

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 04/28/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
---	--

(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 Post Survey Revisit (PSR) to the Life Safety Code (LSC) Recertification Survey conducted on 03/03/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/28/15</p> <p>Facility Number: 004837 Provider Number: 15G724 AIM Number: 200803700</p> <p>At this PSR 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 survey.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G724	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
---	--

(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 152 Bldg. 01	<p>Calculation of the evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.24.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to accurately document 13 of 13 fire drills conducted within the month of April, 2015. NFPA 101A,</p>	K 152	The drill record has been revised to clearly state if a back up drill has been conducted. If a back strategy was used, they would state yes and then indicate the	05/28/2015

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 04/28/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
---	--

(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
	<p>2001 Edition, Alternative Approaches to Life Safety, 6.4.7.5 states the following regarding a resident choosing and completing a a back-up strategy. The resident has demonstrated the ability to select an alternative means of escape or has taken other appropriate action if the primary escape route is blocked. Specific evidence leading to a rating of "no" is where the resident is unlikely to select a good course of action if the primary escape route cannot be used; that is, the resident has not been trained to find alternative escape routes, find an area of refuge, or perform other appropriate action(s). Where the resident lacks the conceptual ability to understand fire hazards and blocked escape routes, and therefore requires supervision, the rating should be "no." This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of "Emergency Evacuation Drill: Fire" documentation with the Group Home Director from 4:00 p.m. to 5:00 p.m. on 04/28/15, the "Backup Strategy" section of the fire drill documentation for fire drills conducted on 04/01/15, 04/08/15, 04/12/15, 04/24/15 and 04/25/15 for all six clients was blank. The "Backup Strategy" section of the fire drill documentation for</p>		<p>conditions requiring a backup strategy (blocked door). If they did not need to use a back up drill, then it would state no and the conditions requiring a backup strategy would have N/A. The prompt level needed would indicate if the clients were able to demonstrate the ability to select an alternative means of escape or not. If any of the consumers did use a back up drill; that would also be marked as one of the types of drills ran. Responsible person: Sheila O'Dell, GH Director. All staff will be trained how to accurately document on the drill report. Responsible person: Traci Hardesty, QIDP. Backup drills will be ran more often to become more of a regular part of the fire drill evacuation vs. only running them a couple times a year. At least one back up drill per quarter will be completed. Responsible person: Airielle Rogers, GH Manager, Traci Hardesty, QIDP & Sheila O'Dell, GH Director. To ensure future compliance, monthly all drill will be review. Responsible person: Traci Hardesty, QIDP & Sheila O'Dell, GH Director.</p>	

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 04/28/2015	
NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307			
(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			
	fire drills conducted on 04/03/15, 04/07/15, 04/11/15, 04/14/15, 04/16/15, 04/20/15, 04/22/15 and 04/26/15 for all six clients indicated "no". Based on interview at the time of record review, the Group Home Director indicated only two of the six clients lacked the ability to choose a back up strategy and the "Backup Strategy" section of the fire drill documentation did not accurately reflect the abilities of the four other clients.						