

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G724	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/03/2015
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
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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
K 000  Bldg. 01	<p>A Life Safety Code (LSC) Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/03/15</p> <p>Facility Number: 004837 Provider Number: 15G724 AIM Number: 200803700</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 Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was nonsprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels and in all common living areas, corridors and sleeping rooms. The facility has the capacity for 6 and had a census of 6 at the time of this</p>	K 000		

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 145 Bldg. 01	<p>survey.</p> <p>Calculation of the evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.2.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/11/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD All facilities are protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.2. Quick response or residential sprinklers are provided.</p> <p>Exception No. 1: In conversions, sprinklers are not required in small board and care homes with a rating of prompt evacuation capability and serving eight or fewer residents.</p> <p>Exception No. 2: Standard response sprinklers are permitted for use in hazardous areas in accordance with 32.2.3.2.</p> <p>Based on observation and record review, the facility failed to provide an approved automatic sprinkler system to protect 6 of 6 clients in a slow rated facility. This</p>	K 145	It is felt that the F1's, which were completed for the annual life safety survey had errors indicating an inaccurate evacuation rating. The actual fire drill reports would support this.	04/02/2015

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	<p>deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Residential Instructor on 03/03/15 at 12:40 p.m., the facility had no automatic sprinkler system. Calculation of the evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.2. The Residential Instructor acknowledged the Resident F-1 worksheet calculations resulted in a Slow rating for the facility.</p>		<p>The last change in client evacuation rating would have been in 2012 due to a client admission. There has been no significant change to explain otherwise. Evacuation rating (F1's) will be redone on all clients due to the past assessment as having an evacuation difficulty index of "slow". It is felt that it should have the score of a "prompt" rating based off the fire drills. Responsible person: Sheila O'Dell, Group Home Director. A fire drill evacuation program will be put into place for each of the clients to improve and to ensure prompt evacuation. Responsible person: Traci Hardesty, QIDP. All staff will be retrained on fire drill evacuations and the fire drill programs. Responsible person: Traci Hardesty, QIDP. We are requesting that the evacuation capability scores (F1's) be reevaluated during a follow up visit. In the meantime, a second staff will be present during the 3rd shift when all consumers are present. Responsible person: Airielle Rogers, Group Home Manager, Traci Hardesty, QIDP. To ensure future compliance, drills are being completed regularly and the drill reports are being reviewed at least monthly/on-going for prompts evacuation. Responsible person: Sheila O'Dell, GH Director, Traci Hardesty, QIDP &amp; Airielle Rogers, GH Manager.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

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