

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G602	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2011
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NAME OF PROVIDER OR SUPPLIER  ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAPLELEAF DR FRANKFORT, IN46041
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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: 11/17/11</p> <p>Facility Number: 001116 Provider Number: 15G602 AIM Number: 100245620</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Abilities Services 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 one story facility was fully sprinklered. The facility has a fire alarm system with smoke</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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KS051	<p>detection in corridors and common living areas. The facility has a capacity for 8 and had a census of 7 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 3.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/22/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p>				

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	<p>Based on observation and interview, the facility failed to ensure 1 of 3 manual fire alarm pull stations was maintained in working condition. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.5.2.3 requires all apparatus requiring resetting to be kept in normal operating condition. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation on 11/17/11 at 3:45 p.m., the house manager attempted to demonstrate annunciation of the fire alarm system using the manual pull station located adjacent to the front door, one of three pull stations available. Upon activation, no alarm was annunciated. The house manager reset the pull station and the alarm failed to sound. The other two pull stations were activated and the alarms sounded as required. The house manager said she was unaware the pull station</p>	KS051	The GH Manager had the alarm that did not work checked by the regular maintenance agency and it was actually in working condition -- the Manager did not correctly activate it during the survey. The Manager now knows how each pull station works.	12/04/2011	

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KS147	<p>was not working and would contact the fire alarm contractor.</p> <p>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 persons 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 not 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 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 7 of 7 clients, which is amended or revised whenever any resident</p>	KS147	All of the deficiencies noted in S147 occurred during the supervision of the previous GH Manager. Since the current manager has been in place, no drills have been missed. Each GH schedules their fire and weather drills for the shift and month at the beginning of the year and follow the schedule with oversight from the Director of Community Living.	12/04/2011	

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	<p>with unusual needs is admitted to the home. 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 Fire Drill Logs reviewed with the house manager on 10/20/10 at 2:30 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any record of a fire drill for the 7:00 a.m. to 3:00 p.m. shift during the first, second and third quarters of 2011. No documentation was found for the first and second quarters of 2011 and the fourth quarter of 2010 during the 11:00 p.m. shift to 7:00 a.m. shift. No fire drill was found for the second quarter of 2011 during the 3:00 p.m. to 11:00 p.m. shift. As a result, there was a lapse of eleventh months of training for the 11:00 p.m. to 7:00 a.m. shift and the 7:00 a.m. to 3:00 p.m. shift. A four month training lapse between March 2011 and July 2011 for the 3:00 p.m. to 11:00 p.m. shift fire drills was</p>				

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	documented. The house manager said at the time of record review, there were no other training records for any other fire safety/evacuation training for the staff.				

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KS152	<p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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>(3) Facilities must meet the requirements of paragraphs (i) (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 ensure fire and evacuation drills were provided for each shift for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a Fire and Tornado Drill Log review with the house manager on 11/17/11 at 4:10</p>	KS152	All of the deficiencies noted in S152 occurred during the supervision of the previous GH Manager. Since the current manager has been in place, no drills have been missed. Each GH schedules their fire and weather drills for the shift and month at the beginning of the year and follow the schedule with oversight from the Director of Community Living.	12/04/2011	

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KS154	<p>p.m., no documentation of fire drills was found for:</p> <p>a. The first shift (7:00 a.m. to 3:00 p.m.) for the first, second and third quarters of 2011;</p> <p>b. The second shift (3:00 p.m. to 11:00 p.m.) during the second quarter of 2011;</p> <p>c. The third shift (11:00 p.m. to 7:00 a.m.) during the fourth quarter of 2010, and the first and second quarters of 2011.</p> <p>The house manager said at the time of record review, she had provided records of all drills conducted.</p> <p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing all procedures to be followed in</p>	KS154	Abilities Services has the policy in question; however, the GH Manager was not aware of it at the time of the survey. It has been placed in the Emergency Drill	12/04/2011	

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	<p>the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period to protect 7 of 7 clients. LSC 33.7.1 requires plans for the protection of residents shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the house manager on 11/17/11 at 3:10 p.m., the records provided did not include the procedure to be followed in the event the sprinkler system was out of service for four hours or more in a 24 hour period. The house manager said at the time of record review, she could not find the information.</p>		binders so that all staff are aware of the policy.		

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KS155	<p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect 7 of 7 clients. LSC 33.7.1 requires every residential board and care facility to have in effect and available to all supervisory personnel a plan for the protection of all persons. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the house manager on 11/17/11 at 3:15 p.m., the records provided did not include the procedure to be followed in the event the fire alarm system was out of service for four hours or more in a 24 hour period. The house manager</p>	KS155	Abilities Services has the policy in question; however, the GH Manager was not aware of it at the time of the survey. It has been placed in the Emergency Drill binders so that all staff are aware of the policy.	12/04/2011

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