

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/10/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 25799 ROLLING HILLS DR SOUTH BEND, IN 46614
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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: 01/10/14</p> <p>Facility Number: 011297 Provider Number: 15G733 AIM Number: 200842740</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist, Libby Fruth, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in resident sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 4 at</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>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 2.88.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/14.</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 OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to maintain a clear path of travel for 3 of 4 exits to evacuate clients to an area of refuge. LSC 7.1.6.4 requires walking surfaces shall be slip resistant under foreseeable conditions. The walking surface of each element in the means of egress shall be uniformly slip resistant along the natural path of travel. This deficient practice could</p>	K010130	Landmark Landscaping, snow removal contractor, was contacted at the time of the survey to ensure the exit walkways at the back of the house were cleared of snow. This was completed on 1-10-14. All AWS homes are on a contract for snow removal which includes clearing of snow and ice melt spreading to all exit ways of the home. The overnight staff will	02/09/2014	

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K01S018	<p>affect all occupants.</p> <p>Findings include:</p> <p>Based on observation at 11:15 a.m. on 01/10/14 with the Qualified Mental Retardation Professional (QMRP), the primary means of escape for the east and west bedrooms and living room were snow covered with 8 to 10 inches of snow. The QMRP acknowledged at the time of observations, the snow could interfere with exiting.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 4 bedroom</p>	K01S018	<p>complete daily monitors of exit ways to ensure the exits remain clear. The on-call supervisor will be contacted if additional instructions for clearing the pathways is required. The QDDP and Residential Manager work out of the home and will monitor all exits to ensure there is a clear path of travel by completing spot checks on days with heavy snowfall to ensure that snow accumulation has been cleared from walkways. The contractor will be contacted immediately if additional snow removal is necessary. These monitors will be completed for 60 days and then monthly monitors will be completed and documented on a house walk thru form. These observations will be turned into the director to ensure compliance.</p> <p>The door closing system and door hinge on the identified bedroom door was adjusted on 1-10-14</p>	02/09/2014			

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	<p>doors would latch into the door frame. This deficient practice could affect one client in the southeast bedroom.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Mental Retardation Professional (QMRP) at 11:20 a.m. on 01/10/14 when the fire alarm system was tested, the door to the southeast bedroom released from the magnetic hold open device but dragged against the carpet and did not close and latch into the door frame. Further examination of the door revealed a hinge was loose and allowed the door to sag. Based on interview at the time of observation, the QMRP acknowledged the door hinge was loose and the bedroom door did not close and latch.</p>		<p>and tested positively for latching into the door frame. The two remaining bedroom doors were also tested and latched into door frames. The management staff will conduct weekly monitors of the door latching system for 90 days to ensure proper closure and latching of the door. This will be documented on a house walk thru form. The contractor will be contacted immediately to schedule repair if the door does not close properly. The Residential Manager completes a monthly quality assurance check of the home for preventative maintenance needs and documents on a CQA form. This CQA form is being revised to conduct monthly monitors of the door latching system which will be initiated after the 90 days of weekly observations. The observations of the door closing system will be turned into the Residential Director monthly to ensure compliance.</p>		