

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G619	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2015
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 605 SHERWOOD ST CROWN POINT, IN 46307
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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: 08/07/15</p> <p>Facility Number: 001178 Provider Number: 15G619 AIM Number: 100240150</p> <p>At this Life Safety Code survey, In-Pact 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 bi-level facility was not sprinklered. The facility has a fire alarm system with hard wired smoke detection on both levels in corridors, in sleeping rooms and in common living areas. The facility has the capacity for 5 and had a census of 4 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 S018 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 clients slept in a room provided with a door which would close and latch securely in the door frame. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager and the Qualified Intellectual Disability Professional on 08/07/15 at 10:01 a.m., the Northeast Bedroom door failed to latch when tested. Based on interview at the time of observation, the Residential Manager and the Qualified Intellectual Disability Professional acknowledged the</p>	K S018	<p>A maintenance request was filled out to fix the northeast bedroom door, so it will self close and latch into the door frame securely. Responsible person: Dana Rock, Group Home Manager. Maintenance will fix the northeast bedroom door, so that it will self close and latch into the door frame securely. Responsible person: Maintenance staff. All the sleeping room doors are checked and they all self closed and latched securely into the door frames. Responsible person: Dana Rock, Group Home Manager. Monthly, all sleeping room doors will be checked to ensure that they all self close and latch securely into the door frames. Responsible person: Patti Harris, QIDP & Sheila O'Dell, Group Home Director.</p>	09/06/2015

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K S046 Bldg. 01	<p>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>1. Based on observation and interview, the facility failed to ensure 1 of 1 outlets next to the fireplace was provided with a cover plate. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. Article 370-25, Covers and Canopies, states "In completed installations each box shall have a cover, faceplate or fixture canopy." This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager and Qualified Intellectual Disability Professional on 08/07/15 at 10:19 a.m., the outlet on the wall next to the fireplace was missing the cover plate behind the multiplug adapter which exposed the electric wiring for the</p>	K S046	<p>The cover plate to the outlet on the wall next to the fireplace will be replaced. Responsible person: Dana Rock, group home manager & Maintenance staff. All extension cords have been removed. Responsible person: Dana Rock, GH Manager. All management staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Sheila O'Dell, GH Director. All staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Dana Rock, Group Home Manager. To ensure future compliance, the home will be inspected that no extension cords are being used monthly. Responsible person: Sheila O'Dell, GH Director & Patti Harris, QIDP.</p>	09/06/2015

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K S150	<p>light switch. Based on interview at the time of observation, the Residential Manager and Qualified Intellectual Disability Professional acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 outlets next to the fireplace was not used with a substitute for fixed wiring. 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 that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager and Qualified Intellectual Disability Professional on 08/07/15 at 10:19 a.m., the outlet on the wall next to the fireplace was a multiplug adapter. Based on interview at the time of observation, the Residential Manager and Qualified Intellectual Disability Professional acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p>				

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Bldg. 01	<p>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 draperies and curtains were flame resistant. LSC Section 10.3.1 requires that 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 Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all staff and clients.</p> <p>Findings include</p> <p>Based on observation with the Qualified Intellectual Disability Professional and Residential Manager on 08/07/15 between 9:45 a.m. and 10:14 a.m., the following curtains discovered:</p> <ol style="list-style-type: none"> Dining Room Kitchen NW Bedroom NE Bedroom Basement Family Room "Basement off the office" <p>Based on interview at the time of each observation, the Qualified Intellectual Disability Professional and Residential</p>	K S150	<p>Maintenance request will be completed to treat the curtains in the dining room, kitchen, NW bedroom, NE bedroom, basement family room & bedroom off the office with a flame retardant spray. Responsible person: Sheila O'Dell, Group Home Director. The curtains in the living room will have a flame retardant treatment. Responsible person: Maintenance staff. Documentation of the product and rating used for this treatment will be kept in the drill book for review. Responsible person: Maintenance staff and Sheila O'Dell, Group Home Director</p>	09/06/2015	

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	Manager failed to provide documentation for flame resistance for each of the aforementioned curtains.				