

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G048	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2015
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NAME OF PROVIDER OR SUPPLIER  BETHESDA LUTHERAN COMMUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 N NICHOLS ST LOWELL, IN 46356
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 0000  Bldg. 01	<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: 05/21/15</p> <p>Facility Number: 000603 Provider Number: 15G048 AIM Number: 100233510</p> <p>At this Life Safety Code survey, Bethesda Lutheran Communities, 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 one story facility with a basement was determined to be non-sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels, corridors, client bedrooms and common living areas. The facility has the capacity for 6 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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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K S046 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect facility staff.</p> <p>Findings include:</p> <p>Based on an observation with the Qualified Intellectual Disability Professional Manager on 05/21/15 at 9:57 a.m., a multiplug adapter was located in the Office. A refrigerator and house phone were plugged into the multiplug adapter. Based on interview at the time of observation, the multiplug adapter was acknowledged and removed by the Qualified Intellectual Disability</p>	K S046	<p>The multi-plug adapter has been removed All staff will be retrained that multi-plug adapters are not allowed in the group home. Staff will sign off on the Electric Extension Cords and Multi-plug Adapters are Prohibited form.</p> <p>The maintenance man will be responsible for checking at least monthly that no multi-plug adapter is in use This will be documented on the Life Safety QA Check form Forms will be reviewed by the Program Manager at least monthly</p>	06/19/2015

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K S051  Bldg. 01	<p>Professional Manager.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and record review, the facility failed to ensure 1 of 1 fire alarm panel in an area not continuously occupied was provided with smoke detection to ensure notification of a fire at that location before the panel is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit not located in an area which is continuously occupied to provide notification of a fire at that location. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Qualified</p>			K S051	<p>A smoke detector was installed above the fire alarm panel and tested The maintenance man will be responsible for checking that the smoke detector is functioning properly during his monthly physical plant inspection Smoke detectors will be checked at least annually or sooner if needed by Alert Alarm.</p>		05/29/2015

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	Intellectual Disability Professional Manager on 05/21/15 at 9:44 a.m., there was a heat detector in the Laundry Room where the main fire alarm panel was located. Based on interview at the time of observation, the Qualified Intellectual Disability Professional Manager acknowledged there was no smoke detector in the Laundry Room.				