

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G114	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2013
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 324 W 3RD ST CONNERSVILLE, IN 47331
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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: 03/12/13</p> <p>Facility Number: 000651 Provider Number: 15G114 AIM Number: 100234250</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, common living areas and single station smoke detection in all client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the</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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	<p>time of this survey.</p> <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 0.25.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S041	<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 and interview, the facility failed to ensure 1 of 4 means of egress was continuously maintained for full instant use in case of fire or other emergencies for 2 of 8 clients. LSC 33.2.2.6.1 requires stairs to comply with 7.2.2. 7.2.2 requires stairs used as a component in the means of egress shall conform to the general requirements of Section 7.1 and to the special requirements of this subsection. 7.1.10.1 requires means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergencies. This deficient practice affects 2 clients who reside on the first floor West Hall and would use the West Hall exit during an evacuation.</p> <p>Findings include:</p> <p>Based on observation on 03/12/13 at</p>			K01S041	Residential CRF will ensure that all emergency exits are maintained for instant use in case of a fire. Stairs that are used as a component in the means of egress shall conform to the general requirements. Residential CRF will repair the stairway in question so that it is in working order for evacuation. Maintenance staff will check the homes on a monthly basis to ensure all fire exits are usable. Staff Responsible: Maintenance		04/11/2013

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	<p>11:50 a.m. with maintenance worker # 1, the West Hall exit had an exterior concrete stairway which was broken in the center of the concrete stairway and separating in the center of the stairway with an eight inch gap. Furthermore, the top of the concrete stairway was shifting to the west of the bottom portion of the stairway.</p> <p>This was verified by maintenance worker # 1 at the time of observation.</p>				