

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
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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: 12/18/13</p> <p>Facility Number: 000795 Provider Number: 15G275 AIM Number: 100234970</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Carey Services 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>The two story facility was not sprinklered. The facility has a fire alarm system with smoke detection on all levels of the facility including in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</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>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 0.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/26/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130	<p>Based on observation and interview, the facility failed to maintain a clear path of travel for 1 of 3 exits to evacuate clients to an area of refuge. LSC 7.1.6.4 requires walking surfaces shall be slip resistant under foreseeable conditions. The walking surface of each element in the means of egress shall be uniformly slip resistant along the natural path of travel. This deficient practice could affect 4 clients on the second floor.</p> <p>Findings include:</p> <p>Based on an observation with direct support professional # 1 on 12/18/13 at 10:40 a.m., the exterior steps from the second floor exit door were covered with five inches of snow. The snow was acknowledged by direct support professional # 1 at the time of observation.</p>	K010130	<p>K130 NFPA 101 Miscellaneous The standard was not met as evidenced by the facility failing to assure walking surfaces that allow for clear passage of travel for evacuation exit. All surfaces shall be slip resistant under foreseeable conditions. The plan of correction for this tag is as follows: Corrective action: Snow was immediately removed. The manager will assure compliance by routine and frequent checks in the next 2 weeks, at least every 4 hours. When the manager can assure that the staff is in compliance with the monitoring mechanism (see below) without error, the manager's checks can be slightly less frequent. Staff will be trained on new monitoring mechanism prior to 1/17/2014. Carey Services' Maintenance Department will install permanent anti-slip outdoor carpeting to the steps to increase traction and to prevent falls due to slippery surfaces. This step will be maintained and inspected quarterly to ensure that the anti-slip surface remains in good condition. This step will be monitored by the Safety Committee along with other internal safety inspections and drills. No other Carey Services site has this unique evacuation exit. Systemic changes include the following: When snowing, the snow will be removed at least</p>	01/17/2014	

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			every 2 hours, or more often if conditions require such. The outcome will be a maintained clear path for evacuation exit. The monitoring and quality assurance mechanism is a group home checklist that the staff will complete when conditions of snow are present to prove that he/she has complete the snow removal task. Staff will initial. The manager will also check on the stairs and will check the aforementioned checklist. The manager will initial in addition to the staff when he/she has completed the managerial check. The date by these changes will occur will be no later than 1/17/2014.		

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K01S051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observations and interview the facility failed to ensure 1 of 2 levels was provided with manual fire alarm boxes. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural path to exit an area. This deficient practice affects 4 clients on the second floor.</p> <p>Findings include:</p> <p>Based on observation with direct support professional # 1 and the director of group homes on 12/18/13 at 10:50 a.m., the second floor was not provided with a manual fire alarm box. This was acknowledged by direct support professional # 1 and the director of group homes at the time of observation.</p>	K01S051	<p>K0051 Life Safety Code Standard This standard was not met as evidenced by the facility failing to assure a manual fire alarm box on the second floor of this group home. The plan of correction for this tag is as follows: Corrective Action: Koorsen Fire & Security were contacted the day of the survey. Koorsen Fire & Security are scheduled to install a manual fire alarm box on 1/7/2014. An evaluation of all other group homes was completed and this home is the only home that did not have a manual fire alarm box installed on the second floor. No other home had this deficiency. Systemic changes will occur to assure that this newly installed manual fire box will be maintained and routinely checked as all other fire alarm boxes are maintained in compliance with State regulations. The monitoring agent to assure that this manual fire</p>	01/17/2014	

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			alarm box is maintained will include the standard fire drill reports and kept on file as all other drills are kept for State inspection at any time. The date by these changes will occur will be no later than 1/17/2014.		