

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G671	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/06/2015
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NAME OF PROVIDER OR SUPPLIER CORVILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1318 ROELKE ST SOUTH BEND, IN 46614
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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: 07/06/15</p> <p>Facility Number: 001217 Provider Number: 15G671 AIM Number: 100244670</p> <p>At this Life Safety Code survey, Corvilla, 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, in the living areas, and hard wired smoke detectors in the client sleeping rooms. The facility has a capacity of 5 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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	Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0. Based on record review, observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and residents if the facility were required to evacuate in an emergency during a loss of normal power.	K 0130	The three battery operated emergency lights were replaced on 7-13-15 with new rechargeable batteries. The monthly preventative maintenance checklist that the house managers complete was changed from checking the emergency lights by pushing the button to pushing it for at least 30 seconds. If there are any issues, they are to contact the maintenance supervisor (please see attached document under number 8).	07/13/2015

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K S046 Bldg. 01	<p>Findings include:</p> <p>Based on observation with the Qualified Intellectual Disability Professional and Maintenance Manager on 07/06/15 at 10:07 a.m., then 10:33 a.m., then again at 10:43 a.m., the facility has three battery-powered emergency lights. The battery powered emergency light in the Family Room failed to illuminate when the test button was pressed, then in the Hallway, then again in the Living Room. Based on interview and record review, the facility does not perform a monthly thirty second duration test for each battery powered light but does an annual ninety minute testing for each light. The Qualified Intellectual Disability Professional and Maintenance Manager acknowledge the aforementioned conditions.</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</p>	K S046	This cord was replaced by the maintenance supervisor with a power surge cord on July 13, 2015. The maintenance supervisor will check all cords in the homes	07/13/2015			

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K S051 Bldg. 01	<p>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 and Maintenance Manager on 07/06/2015 at 10:11 a.m., a multiplug adapter was located in the family room. A television and other electronics were plugged into a multiplug adapter. Based on interview at the time of observation, Qualified Intellectual Disability Professional and Maintenance Manager acknowledged the aforementioned condition.</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. Based on record review and interview, the facility failed to ensure 1 of 1 fire</p>	K S051	The fire alarm inspection is scheduled for July 28, 2015 with Nobl. In the future, the new	07/28/2015

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K S120 Bldg. 01	<p>alarm systems components and devices, such as, smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was tested annually. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review and interview, the facility's fire alarm system annual inspection reports on 07/06/15 at 9:46 a.m. with the Qualified Intellectual Disability Professional and Maintenance Manager, the last annual fire alarm system inspection report dated 05/19/14.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> <p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p>		<p>maintenance supervisor will schedule these inspections each year.</p>				

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	<p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p>			

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	<p>Based on observation and interview, the facility failed to ensure 1 of 3 client sleeping rooms was provided with a secondary means of escape. This deficient practice could affect 4 of 5 clients.</p> <p>Findings include:</p> <p>Based on interview and observation, the Qualified Intellectual Disability Professional and Maintenance Manager on 07/06/2015 at 10:33 a.m. then again at 10:41 a.m., confirmed that one of the Double Back Bedroom beds was in front of the secondary egress window. Then again the Front Bedroom had a five foot dresser blocking both secondary egress windows. Based on interview at the time of observation, the Qualified Intellectual Disability Professional and Maintenance Manager were unaware about secondary egress requirements and acknowledged the aforementioned conditions.</p>	K S120	The furniture was moved and the egress made clear as a secondary exit. This was also added to the preventative maintenance form (see number 15).	07/13/2015			
K S150 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the</p>	K S150	The maintenance supervisor will schedule a professional company	07/31/2015			

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K S155 Bldg. 01	<p>facility failed to ensure 2 of 2 new draperies and curtains were flame resistant. LSC Section 10.3.1 requires that draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.</p> <p>Findings include</p> <p>Based on observation with the Qualified Intellectual Disability Professional and Maintenance Manager on 07/06/15 at 10:16 a.m. then again at 10:18 a.m., the curtains in the Family Room were new and observation of the attached tags did not indicate the curtains were flame resistant. Then again in the Dining Room/Laundry Room were new and observation of the attached tags did not indicate the curtains were flame resistant. Based on interview at the time of observation with the Qualified Intellectual Disability Professional and Maintenance Manager acknowledged the aforementioned condition and lack of documentation of flame resistance.</p> <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</p>		to treat the curtains or the maintenance supervisor will replace the curtains with blinds.				

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	<p>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.</p> <p>9.6.1.8 Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility 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. in order to protect 4 of 4 residents. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Qualified Intellectual Disability Professional on 07/06/15 at 10:28 a.m., the facility did have a written fire watch policy and procedure for a fire alarm system failure but it did not address all components of LSC Section 9.6.1.8. Specifically, the plan did not state the person conducting the fire watch shall be assigned no other duties during that time.</p>	K S155	The Fire Watch Policy was changed to say that the person designated as the fire watch person would have no other duties (see fire watch policy number 3).	07/13/2015	