

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G578	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/19/2012
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NAME OF PROVIDER OR SUPPLIER  HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 W 50 N LEBANON, IN 46052
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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: 06/19/12</p> <p>Facility Number: 001092 Provider Number: 15G578 AIM Number: 100245550</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Houston Group Homes 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 not sprinklered. The facility has a fire alarm system with smoke</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>detection in corridors, client rooms and common living areas. The facility has a 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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/22/12.</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>Based on observation, record review and interview; the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained. LSC 4.6.12.2 requires any existing life safety feature obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 06/19/12 at 3:40 p.m., sprinklers were in place throughout the facility. During record review with the house manager at 3:55 p.m. on 06/19/12, there were no records for the sprinklers system inspections, testing and maintenance available for review. The house manager confirmed at the time of observation and record review, there were none since the sprinkler system did not work</p>	K0130	<p>Corrective action has been completed for deficiency K0130: On June 19, 2012 the facility Director instructed the facility Maintenance Supervisor to remove the sprinkler system from the facility. The sprinkler system was removed from the facility on June 28, 2012. (See attachment A) Completion Date: June28, 2012</p>	06/28/2012	