STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHFINDER SERVICES INC	456 W MARKET ST WABASH, IN 46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 05/11/15 Facility Number: 000593 Provider Number: 15G033 AIM Number: 100233370 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. The one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, sleeping rooms and common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.2.			
K 053 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review and interview, the facility failed to ensure the smoke detectors for 1 of 1 fire alarm system had	K 053	What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? 1.	06/10/2015

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	been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using any of the following methods: (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range, (5) Other calibrated sensitivity test		Koorsen Fire & Security the company contracted to complete the sensitivity testing was contacted and they immediately came and completed the sensitivity test for the fire alarms system to ensure clients #1-#7 would be safe. 2. An electronic generated automatic reminder has been set up to remind Administrative Assistant that a Sensitivity Testing for the group home is due and to watch for schedule date from Koorsen and to contact them if she has not receive a notice from them by Feb. 1st. How you will identify other residents having the potential to be affected by the same deficient practice. 1.Koorsen Fire & Security the company contracted to complete the sensitivity testing was contacted and they immediately came and completed the sensitivity test for the fire alarms system to ensure clients #1-#7 would be safe. 2. Koorsen Fire & Safety will follow their schedule for tesing in February of evey other year (next being in 2017) to ensure clients #1-#7 will be safe. What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur? 1. Koorsen Fire & Safety will follow their schedule for sensitivity testing of February of every other year (next being in 2017) to ensure clients #1-#7 will be safe. 2. An electronic	

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	methods approved by the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced. NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. This deficient practice could affect all occupants. Findings include: Based on record review with the Residential Manager (RM) on 05/11/15 at 10:17 a.m., the RM was unable to provide documentation of smoke detector sensitivity testing within the past two years. Based on interview during record review, the RM stated no documentation could be found to show a smoke detector sensitivity test was conducted.		generated automatic reminder has been set up to remind Administrative Assistant that a Sensitivity Testing for the group home is due and to watch for schedule date from Koorsen and to contact them if she has not receive a notice from them by Feb. 1st . How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?1. An electronic generated automatic reminder has been set up to remind Administrative Assistant that a Sensitivity Testing for the group home is due and to watch for schedule date from Koorsen and to contact them if she has not receive a notice from them by Feb. 1st .2. Administrative Assistant will keep a check sheet to keep track of notice from Koorsen that they have set up a scedule date and follow up with them if it does not come by February of every other year (next one is 2017). What is the date by which the systematic changes will be completed? 06/10/2015	