

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G450	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2015
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1305 Q AVE NEW CASTLE, IN 47362
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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: 06/10/15</p> <p>Facility Number: 000964 Provider Number: 15G450 AIM Number: 100249350</p> <p>At this Life Safety Code survey, Residential CRF 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 not sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and battery operated smoke detectors in all 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</p>	K 0000		
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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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K S051 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.40.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm systems components and devices, such as, 7 photoelectric smoke detectors, 2 horn/strobe devices, 7 fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p>	K S051	K0051 In review of documents provided from Koorsen for fire and security inspections, an equipment inspection report dated 4/16/2015 was available. Koorsen was contacted and a complete Annual alarm inspection was completed along with a sensitivity testing report on 6/15/2015. A record of annual reviews and sensitivity reports will be filed with the house evacuation reports and monitored to assure that inspections are completed in a timely manner as specified. A list of inspection due dates will be generated and Koorsen will be contacted in the event that a facility has not been contacted at the appropriate time to schedule	06/27/2015

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K S149 Bldg. 01	<p>Findings include:</p> <p>Based on record review of fire alarm system component inspections on 06/10/15 at 10:10 a.m. with the maintenance supervisor, the only documentation provided for review was an Annual Fire Alarm System Inspection Report from Koorsen Fire & Security dated 08/20/13 for seven photoelectric smoke detectors, seven fire alarm boxes, and two horn/strobe devices. The lack of an annual fire alarm system component test over the past year was acknowledged by the maintenance supervisor at the exit conference on 06/10/15 at 11:10 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to provide a non combustible ashtray for 1 of 1 area where smoking is permitted. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on an interview with the maintenance supervisor on 06/10/15 at</p>	K S149	<p>these inspections and/or tests. Supervisor will review all homes at least monthly to assure that inspections are completed in a timely manner. Responsible: Supervisor, Maintenance, Home staff</p> <p>K0149 The plastic container being used for smoking material has been discarded and a metal container has been provided to extinguish smoking materials. Staff have been instructed that a noncombustible container must be used. Supervisor has checked the containers in other homes and assured that a metal or non-combustible container is in place for staff and consumer smoking usage. Supervisor will continue to check monthly to</p>	06/27/2015

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	10:00 a.m., the facility had one smoking location outside the kitchen exit door. Based on observation of the smoking location outside the kitchen exit door on 06/10/15 at 10:30 a.m. with the maintenance supervisor, the outside smoking location had ten cigarette butts in a plastic plant pot and lacked a non combustible ashtray for discarded smoking material. This was verified by the maintenance supervisor at the time of observation and acknowledged at the exit conference on 06/10/15 at 11:10 a.m.		assure compliance with this safety standard. QIDP will also check for same upon home QA inspections. Responsible: Supervisor, House Staff, QIDP	