

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G604	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2014
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 339 W JEFFERSON ST SPENCER, IN 47460
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K010000	<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: 06/10/14</p> <p>Facility Number: 001118 Provider Number: 15G604 AIM Number: 100245630</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Designs 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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K010000		

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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K01S053	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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.</p> <p>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</p>			

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	<p>system.</p> <p>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.</p> <p>Based on record review, observation and interview; the facility failed to ensure 5 of 6 smoke detectors were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of 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 areas where nuisance alarms show an</p>	K01S053	To correct the deficient practice, documentation will be obtained from Koorsen indicating the type of sensitivity testing that was performed. To prevent the deficient practice from recurrence, the Maintenance Supervisor will make every effort to be present when inspections related to the fire system occur. The Maintenance Supervisor will provide ongoing monitoring by maintaining records for each group home of fire system testing and maintenance. In the event that incomplete documentation is provided in the future by the contracted fire system company, the Maintenance Supervisor will work with said company to resolve the issue as quickly as possible.	07/01/2014	

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	<p>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 methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (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 its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Sensitivity and Detection Inspection Report" documentation dated 04/03/13 with the Home Manager and</p>						

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K01S056	<p>Quality Assurance Director during record review from 10:15 a.m. to 11:55 a.m. on 06/10/14, five of six facility smoke detectors were listed as "Fail" for sensitivity testing. Koorsen's "Work Order" documentation dated 05/10/13 stated all five smoke detectors were replaced and tested but did not state the type of testing performed. Koorsen's "Detection Inspection Report" dated 04/14/14 documented annual functional testing of all facility fire alarm system initiating devices including six facility smoke detectors. Based on interview at the time of record review, the Home Manager and Quality Assurance Director acknowledged documentation of the aforementioned smoke detectors sensitivity testing within their listed range within one year of installation was not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having</p>			

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	<p>jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW</p>						

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	<p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm</p>			

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	<p>system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p>			

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	<p>Based on record review, observation and interview; the facility failed to keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet. LSC 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-4.1.4 states a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of Tri-State Fire Protection, Inc. "Fire Sprinkler Inspection Report" documentation dated 05/14/14 with the Home Manager and Quality Assurance Director during record review from 10:15 a.m. to 11:55 a.m. on</p>	K01S056	<p>There are now 6 spare sprinklers in the spare sprinkler cabinet. To prevent the deficient practice from recurring, a check of the spare sprinkler heads will be added to the Life Designs Health and Safety Checklist, to be completed monthly by the Team Manager. Ongoing monitoring will be through the review of Health & Safety checklists by the Health and Safety Committee.</p>	07/03/2014			

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K01S152	<p>06/10/14, Item 6.A stated "No" in response to "Proper number and type of spare sprinklers?" Based on observation with the Home Manager and the Quality Assurance Director during a tour of the facility from 11:55 a.m. to 12:20 p.m. on 06/10/14, a total of four spare sprinklers were noted on the premises in the spare sprinkler cabinet in the sprinkler system riser room. Based on interview at the time of observation, the Home Manager and the Quality Assurance Director acknowledged a minimum of six spare sprinklers representative of the types of installed sprinklers was not provided on the premises in the spare sprinkler cabinet.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (i) Actually evacuate clients during at least one drill each year on each shift;</p>			

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	<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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Drill Report: Fire" with the Home Manager and Quality Assurance Director during record review from 10:15 a.m. to 11:55 a.m. on 06/10/14, documentation of a fire drill conducted on the first shift (6:00 a.m. to 2:00 p.m.) in the fourth quarter of 2013 was not available for review. Based on interview at the time of record review, the Home Manager stated the 12/07/13 fire drill recorded as a first and second shift fire drill conducted at 9:13 p.m. was documented with second shift staff</p>	K01S152	<p>To correct the deficient practice and prevent it from recurrence, staff will be retrained on the drill schedule, and the requirement to completed one fire drill each shift per quarter. Copies of all drills will be maintained in the drill book, and the Team Manager is responsible for monitoring each month to ensure adequate drills are completed. Copies of all drills will be provided to the Health & Safety Committee, who will also monitor to ensure drills are completed in accordance with all regulations.</p>	07/10/2014	

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K01S154	<p>participation and acknowledged documentation of a fire drill conducted on the first shift in the fourth quarter of 2013 was not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 protect 6 of 6 clients by providing a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Emergency Procedures-Power or Mechanical</p>	K01S154	The Emergency Procedures- Power or Mechanical Failure will be revised to address automatic sprinkler impairments, stating the fire watchpolicy will be instituted should the system be placed out of service for 4hours or more in a 24 hour period. All staff will be retrained on the revisedpolicy at the next staff meeting.	07/10/2014	

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K01S155	<p>Failure" documentation during record review with the House Manager and the Quality Assurance Director from 10:15 a.m. to 11:55 a.m. on 06/10/14, the facility did not have a written policy and procedure for an impaired automatic sprinkler system available for review. The aforementioned policy addressed electrical and mechanical failures within the facility but did not specifically address automatic sprinkler system impairments should the system be placed out of service for 4 hours or more in a 24 hour period. Based on interview at the time of record review, the House Manager and Quality Assurance Director acknowledged a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period was not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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</p>						

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	<p>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 complete written policy containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Emergency Procedures-Power or Mechanical Failure" documentation during record review with the House Manager and the Quality Assurance Director from 10:15 a.m. to 11:55 a.m. on 06/10/14, the facility's written policy and procedure for an impaired fire alarm system did not include the statement the fire watch policy would be instituted whenever the fire alarm system is impaired four hours or more in a 24 hour period. Based on an interview at the time of record review, the House Manager and Quality Assurance Director acknowledged the written fire watch policy for an impaired fire alarm system did not include the statement the fire watch policy would be instituted whenever the fire alarm system is impaired for four hours or more in a 24</p>	K01S155	The Emergency Procedures- Power or Mechanical Failure will be revised to address fire alarm system impairments, stating the fire watchpolicy will be instituted should the system be placed out of service for 4hours or more in a 24 hour period. All staff will be retrained on the revisedpolicy at the next staff meeting.	07/10/2014	

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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 339 W JEFFERSON ST SPENCER, IN 47460		
(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	
	hour period.				