

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G613	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/19/2012
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NAME OF PROVIDER OR SUPPLIER  GIBSON COUNTY ARC 8TH ST	STREET ADDRESS, CITY, STATE, ZIP CODE 116 N 8TH ST PRINCETON, IN 47670
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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: 04/19/12</p> <p>Facility Number: 001177 Provider Number: 15G613 AIM Number: 100245650</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Gibson County ARC 8th Street 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 monitored fire alarm system with</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>smoke detection 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 3.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 3 means of egress were continuously maintained for full instant use in case of fire or other emergencies. NFPA 101 at 4.6.12.2 states existing life safety features obvious to the public, it not required by the Code, shall be either maintained or removed. NFPA 101 at 7.1.10.1 requires means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergencies. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 04/19/12 at 10:30 a.m. during a tour of the facility with the Home Manager, the means of egress outside the north exit door had a four foot by five foot concrete stoop connected to a sidewalk which lead to the parking lot. The northeast corner of the concrete stoop had a drop of three inches</p>	K0130	<p>To Address K 0130: 1. To correct the deficiency, the concrete stoop at the north exit door will be removed and a new concrete stoop will be in place so that the surface is even and can be traversed easily by all individuals in the home including those who use walkers and wheelchairs. 2. Individuals affected in the home will now have means of easy egress at the north exit of the home. As of today (05/02/12) the uneven concrete stoop is being removed and repoured so that there is an even surface that facilitates egress. 3. To ensure the deficient practice does not recur, any physical deficiencies at the home will be addressed proactively through home audit reports. 4. To ensure the deficient practice does not recur, the residential home audits will address changes in physical structures that affect egress. The home audits shall be monitored by the Home Manager, QMRP, and the Residential Director as a means to increase quality assurance at the North 8th St. home. 5. All the above shall be implemented and completed no later than 05/19/2012.</p>	05/19/2012	

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	leaving an uneven surface which could not be traversed easily by a wheelchair, and could be a trip hazard to someone walking out of this exit. The Home Manager said the facility has two clients that use wheelchairs on a daily basis and a third client that uses a wheelchair at times.			