home's policy book and was in place at the time of the survey. The location of the policy has been moved to ensure that it is readily accessible to staff. All staff have been re-trained on the policy. The Residential Manager and the QMRP work out of the home and have completed spot checks to ensure compliance with the training. These observations are</p>	10/30/2013	

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			being documented and turned into the director for review.		