

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/30/2015
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NAME OF PROVIDER OR SUPPLIER  CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 RILEY RD DELPHI, IN 46923
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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: 12/30/15</p> <p>Facility Number: 000827 Provider Number: 15G308 AIM Number: 100235060</p> <p>At this Life Safety Code survey, CDC 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 detection in the corridors, common living areas and hard wired smoke detectors in the client rooms. The facility has a capacity of 6 and had a census of 5 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 0130  Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.2.</p> <p>Quality Review on 01/08/16 - DA</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 battery testing and replacement program was provided to ensure the single station smoke alarms would operate. This deficient practice affects all clients.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 12/30/15 at 11:20 p.m., battery operated smoke detectors were installed throughout the facility.</p> <p>Based on an interview with the Group Home Supervisor at the time of observation, the facility does not have a battery testing and replacement program.</p>	K 0130	CDC Resources does have a battery testing and replacement program that is done monthly with the fire drills. Trained staff check all battery operated detectors when doing the monthly fire drill and document findings on the correct form. Quality Assurance Lead will retrain staff on use of this form on January 22, 2015. Group Home Supervisor will ensure that the form is attached with the monthly fire drill prior filing in drill books at the group home. Quality assurance Lead with do visual check of the form monthly to ensure all forms are filed correctly.	01/28/2016			
K S051  Bldg. 01	<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>						

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	<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 record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During the record review process and interview on 12/30/15 at 10:30 a.m., the Group Home Supervisor confirmed the</p>	K S051	<p>Testing was done by One Touch Security on November 17, 2015, the sensitivity test report was done at this time. The form was not sent with the report from One Touch that had the numbers needed on it, upon hearing that this was needed Quality Assurance Lead phoned One Touch for the form which is attached. The Quality Assurance Lead will develop a check off list to ensure when receiving reports of annual testing all documentation including sensitivity reports are included by January 28, 2016. Quality Assurance lead will train Habilitation Coordinator and supervisors to use this form by January 28, 2016. Quality Assurance Lead will review annual reports to ensure that all documentation is provided annually as testing is complete. Habilitation Coordinator and Supervisor will check the reports using the check off list annually. Results of testing will be reviewed annually with during a health and safety meeting to</p>	01/28/2016			

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K S053  Bldg. 01	<p>last annual inspection performed by One Touch on 11/17/15 indicated four of nine smoke detectors, three pull stations and four heat detectors did not receive an annual inspection nor did the form include the location of the devices.</p> <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,</p>				discuss deficiencies.		

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	<p>and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>1. Based on record review and interview, the facility failed to ensure 9 of 9 smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after 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 in areas where nuisance alarms show any 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> <p>(1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes</p>	K S053	<p>Work orders to make corrections of fire alarms and smoke detectors was submitted on January 11, 2016. One touch has been contracted to complete work starting January 22, 2016. One Touch was contacted on January 11, 2016 to revise form to include the following criteria: 1) Calibrated test method, 2)Manufacturer's calibrated sensitivity test instruments, 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 the listed sensitivity range, and 5) Other calibrated sensitivity test methods approved by the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and re-calibrated, or be replaced immediately upon knowledge. Monitoring to ensure that One Touch has complied with work orders, and revised form will be done by Quality Insurance Lead on 01/28/2016. Group home supervisor will complete monthly safety inspections. Quality Assurance Lead will complete at least quarterly safety inspections at the group home.</p>	01/28/2016

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	<p>a signal at the control unit where its sensitivity is outside the listed sensitivity range,</p> <p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review and interview on 12/30/15 at 12:05 p.m., the Group Home Supervisor confirmed she was unable to provide a current sensitivity report.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 smoke detectors in Bedroom #2 was installed where air flow would not adversely affect their operation. This deficient practice affects one client.</p> <p>Findings include:</p>				

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K S152 Bldg. 01	<p>Based on observation with the Group Home Supervisor on 12/30/15 at 11:13 a.m., there was a smoke detector installed near the ceiling fan. Based on an interview with the Group Home Supervisor at the time of observation, the smoke detector was installed eighteen inches from the ceiling fan.</p> <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</p>						

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K S152	<p>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 conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled Report of Fire Drill with the Group Home Supervisor on 12/30/15 at 11:43 a.m., documentation of a third shift fire drill for the fourth quarter of 2015 and a first shift fire drill for the third quarter of 2015 were not available for review. Based on an interview with Group Home Supervisor at the time of record review, there was no other documentation for available.</p>	K S152	<p>A yearly calendar was implemented to ensure drills are done once a shift once a quarter. Staff will follow fire drill procedures and comply with fire drill form. Monitoring to ensure the calendar and drills is being followed will be done monthly by Group Home Supervisor and quarterly by Quality Assurance Lead.</p>	01/22/2016
K S155 Bldg. 01	<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</p>			

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	<p>Based on record review and interview, the facility failed to protect 5 of 5 clients by providing a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, Section A.9.6.1.8 explains the individual conducting the fire watch should be specially trained in fire prevention, in the use of fire extinguishers, in notifying the fire department, in sounding the building fire alarm and in understanding the particular fire safety situation for public education purposes This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview on 12/30/15 at 11:34 a.m., the Group Home Supervisor acknowledged the fire watch policy did not indicate the person conducting the fire watch shall be properly "trained" in the duties and responsibilities of a fire watch.</p>	K S155	<p>Fire watch procedure has been updated to include wording of trained staff will be called to conduct the fire watch. All staff have been trained on the revision on January 22, 2016. A training for fire watch duties was completed on January 28, 2016 and added to fire safety training to ensure staff are trained on fire watch procedure. Only staff completing training will be assigned to complete fire watch as stated in procedure. Group home supervisor will ensure fire watch training is completed and documented per regulations upon hire and annually thereafter. Human Resources department will monitor training's by providing Group home Supervisor quarterly reports to ensure only trained staff are completing fire watch. Habilitation Coordinator and Group Home supervisor will review quarterly report as received to ensure training.</p>	01/28/2016	