

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711
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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: 11/08/12</p> <p>Facility Number: 000829 Provider Number: 15G310 AIM Number: 100239650</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rehabilitation Center Developmental Services 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 sprinklered. The facility has a</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>monitored fire alarm system with smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight 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 Slow with an E-Score of 4.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS043	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 emergency exit doors, which were provided with delayed egress locking devices connected to the fire alarm system, unlocked when the fire alarm system was activated. LSC Section 33.2.2.5.5 refers to LSC Chapter 7.2.1.6.1 which requires buildings equipped with approved and listed delayed egress locks shall be protected throughout by an approved, supervised automatic fire alarm detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7. In addition, 7.2.1.6.1 requires (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or activation of not more than two smoke detectors of a</p>	KS043	<p>Maintenance immediately observed the situation and corrected the issue.</p> <p>Preventatively, all Group Home Managers will be retrained to indicate such issues to administration and maintenance.</p>	11/19/2012			

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	<p>approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process which would release the lock within 15 seconds upon application of a force to the release device. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. (d) On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation during fire alarm system testing on 11/08/12</p>			

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	at 12:30 p.m. during a tour of the facility with the Home Manager, the four emergency exit doors from the four client sleeping rooms were locked against egress with delayed egress locking devices (magnetic locks). The only way to exit these doors was to push on the door for 15 seconds, actuate the fire alarm system or press a five digit code on the keypad. When the fire alarm system was tested, the delayed egress locking devices did not release the magnetic locks and allow the doors to be opened. This was acknowledged by the Home Manager at the time of observation.				