

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G349	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2015
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 E TIPTON ST HUNTINGTON, IN 46750
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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
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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: 02/04/15</p> <p>Facility Number: 000865 Provider Number: 15G349 AIM Number: 100244090</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinders 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.</p> <p>The one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all level including the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6 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 0.8.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/13/15.</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 2 of 2 compressed oxygen cylinders were properly restrained. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b) 27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation and interview on 02/04/15 at 12:14 p.m., the Qualified Developmental Disabilities Professional acknowledged the five "B" cylinders of compressed oxygen stored in the south</p>	K010130	<p>It has always been a priority of Pathfinder Services, Inc. to provide the best services in the safest environment possible. During a Life Safety Code Survey, it was noted that there were oxygen tanks were sitting on the floor and not in a rack. Fortunately, this did not cause any adverse affects or harm to any of the clients. An email has been sent to all Group Homes asking them to ensure that all oxygen tanks are properly stored in a rack. In the future, whenever we have a client that uses oxygen tanks, we will ensure that they are kept in a rack so that they will not have the occasion to fall over and get damaged or to cause any damage. The need for a rack will be noted on the monthly</p>	03/06/2015			

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K01S046	<p>center bedroom as well as the two cylinders in the staff office was not properly restrained.</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 2 of 2 electrical receptacles observed were maintained in a safe operating condition. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation and interview on 02/05/15 at 12:19 p.m., the Qualified Developmental Disabilities Professional (QDDP) acknowledged the two electrical receptacles located in the staff office lacked a cover plate.</p>	K01S046	<p>inspection checklist. In this case, we have ordered a rack from Discount Medical Supplies. It should be in place by March 6th.</p> <p>It has always been a priority of Pathfinder Services, Inc. to provide the best services in the safest environment possible. During a Life Safety Code Survey, it was noted that there were electrical outlets covers that were missing. No client suffered adverse affects or harm due to this deficiency. An email has been sent out to all Group Homes requesting they check all of their outlets for missing or broken covers. Monthly Safety Checklists are done each month. A directive to check to ensure that all outlet covers are present and in good repari will be added to the checklist. The outlet covers have been replaced.</p>	02/25/2015