

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G563	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2014
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2999 WESTLANE RD INDIANAPOLIS, IN 46268
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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: 07/16/14</p> <p>Facility Number: 001077 Provider Number: 15G563 AIM Number: 100245490</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, New Hope of Indiana, 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 one story building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, in sleeping rooms and in all living areas. The facility has a capacity of 8 and had a census of 8 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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/17/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>The fire extinguisher documentation requirements were reviewed with all maintenance team. The system to review and document the extinguishers is established. There is a monthly preventive maintenance protocol which includes routine maintenance of home in addition to the regulatory reviews of fire extinguishers, etc. The Group Home Manager or Team Leader will check the fire extinguishers monthly after the 20th in order to double check documentation on a monthly basis to ensure no further deficiency occurs.</p>	08/01/2014

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	<p>the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on "Fire Extinguisher Inspection Sheet" documentation with the Director of Group Homes during record review from 10:55 a.m. to 11:45 a.m. on 07/16/14, monthly fire extinguisher inspection documentation for January and April 2014 was not available for review. Based on observations with the Director of Group Homes during a tour of the facility from 12:00 p.m. to 12:20 p.m. on 07/16/14, the portable fire extinguisher located in the hallway and near the laundry each had an affixed inspection and maintenance tag lacking documentation of monthly inspections for January and April 2014. Based on interview at the time of the observations, the Director of Group Homes stated no other documentation of monthly fire extinguisher inspections was available for review, monthly inspections should be documented in the aforementioned log and acknowledged monthly inspections for January and April 2014 for the aforementioned portable fire</p>			

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

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	extinguishers were not available for review.				