

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G617	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2013
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 607 MEADOWDALE DR N MANCHESTER, IN 46962
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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
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: 05/29/13</p> <p>Facility Number: 001202 Provider Number: 15G617 AIM Number: 100245670</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinder 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 one 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 8 and had a census of 8 at the time of this survey.</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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	<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 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/31/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			

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K01S150	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview, observation and record review; the facility failed to ensure plastic shower curtains in 2 of 4 sleeping rooms were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects 4 of 8 clients.</p> <p>Finding include:</p> <p>Based on observations with the Qualified Developmentally Disabled Professional (QDDP) on 05/29/13 from 11:55 a.m. to 12:15 p.m., plastic shower type curtains were used as room dividers in the northeast and northwest sleeping rooms as well as a privacy curtains from the living room for the north end of the house when the residents are taken to their sleeping room after a shower. Based on an interview with the QDDP the plastic curtains were treated with a flame retardant chemical. Based on record</p>	K01S150	<p>K0150- 1. What did facility do to correct the deficiency practice for each client in deficiency. - Removed the plastic curtains in affected areas.- Completed 6/26/20132. Describe how facility reviewed all clients in facility that could be affected and what action taken to correct for all clients. -Removed the plastic curtains in affected areas. -Completed 6/26/20133. Describe steps or systematic changes made to ensure will not recur- Removed plastic curtains. Completed 6/26/20134. How will corrective action be monitored.- Research products and purchase curtains made with fire retardant materials to replace the removed plastic curtains and if no such curtains can be found purchase material curtains and purchase fire retardant spray to spray curtains before putting them in to use. - Resident Manager will be responsible to ensure that only fire retardant curtains are purchased for the home.- Resident Manager and QDDP will monitor purchases to ensure that only fire retardant material curtains are purchased for the home or material curtains and fire retardant spray purchased and</p>	06/26/2013

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	review sent via email on 05/29/13 at 3:39 p.m., the Inspecta-Sheild chemical used to treat the curtains can only be used on fabric or material that will absorb the chemical. Plastic will not absorb the chemical therefore the plastic curtains are not flame retardant.		used on the new curtains.- Every time a purchase for curtains is needed.		