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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G467 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 03/30/2015 |
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| NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 3538 JULIE LN INDIANAPOLIS, IN 46208 |
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| (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 | <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: 03/30/15</p> <p>Facility Number: 000981 Provider Number: 15G467 AIM Number: 100249390</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, New Hope of Indiana, 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 all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> | K 000 | | |

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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| K 046 Bldg. 01 | <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 2.6.</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 Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Director of Group Homes during a tour of the facility</p> | K 046 | <p>New Hope of Indiana Maintenance Department rectified this deficiency on 4/1/15 by creating a fixed wall outlet in a place where both appliances could reach. All other rooms of the facility were reviewed during survey and no other issues noted. New Hope of Indiana revised its Home Safety Audit to include this specific deficiency. All facilities operated by New Hope of Indiana will be audited in 5/2015 and every 6 months thereafter. Any noted issues during audit will be forwarded to Group Home Director and Maintenance Team Leader for follow up.</p> | 04/17/2015 |

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| | from 3:10 p.m. to 3:30 p.m. on 03/30/15, a refrigerator and a freezer were plugged into a power strip in the pantry by the rear door of the facility. Based on interview at the time of observation, the Director of Group Homes acknowledged a refrigerator and a freezer were plugged into a power strip at the aforementioned location. | | | | |