

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G631	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2016
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1738 FIFTH ST LA PORTE, IN 46350
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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 0000 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: 01/14/16</p> <p>Facility Number: 001204 Provider Number: 15G631 AIM Number: 100245720</p> <p>At this Life Safety Code survey, Parents and Friends, 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 facility was fully sprinklered. The facility has a monitored fire alarm system with smoke detection in the corridors, in the living areas and in the client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		

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 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.6.</p> <p>Quality Review completed on 01/19/16 - DA</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and clients if the facility were required to evacuate in an emergency during a loss of normal power.</p>	K 0130	In order to meet the deficiency now, and in the future, the PAF Maintenance staff will fix all emergency lights that are deficient. The PAF maintenance will also complete monthly inspections at all homes. This monthly inspection will include testing to make sure all lights are illuminated. (Maintenance responsible) Date to be completed: February 13, 2016	02/13/2016

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K S017 Bldg. 01	<p>Findings include:</p> <p>Based on observation with Maintenance Man #1 on 01/14/16 at 10:28 a.m., the facility has two battery-powered emergency lights. The battery powered emergency light in the living room failed to illuminate when tested. Based on interview at the time of observation, the Maintenance Man #1 acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p>						

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	<p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 8 clients slept in a room provided with a door which would close and latch securely in the door frame. This deficient practice could affect two clients.</p> <p>Findings include:</p>	K S017	In order for this deficiency to be met, the room where the bedroom latch was test and found not to be working will be fixed in order for the latch to work. Maintenance will do checks on all doors to make sure they last when monthly environmental home inspections are done on a monthly basis. (Maintenance	02/13/2016	

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K S041 Bldg. 01	<p>Based on observation with Maintenance Man #1 on 01/14/16 at 10:20 a.m., the North East Bedroom failed to latch when tested. Based on interview at the time of observation, Maintenance Man #1 acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2.</p> <p>Based on observation, the facility failed to ensure the access to the primary means of escape for 4 of 4 sleeping rooms was kept clear to provide a safe path of travel to the outside. This deficient practice could affect all of the clients.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Man #1 on 01/14/16 between 10:17 a.m. and 10:39 a.m., all four sleeping rooms</p>	K S041	<p>responsible) Date to be completed by: 2/13/16</p> <p>In order for this deficiency to be corrected now, and in the future, all exits will be kept clear of debris in order for residents to exit appropriately. The staff will have the appropriate equipment to remove debris. (Maintenance, team leaders and dps responsible) Date to be completed: 2/13/16</p>	02/13/2016			

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K S056 Bldg. 01	<p>had an exterior door. Each exterior bedroom door had an inch and a half of snow along the exit discharge. Based on interview at the time of observation, Maintenance Man #1 acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>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 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</p>			

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	<p>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 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</p>			

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	<p>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 system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 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>			

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	<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. Based on observation and interview, the facility failed to ensure the spray pattern for 1 of 1 sprinkler head in the North West Bedroom and 1 of 1 sprinkler head in the South West Bedroom was unobstructed. NFPA 25, 1998 Edition Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. NFPA 13, 1999 Edition Standard for the Installation of Sprinkler Systems, Section 5-8.5.1.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 5-8.5.2 and 5-8.5.3, or additional sprinklers shall be provided to ensure adequate coverage of the hazard. This deficient practice could affect four</p>	K S056	In order for this deficiency to be corrected now and in the future, maintenance will be working with fired protection company to have both sprinkler heads moved in order for the sprinkler head deflector not be blocked by the overhead lights. (Maintenance responsible) Date to be completed: 2/13/16	02/13/2016

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K S152 Bldg. 01	<p>residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Man #1 on 01/14/16 at 10:31 a.m. then again at 10:39 a.m., the spray pattern for the sprinkler head in the North West bedroom was obstructed by a ceiling light three inches away and five inches below the sprinkler head deflector. Then again, the spray pattern for the sprinkler head in the South West bedroom was obstructed by a ceiling light seven inches away and six inches below the sprinkler head deflector. Based on interview at the time of each observation, the Maintenance Man #1 acknowledged the aforementioned conditions.</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; (ii) Make special provisions for the</p>			

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	<p>evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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 conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the fire drill reports titled "Record of Fire/Tornado/Disaster Drill" with Maintenance Man #1 on 01/14/16 at 9:57 a.m., there was no documentation for a first shift fire drill for the second or third quarter of 2015. Also, there was no documentation for a third shift fire drill for the fourth quarter of 2015. Based on interview at the time of record review, Maintenance Man #1 acknowledged the lack of documentation.</p>	K S152	In order for this deficiency to be met now and in the future, the Program Manager will have a calendar of dates listed for staff to complete the appropriate drills per quarter. The Residential Director will monitor the drills to assure they are being done, by reviewing the drills on a monthly basis. (Program Manager, Team Leader, Residential Director, dmps responsible) Date to be completed 2/13/16	02/13/2016			

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K S154 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 provide 1 of 1 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 in order to protect 147 of 147 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, A-11-5(c) 2 states, "a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly." This</p>	K S154	In order for this deficiency to be corrected now and in the future, the Fire Watch policy will be updated to include the wording: The person conducting the fire watch shall have no other duties assigned during that time frame. (Quality Assurance Coordinator responsible) Date to be completed 2/13/16	02/13/2016

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K S155 Bldg. 01	<p>deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of the "Policy Manual" with the Maintenance Man #1 on 01/14/16 at 9:32 a.m., the facility's documentation provided for a plan of action when the fire alarm system was out of service for more than four hours in a twenty four hour period but the plan was not complete. The procedure did not include all elements required such as; the person conducting the fire watch shall have no other duties during that time. Based on an interview at the time of record review, Maintenance Man #1 acknowledged the aforementioned condition.</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 unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 Based on record review and interview, the facility failed to provide 1 of 1 written policy containing procedures to</p>	K S155	In order for this deficiency to be corrected now and in the future, the Fire Watch policy will be	02/13/2016			

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	<p>be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of the "Policy Manual" with the Maintenance Man #1 on 01/14/16 at 9:32 a.m., the facility's documentation provided for a plan of action when the fire alarm system was out of service for more than four hours in a twenty four hour period but the plan was not complete. The procedure did not include all elements required such as; the person conducting the fire watch shall have no other duties during that time.</p>		<p>updated to include the wording: The person conducting the fire watch shall have no other duties assigned during that time frame. (Quality Assurance Coordinator responsible) Date to be completed 2/13/16</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G631	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/14/2016
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1738 FIFTH ST LA PORTE, IN 46350		
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	Based on an interview at the time of record review, Maintenance Man #1 acknowledged the aforementioned condition.				