

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G581	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2012
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1703 LAUREL DR MARION, IN 46953
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K0000	<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: 09/11/12</p> <p>Facility Number: 001095 Provider Number: 15G581 AIM Number: 100245560</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 one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors,</p>	K0000		

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>sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the 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 Slow with an E-Score of 2.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS041	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2.</p> <p>Based on observation and interview, the facility failed to ensure the access to the primary means of escape for 1 of 5 clients sleeping rooms was kept clear to provide a safe path of travel to the outside. This deficient practice could affect 2 of 8 clients.</p> <p>Findings include:</p> <p>Based on an observation with the Interim Director of Group Homes on 09/11/12 at 3:58 p.m., the exit door leading directly to the outside from the northwest sleeping room was obstructed by window curtains. The curtains were mounted on the wall above the door and extended to the floor. In order to access the door knob the curtains had to be pulled back and away from the door.</p>	KS041	<p>K0041 Carey Services must assure that each bedroom has access to a primary means of escape. The facility failed to ensure the access to the primary means of escape for one client sleeping room was kept clear to provide a safe path of travel to the outside. Specifically, the door was obstructed by window curtains that must be moved aside to operate the door latch.</p> <p>Correction The curtains covering the door in the northwest bedroom were removed, and replaced with curtains mounted directly to the door, maintaining full view and access to the door latch.</p> <p>Prevention All other doors were visually inspected to verify that all were in compliance.</p> <p>The Safety Committee was informed of the deficiency and the</p>	09/27/2012			

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	This was acknowledged by the Intern Director of Group Homes at the time of observation.		standard that was violated. Monitoring The Residential Manager will monitor and report monthly that access to the primary means of escape in all rooms is kept clear to provide a safe path of travel to the outside.		