

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  03/26/2012
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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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K0000	<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: 03/26/12</p> <p>Facility Number: 001178 Provider Number: 15G619 AIM Number: 100240150</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</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 smoke detection on both levels including</p>	K0000		

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>in corridors, sleeping rooms and common living areas. The facility has the capacity for 6 and had a census of 5 at the 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 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/28/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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KS017	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an</p>						

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	<p>E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to provide smoke resistant doors to 1 of 3 upper level sleeping rooms. LSC 8.2.4.3.4 requires smoke barrier door clearance be in accordance with NFPA 80, 1999 Edition, Standard for Fire Doors and Windows. NFPA 80, Section 2-3.1.7 requires the distance between the edge of the door and the frame not exceed 1/8 inch for wood doors. This deficient practice affects visitors, staff and 3 clients.</p> <p>Findings include:</p> <p>Based on observation with the Direct are Staff # 1 on 03/26/12 at 2:30 p.m., the back left sleeping room door on the upper level was not smoke tight. The door gapped one half inch</p>	KS017	All sleeping room doors are to be smoke tight. Responsible person: Dana Rock, Group Home Manager & Maintenance staff. A maintenance request was submit to fix the gap in the back left sleeping room door on the upper level. Responsible person: Dana Rock, Group Home Manager & Maintenance staff. To ensure compliance, a monthly program status report will be completed to check that all doors are smoke tight. Responsible person: Susan Whitten, Program Coord/QMRP & Sheila O'Dell, Group Home Director.	04/25/2012

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	between the top of the door and door frame. Direct are Staff # 1 acknowledged at the time of observation, the door could not prevent the passage of smoke.				