

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G628	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/16/2013
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2 FREEMAN ST ROSSVILLE, IN 46065
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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: 09/16/13</p> <p>Facility Number: 001194 Provider Number: 15G628 AIM Number: 100245710</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Abilities 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 33, Existing 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 corridors and common living areas. 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</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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	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/23/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. 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 clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observations with the house manager between 12:30 p.m. and 1:00 p.m. on 09/16/13, the service and inspection tags for the portable fire extinguishers located in the dining room and sleeping room corridor each noted they were placed in service in May 2013. No monthly checks were documented since May. The house manager acknowledged at the time of observations,</p>	K010130	<p>Fire Extinguishers have been checked and tagged. Programming Coordinator has been retrained on procedures for checking fire extinguishers. Weekly site checks to be performed to ensure that the fire extinguishers and all other safety issues are reported. Any immediate safety issues are reported to a Director. Weekly safety meetings will ensure that the checks are being completed and any issues are followed up on. Safety minutes will be reviewed by Leadership team monthly to ensure all areas are being monitored for safety.</p>	10/16/2013	

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	the tags were the only place to document the monthly inspections and the inspections had not been done because she had "only been told this morning I had to do it."			

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K01S018	<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 6 sleeping room doors was provided with a latch suitable for keeping the door closed. This deficient practice affects all clients.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 09/16/13 at 12:50 p.m., the sleeping room door to the room belonging to client # 1, equipped with a positive latch, was closed and pushed twice to test the reliability of the latch. The door could be pushed open without turning the doorknob. The house manager agreed at the time of observation, the latch was not working to hold the door closed in the door frame.</p>	K01S018	<p>Repairs needed have been scheduled. Weekly site checks to be performed to ensure that all maintenance issues are being reported. Any emergency maintenance issues are to be immediately reported to a Director. Weekly safety meetings will ensure that the checks are being completed and any issues are followed up on. Safety minutes will be reviewed by Leadership team monthly to ensure all areas are being monitored for safety. In addition to the site checks, a maintenance form is being made available at this site, to all residents, to allow them to be able to report any maintenance issues that they have encountered.</p>	10/16/2013			

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review and interview, the facility failed to provide evidence 10 of 10 smoke detectors were tested by a qualified service technician to ensure they were within their listed and marked sensitivity range. LSC 9.6.2.10 requires</p>	K01S053	The contracted company that provides service to the smoke detectors has been contacted. They reported that their system dates for service were off. They have completed the checks. They are providing a list of dates for all tests to be	10/16/2013

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	<p>smoke alarms shall be in accordance with the requirements of NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance Section 7-3, Inspection and Testing Frequencies. 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 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 		<p>completed. Weekly Safety committee will track the services provided at these dates to ensure they are completed on time. In response to letter dated 10/10/2013, the documentation is being sent showing the completed smoke detector sensitivity test.</p>				

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	<p>range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. The detector sensitivity cannot be tested or measured using any spray device administering 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 clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of records provided with the house manager on 09/19/13 at 1:45 p.m., the last documented smoke detector sensitivity test was dated 05/23/11. The house manager reviewed the records a second time, could not find a more current record and immediately called the smoke detector inspection contractor to request a more recent record. She said she could not provide a more current report.</p>						

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>			

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>			

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review, observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system gauges was replaced or calibration tested every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all automatic sprinkler systems to be inspected, tested and maintained in accordance with NFPA 25. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a review of Sprinkler System reports with the house manager on 09/16/13 at 1:25 p.m., an inspection report dated 08/29/13 noted "Problems Found: 1. Missing (1) FD Connection</p>	K01S056	The contracted company that provides service to the sprinkler systems has been contacted. They reported that they needed to schedule the repairs needed that were noted. They have completed the repairs. All reports completed by the service company are to be forwarded to the Programming Director for review. They are providing a list of dates for all tests to be completed. Weekly Safety committee will track the services provided at these dates to ensure they are completed on time. In response to letter dated 10/10/2013, the documentation showing that the repairs to the sprinkler system have been completed are being sent.	10/16/2013	

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	Cap" and "(2) Gauge Due For Replacement." The house manager said she was unaware of the problems noted and nothing was scheduled to correct the problems.			

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>1. Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K01S147	Evacuation protocols are written for each consumer. The protocols were written and in place, and have been in place, but the PC stated that she was not asked for them. However, the staff have not been trained on them every two months. Staff will now be trained once a month in the regularly scheduled staff meetings. The PC will keep documentation of all trainings and it will be filed administratively. Safety Committee reviews all evacuation protocols to ensure they are up to date and in place monthly also. The Leadership Team reviews the safety minutes as oversight to what is being completed and monitored by	10/16/2013			

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	<p>A. Based on review of the Emergency Drill Logs (fire drill) with the house manager on 09/16/13 at 1:50 p.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any record of fire drills during the 3:00 p.m. to 1100 p.m. shift between 10/01/12 and 07/04/13, a lapse of eight months; and between 11/02/12 and 05/15/13 during the 11:00 p.m. to 7:00 a.m. shift, a lapse of six months. The house manager said at the time of record review, she had no other documentation to document training for staff.</p> <p>B. Based on review of the Group Home Fire Sprinkler Out of Service Procedure with the house manager and Staff # 1 on 09/16/13 at 1:40 p.m., the procedure directed staff to evacuate the home or call in extra staff to "monitor the home." The house manager and Staff # 1 said at the time of record review, she did not know what the procedure was for and could not identify what "monitor the home" meant.</p>		safety committee.				

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) 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>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to ensure fire and evacuation drills were provided for each shift for 2 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include: Based on review of the Emergency Drill Logs (fire drill) with the house manager</p>	K01S152	<p>Staff did not run fire drills according to posted schedule. Staff will again be trained on the schedule/ procedures and protocol on 10/11/2013. Disciplinary action will occur for not running a drill that is assigned to the shift. PC will oversee schedule and immediately reschedule a drill isn't completed on the date scheduled. PC is responsible for reporting</p>	10/16/2013			

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	on 09/16/13 at 1:50 p.m., documentation of fire drills was not found for the 3:00 p.m. to 1100 p.m. shift between 10/01/12 and 07/04/13 or during the 11:00 p.m. to 7:00 a.m. shift between 11/02/12 and 05/15/13. The house manager said at the time of record review, she had no other fire drill documentation.		completed drills to the safety committee weekly. The safety committee will track all drills needing completed. The agency leadership team will review safety minutes monthly to ensure that all drills are being completed monthly.				

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K01S154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing clear procedures to be followed in the event the sprinkler system has to be placed out of service for four hours or more in a 24 hour period to protect 7 of 7 clients. LSC 33.7.1 requires every residential board and care facility to have in effect and available to all supervisory personnel a plan for the protection of all persons. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Group Home Fire/Sprinkler Alarm Out of Service Procedure with the house manager on 09/16/13 at 1:40 p.m., the procedure referred to evacuation or monitoring the home if the sprinkler system lost power due to a power outage. There was no mention of performing a fire watch if the sprinkler system was impaired for any other reason, what "monitoring the home"</p>	K01S154	<p>Abilities Services has procedures for Fire/Sprinkler Alarm out of service. PC has been trained on procedures. She is being retrained. Staff are being trained on 10/11/13. Safety binders will be checked by safety committee monthly to ensure all procedures are in place, available to all staff, and updated as needed Meeting minutes will reflect checking of the binders by safety committee. In response to letter dated 10/10/2013, the Fire Alarm/Sprinkler System Out of services procedures state exactly what staff are to do and there is a checklist for the times for fire watch to be completed and documented. Staff have been trained on filling out the forms. All staff are trained and knowledgeable in fire prevention, in the use of fire extinguishers, and notifying the fire department. All numbers and procedures are listed in the home. Specific wording says that Administrative staff will call in additional staff to walk the building every 15 minutes checking every room for</p>	10/16/2013			

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	meant, and there was no reference to notify the ISDH and the fire department. Staff # 1 was interviewed at the time of record review, she said she did not know what was required if the sprinkler system was disabled.		signs of fire. They must ensure all pathways and exits are clear. There is a form to document the checks. Specific wording is that staff are to call the contracted fire monitoring agency immediately and notify them of the outage. They are also to call one or more of the listed administrative staff and administrative staff will call the fire dept, state board of health and fire monitoring system. All numbers are posted.		

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K01S155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 Based on record review and interview, the facility failed to provide a complete written policy containing clear procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect 7 of 7 clients. LSC 33.7.1 requires every residential board and care facility to have in effect and available to all supervisory personnel a plan for the protection of all persons. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Group Home Fire/Sprinkler Alarm Out of Service Procedure with the house manager on 09/16/13 at 1:40 p.m., the procedure referred to evacuation or monitoring the home if the fire alarm system lost power due to a power outage. There was no mention of performing a fire watch if the fire alarm system was impaired for any other reason, what "monitoring the home"</p>	K01S155	Abilities Services has procedures for Fire/Sprinkler Alarm out of service. PC has been trained on procedures. She is being retrained. Staff are being trained on 10/11/13. Safety binders will be checked by safety committee monthly to ensure all procedures are in place, available to all staff, and updated as needed Meeting minutes will reflect checking of the binders by safety committee. In response to letter dated 10/10/2013, the Fire Alarm/Sprinkler System Out of services procedures state exactly what staff are to do and there is a checklist for the times for fire watch to be completed and documented. Staff have been trained on filling out the forms. All staff are trained and knowledgeable in fire prevention, in the use of fire extinguishers, and notifying the fire department. All numbers and procedures are listed in the home. Specific wording says that Administrative staff will call in additional staff to walk the building every 15 minutes checking every room for	10/16/2013			

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