

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G272	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 723 N 200 E VALPARAISO, IN 46383
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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: 05/27/14</p> <p>Facility Number: 000792 Provider Number: 15G272 AIM Number: 100249020</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, In-Pact 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in the living areas, and hard wired smoke detectors in the resident sleeping rooms. The facility has a capacity of 6 and had a census of 6 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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K010130	<p>Calculation of the Evaluation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.85.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/02/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>Functional tests of the emergency lighting will conducted on a monthly and on an annual basis. Responsible person: Renee T, Group Home Manager. Written documentation of these visual inspections will be done and kept in the drill book for review. Responsible person: Renee T, Group Home Manager. To ensure future compliance, monthly these documents will be reviewed to ensure that the tests were completed and documented. Responsible person: Sheila O'Dell, Group Home Director & Traci Hardesty, QDDP</p>	06/26/2014

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K01S120	<p>fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation on 05/27/14 between 12:15 p.m. and 1:00 p.m. with the Home Manager, there were two battery powered emergency light units in the home which functioned properly. Based on record review during the aforementioned time frame, there was a documented annual 90 minute test of the lights, but there was no documentation of 30 second monthly testing of the lights which was acknowledged by the Home Manager.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> <p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the</p>			

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	<p>outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p>			

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	<p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 bedrooms were provided with a secondary means of escape. This deficient practice could affect 1 of 6 clients within the facility.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager on 05/27/14 from 12:15 p.m. to 1:00 p.m., the basement bedroom was not provided with a secondary means of escape. The room lacked a door or hall providing a way of unobstructed travel to the outside of the dwelling that is independent of and remotely located from the primary means of escape. The room also lacked an outside window that provides a clear opening of not less than 5.7 square feet. The window was a single hung window with a clear opening of four square feet. Based on interview at the time of observation, the aforementioned condition was acknowledged by the Home Manager.</p>	K01S120	<p>A maintenance request will be completed to assess the basement bedroom window for removal, enlarge opening and replacement. Responsible person: Sheila O'Dell, Group Home Director Estimate will be gotten for removal, enlarge opening and replacement of outside window for secondary means of escape. Responsible person: Maintenance staff Basement bedroom window will have a clear opening of not less than 5.7 square feet. Responsible person: Maintenance staff. To ensure future compliance, all bedroom windows will be checked to have a clear opening of not less than 5.7 square feet. Responsible person: Maintenance staff</p>	06/26/2014	