

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2012
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 615 E NORTH ST HARTFORD CITY, IN 47348
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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: 02/15/12</p> <p>Facility Number: 000644 Provider Number: 15G107 AIM Number: 100234170</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 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,</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 6 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches of 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 02/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on observation and interview, the facility failed to ensure combustible materials were separated from oxygen storage equipment in 1 of 1 oxygen storage areas. NFA 99, Chapter 13, "Other" Health Care Facilities, in 13-1 states, "This chapter addresses safety requirements for facilities, or portions thereof, that provide diagnostic and treatment services to patients in health care facilities other than hospitals, nursing homes, or limited care facilities as defined in Chapter 2." NFA 99, Section 8-3.1.11.2(c)2 requires oxidizing gases such as oxygen shall be separated from combustibles by a minimum distance of five feet in a fully sprinklered building. This deficient practice affects one of four clients.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 02/15/12 at 12:25 p.m., there were twenty seven cylinders of oxygen stored</p>	K0130	<p>Carey Services must assure compliance with Life Safety Code. The facility failed to do this, as oxygen canisters were stored incorrectly. Specifically, the canisters were stored with flammable materials, and one tank was unsupported. Additionally, a fire extinguisher was late for annual inspection.</p> <p><u>CORRECTION</u></p> <p>All flammable materials were removed from the storage space, and the extra tanks were picked up by LinCare on February 16, 2012. The fire extinguisher was taken for inspection on February 16, 2012.</p> <p><u>PREVENTION</u></p> <p>The requirement to store oxygen in compliance with the LSC applies to any consumer that uses oxygen. At present, there is one other individual that uses oxygen in the facility. To prevent recurrence with</p>	02/16/2012			

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	<p>in the sleeping room # 1 closet with a set of box springs, a wooden head board, a dress and 2 purses. Additionally, one of the cylinders was stored unsupported. This was acknowledged by the House Manager at the time of observation.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was provided maintenance no more than one year apart. LSC 4.5.6 requires any fire protection system or feature of protection, or safeguard provided for life safety shall be designed, installed and approved in accordance with applicable NFPA standards. NFPA 10 Standard for Portable Fire Extinguishers. NFPA 10, Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. NFPA 10, 4-3.4.3 requires records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides</p>		<p>the existing oxygen user, and to assure that any new oxygen cylinders are stored correctly, staff will be trained by Lincare on March 5, 2012 on the proper procedures for storing oxygen. While they are there, Lincare will also review our storage practices with management and make recommendations on placement of canisters. The fire extinguisher was an oversight, and one that can be prevented by adding their inspection to our general safety timeline. This action was taken on February 23, 2012.</p> <p><u>MONITORING</u></p> <p>Carey Services currently uses a spreadsheet to assure that drills and safety inspections occur as required. The annual extinguisher inspection was added to this document, and will be tracked by the Director of Group Homes and/or Residential QMRP.</p>		

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	<p>a permanent record. This deficient practice would affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 02/15/12 at 12:36 p.m., the annual inspection tag on the portable fire extinguisher located in the sprinkler riser room indicated the extinguisher had not received an annual inspection since January 2011. This was acknowledged by the House Manager at the time of observation.</p>			