

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G588	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2012
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NAME OF PROVIDER OR SUPPLIER WABASH CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3949 ELECTRA CT LAFAYETTE, IN47905
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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
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: 01/11/12</p> <p>Facility Number: 001102 Provider Number: 15G588 AIM Number: 100235320</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Wabash Center 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 monitored fire alarm system with smoke detection in all common</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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K0130	<p>living areas, corridors and all but one sleeping room. The facility has the capacity for 8 and had a census of 8 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 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation, record review and interview; the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented,</p>	K0130	The Assistant Coordinator will be responsible for inspecting the fire extinguishers in the facility and documenting the inspections (with date and initials) at least monthly. The QMRP will conduct an audit each month to ensure that the fire extinguishers in the facility have	02/10/2012	

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	<p>including at least the date and initials of the person performing the inspection. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires monthly at least 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 clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the residential coordinator on 01/11/12 between 1:40 p.m. and 2:00 p.m., service and inspection tags for the portable fire extinguishers located in the kitchen and garage lacked evidence of regular monthly checks since placed in service in August 2011. The kitchen</p>		<p>been inspected and that the inspections have been documented correctly.</p>		

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	extinguisher had monthly checks noted in August and December of 2011. The garage fire extinguisher had a noted monthly check of August 2011. The residential services coordinator said at the time of observations, he makes a monthly check and documents it on another form which he was unable to provide for review.				