

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/31/2014
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
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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: 03/31/13</p> <p>Facility Number: 000601 Provider Number: 15G045 AIM Number: 100233480</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Parents and Friends 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 monitored fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</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>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 1.02.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/01/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S046	<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 maintain 1 of 1 electrical outlets located in the north bathroom by ensuring the outlet was provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Residential Program Manager (RPM) and Maintenance Director (MD) on 03/31/14 during a tour of the group home from 11:00 A.M. to 11:30 A.M., the electrical outlet in the north bathroom was located on the wall immediately above the sink.</p>	K01S046	<p>The GFCI outlet in the north bathroom will be replaced with a new GFCI outlet by the maintenance department no later than April 30, 2014. To ensure systemic compliance of this citation, all GFCI outlets will be tested at all four group homes. Any outlets which fail to interrupt the circuit when tested will be replaced. The Residential Director is creating a new form consisting of monthly checks/inspections to be done by the maintenance department. GFCI outlet testing will be added to this list. The Residential Director will maintain a file of the monthly checklists, in her office, and will follow up with the Maintenance Supervisor to ensure issues are addressed in a timely manner. This information will also be communicated to the Executive Director and the Corporate Compliance Officer.</p> <p>Parties Responsible: Maintenance Supervisor, Residential Director, Corporate Compliance Officer, Executive Director.</p>	04/30/2014			

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	The outlet had a GFCI test button, however, the circuit did not show any indication of interruption when tested. Interview with the M.D. during the observation indicated the GFCI appeared to not be functioning.			

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K01S149	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on record review, observation and interview; the facility failed to provide noncombustible safety type ashtrays in the designated smoking area. This finding could affect all residents, staff and visitors to the home.</p> <p>The findings include:</p> <p>During review on 3/31/14 at 9:15 A.M. of the facility's "Designated Smoking Area Policy, dated 2/10/2014, the policy indicated the designated smoking area where individuals could choose to smoke for this home was the "Left corner of patio eight feet from the house." During interview on 3/31/14 during a tour of the home from 11:00 A.M. until 11:30 A.M., the Residential Program Manager (RPM) said the smoking area was at the picnic table in the middle of the back yard. Observation of the area around the picnic table showed there were discarded smoking materials on the ground. There was no noncombustible safety type ash tray near the picnic table. Additionally a noncombustible receptacle was found sitting immediately next to the house along the back. Next to this receptacle</p>	K01S149	<p>The discarded cigarette items have been cleaned-up. Thenon-combustible smoking container has been placed back in the designatedsmoking area as identified in the policy manual. All coffee cans and otherunacceptable containers used to discard smoking materials have been removed andthrown away. The Program Manager and Team Leaders will review the smokingpolicy and specifically identify the designated smoking area with all staff, nolater than April 29, 2014. All group homes have been monitored for smoking inthe designated area only. To ensurefuture systemic compliance of this citation the IDT will use the Environmentalchecklist each month to monitor that the smoking policy is being followed aswritten. This monitor will be ongoing.</p> <p>Parties Responsible: Residential Director, ResidentialProgram Manager, Team Leaders, Behavior Support/Resource Specialist, QIDP, RN's</p>	04/30/2014	

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	was a used coffee can with no lid. In the coffee can with no lid were discarded smoking materials. According to the RPM at the time of observation, the smoking area must have moved with the change of seasons and she indicated the receptacle should have been placed out by the picnic table and the used smoking materials should have not been discarded on the ground, or in the empty can.			