

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G490	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2012
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1667 PIKE ST WABASH, IN 46992
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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: 05/21/12</p> <p>Facility Number: 001004 Provider Number: 15G490 AIM Number: 100245030</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinder 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>The one story facility was not sprinklered. The facility has a fire alarm system with smoke</p>	K0000		
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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>detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 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 Prompt with an E-Score of 0.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 sleeping room doors would self close and latch into the door frame. This deficient practice could affect 4 of 7 clients.</p> <p>Findings include:</p> <p>Based on observations with the Qualified Developmental Disabilities Professional (QDDP) on 05/21/12 from 12:05 p.m. to 12:15 p.m., the northeast and the southwest sleeping room doors did self close, but they failed to latch into the door frame. This was acknowledged by the QDDP at the time of observations.</p>	KS018	<p>Both doors have been repaired. New hinges were put on the doors and they close properly now. All client could be affected by the same deficient practice as they all have bedroom doors. Staff will be re-trained on how to thoroughly check the doors to ensure they close properly and how to accurately complete the Safety Checklist. The Res. Mgr. will review and monitor the Safety Checklist monthly and complete any necessary maintenance request if the doors are found to not close properly.</p>	06/20/2012	

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KS123	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every bathroom door is designed to allow opening from the outside during an emergency when locked. 32.2.2.5.4, 33.2.2.5.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 bathroom doors could be opened from the outside during an emergency when locked. This deficient practice could affect any client using the north bathroom.</p> <p>Finding includes:</p> <p>Based on observation with the Qualified Developmental Disabilities Professional and the Residential Manager on 05/21/12 at 12:08 p.m., the north bathroom door could be locked from the inside. Based on an interview with the Residential Manager at the time of observation, she attempted to unlock to door with several different keys but could not provide a key which would unlock the door.</p>	KS123	<p>A new lock has been put on the north bathroom door to ensure the door can be unlocked in case of an emergency. Any client using the north bathroom could be affected by the same deficient practice, but now there is a new lock with key. A section has been added to the Safety Checklist that states, "Are there keys readily accessible to unlock any bedroom or bathroom doors that can be locked?" Staff will be re-trained on how to properly complete the Safety Checklist. The Res. Mgr. will review and monitor the Safety Checklist monthly to ensure it is being completed properly.</p>	06/20/2012	