

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  01/21/2014
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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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/18/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR Subpart 483.470(j).</p> <p>Survey Date: 01/21/14</p> <p>Facility Number: 000795 Provider Number: 15G275 AIM Number: 100234970</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR 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 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</p>	K010000		

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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K01S051	<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 0.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/27/14.</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 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 observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 refers</p>	K01S051	The standard was not met as evidenced by the facility failed to ensure that the fire alarm was maintained per Safety Code. This specific alarm box was recently installed per initial Life	02/20/2014			

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	<p>to NFPA 72, National Fire Alarm Code. NFPA 72, Section 7-4.3 states all apparatus requiring resetting to maintain normal operation shall be reset as promptly as possible after each test and alarm. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with Group Home Manager on 01/21/14 at 11:25 a.m., the new second floor manual fire alarm box was broken and the fire alarm box was activated. Based on an interview at the time of observation, the Group Home Manager stated she tested the manual fire alarm box earlier that morning. When asked to activate the fire alarm to ensure the system is working properly since the pull box was broken, the Group Home Manager made several attempts to activate the manual fire alarm box but could not understand why the system didn't go into alarm. Based on observation of the fire alarm panel, the system had been activated and was in silence mode. The Group Home Manager stated every time she tried to reset the system, it would go into alarm.</p>		<p>Safety Code Survey. The plan of correction for this tag is as follows: · The alarm box was broken. QDDP will confirm that the box has been replaced by Koorsen Fire &amp; Security · Koorsen Fire &amp; Safety will host a training for the QDDP and/or the Home Manager on how to utilize this fire box, how to reset it, etc. · The QDDP and/or the Home Manager will train all DSPs at that site on how to properly run a drill with the new equipment. This training will take place on or before 2/20/2014. · The Drill process will be reviewed every 2 months with the DSPs as refresher training. The February Training will count as one of these trainings. · In the future, any time new equipment is installed or replaced Koorsen Fire &amp; Safety will train the QDDP and/or the Home Manager. The QDDP and/or the Home Manager will then train all DSPs on the new or replaced equipment.</p>		

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on observation and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the written fire safety plan to protect 7 of 7 clients. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with Group Home Manager on 01/21/14 at 11:25 a.m., the plastic piece at the bottom of the new</p>	K01S147	The standard was not met as evidenced by the facility failed to instruct employees of their duties and responsibilities. This specific alarm box was recently installed per initial Life Safety Code Survey. The plan of correction for this tag is as follows: · The alarm box was broken. QDDP will confirm that the box has been replaced by Koorsen Fire & Security · Koorsen Fire & Safety will host a training for the QDDP and/or the Home Manager on how to utilize this fire box, how to reset it, etc. · The QDDP and/or the Home Manager will train all DSPs at that site on how to properly run a drill with the new equipment. This training will take	02/20/2014	

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	<p>manual fire alarm box on the second floor was broken and the fire alarm box was activated. When asked to activate the fire alarm to ensure the system is working properly since the pull box was broken, the Group Home Manager made several attempts to activate the manual fire alarm box but could not understand why the system didn't go into alarm. Based on observation of the fire alarm panel, the system had been activated and was in silence mode. She said she had made several attempts to reset the main fire alarm panel, but it went into alarm. When the Group Home Manager was told she could not reset the fire alarm system until the pull station was reset, she stated she was unable to reset the pull station because she was not provided with a tool to do so. When told the tool was an Allen wrench, she was able to locate one and reset the pull station. The pull station was then activated and did sound the fire alarm at this time.</p>		<p>place on or before 2/20/2014. The Drill process will be reviewed every 2 months with the DSPs as refresher training. The February Training will count as one of these trainings. In the future, any time new equipment is installed or replaced Koorsen Fire &amp; Safety will train the QDDP and/or the Home Manager. The QDDP and/or the Home Manager will then train all DSPs on the new or replaced equipment.</p>		