

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G522	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/02/2014
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NAME OF PROVIDER OR SUPPLIER  NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10264 N COLLEGE INDIANAPOLIS, IN 46280
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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: 05/02/14</p> <p>Facility Number: 001036 Provider Number: 15G522 AIM Number: 100245250</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Keith Briner, 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 fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, in sleeping rooms and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.36.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/08/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers was inspected at least monthly and the inspections were documented for 1 of 1 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at</p>	K010130	This inspection is part of the routine monthly preventive maintenance for all facilities. All facilities have been routinely inspected and documented accurately. This one extinguisher was an oversight in documentation and has been corrected. Maintenance supervisor has reviewed this with his team and the monthly inspection procedure will continue to accurately monitor extinguishers.	06/01/2014

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K01S046	<p>least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the Team Leader on 05/02/14 at 12:20 p.m., the service and inspection tag for the portable fire extinguisher located in the laundry room indicated the most recent annual inspection was 11/2013, but a monthly check was not documented for April, 2014. Based on interview at the time of observation, the Team Leader acknowledged the aforementioned condition.</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 3 electrical outlets in the kitchen were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 101, 33.2.5.1 requires that utilities comply with Section 9.1. 9.1.2 requires</p>	K01S046	All outlets in this area were replaced to provide ground fault circuit interrupters. Rest of home was reviewed to be compliant.	05/23/2014
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K01S056	<p>electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects all clients.</p> <p>Findings include:</p> <p>Based on observation with the Team Leader on 05/02/14 at 12:15 p.m., the electric receptacle under the electric cook top was within three feet of the sink and was not provided with GFCI protection at the outlet or electrical panel box to prevent electric shock. Based on interview at the time of observation, the Team Leader acknowledged the electrical outlet under the cook top lacked GFCI protection.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</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, 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 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>			

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	<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><b>SLOW</b> 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</p>				

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	<p>installations in accordance with 33.2.3.5.5.</p> <p><b>IMPRACTICAL</b></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 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>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</p>						

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	<p>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 1 of 1 sprinkler systems in the facility was maintained. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-2.1.1 states unacceptable obstructions to spray patterns shall be corrected. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 05/02/14 from 11:45 a.m. to 12:45 p.m. with the Team Leader, the following was noted:</p> <p>a. One of three sprinkler heads in the family room had a black tar like substance on the escutcheon, sprinkler frame and deflector.</p> <p>b. A sprinkler in the bathroom near the</p>	K01S056	The contracted alarm and sprinkler company will reinspect and replace all damaged or corroded sprinkler heads. GH Director will review all other facilities in the next 30 days. Anticipated completion date will be by 6/1/14 but any delay in scheduling this will be communicated to the survey supervisor.	06/01/2014			

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K01S150	<p>kitchen was corroded and had black tar like substance on the escutcheon, sprinkler frame and deflector.</p> <p>c. A sprinkler in the hallway outside the bathroom near the kitchen was corroded and had black tar like substance on the escutcheon, sprinkler frame and deflector.</p> <p>d. A sprinkler in the linen closet by the front door was corroded and had black tar like substance on the escutcheon, sprinkler frame and deflector.</p> <p>e. A sprinkler in the bathroom of the east bedroom was corroded and had black tar like substance on the escutcheon, sprinkler frame and deflector.</p> <p>Based on interview during the times of observation, the aforementioned issues were acknowledged by the Team Leader.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure new curtains were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of</p>	K01S150	Respective curtains have been removed. All facilities will be reviewed by GH Director in the next 30 days. Record of purchase and flame resistant category will be maintained in the GH Director file and the Env Services manual at the home.	05/23/2014			

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	<p>Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all clients in the facility.</p> <p>Findings include</p> <p>Based on observation on 05/02/14 from 11:45 a.m. to 12:45 p.m. with the Team Leader, new hanging curtains were provided for the pantry and linen closet which lacked documentation of flame resistance. Based on interview, it was acknowledged by the Team Leader at the time of observation, the curtains were purchased from Target last summer and documentation of flame resistance for the curtains was not available.</p>			