

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G757	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2012
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NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 304 3RD ST FLORA, IN 46929
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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: 03/01/12</p> <p>Facility Number: 011817 Provider Number: 15G757 AIM Number: 200940180</p> <p>Surveyor: Bridget Brown, LSC Specialist</p> <p>At this Life Safety Code survey, Spectrum Community Services of Indiana, LLC 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, Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels,</p>	K0000		
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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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	<p>in common living areas except the dining room, corridors and sleeping rooms. The facility has the capacity for 4 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 to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/05/12.</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>Based on observation and interview, the facility failed to ensure 1 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including at least the date and initials of the person performing the inspection. NFPA 101, 4.5.7 requires any equipment required for compliance with the LSC, such equipment shall be thereafter maintained. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the house manager supervisor on 03/01/12 between 3:30 p.m. and 4:55 p.m., checks on the portable</p>	K0130	As a result of this survey, when QDDP or house manager is completing monthly reports between the 1st and 10th of each month, fire extinguishers will be evaluated to ensure they are in proper working order. The fire extinguishers were evaluated immediately upon learning of the error. Additionally and outlook calendar reminder has been put in place as a back up reminder.	03/16/2012			

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	fire extinguishers were documented on service inspection tags attached to the extinguisher. The last dates noted were 12/15/11. The house manager supervisor said at the time of observations, she had forgotten to check the fire extinguishers at this house.				

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KS053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review and interview, the facility failed to provide evidence 100 % of the smoke detectors, were tested by a qualified service technician to ensure they were within their listed and marked sensitivity range. LSC 9.6.10.1 requires smoke alarms be in compliance with NFPA 72, National Fire Alarm Code. NFPA 72 at 7-3.1 requires testing to be in accordance Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity</p>	KS053	Due to a clerical/filing error, the smoke sensitivity report was not present. A smoke detector sensitivity test was completed in August of 2010 and is up for bi annual renewal in August of 2012.	03/16/2012			

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	<p>range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. The</p>						

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	<p>detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2.2 requires a permanent record of all inspections, testing and maintenance shall be provided. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's fire system inspection records on 03/01/12 at 4:25 p.m. with the house manager supervisor, the last record of a sensitivity test was dated December 2008. The house manager supervisor immediately e-mailed her supervisor but said no record could be provided at this time.</p>				

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to ensure fire and evacuation drills were completed for each shift for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include: Based on review of fire drills with the house manager supervisor</p>	KS152	Fire drills will be completed one per quarter per customer per regulation, per shift. A new paperless sytsem is in process, fire drill documenation will be part of this new system. While awaiting new system, proper fire drill forms have benn provided to ensure proper documentation.	03/16/2012			

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	03/01/12 at 4:05 p.m., fire drill records for the past year failed to include client participation for drills conducted during: the first, second, and fourth quarters on the first shift, all four quarters on the second shift, and the third and fourth quarters of 2011 for the night shift. The house manager supervisor said at the time of record review, the information was omitted when staff began using old forms which did not have a space for entering clients participating in drills.				