

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

|                        |   |        |  |  |
|------------------------|---|--------|--|--|
| K 0000<br><br>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: 12/22/15</p> <p>Facility Number: 001115<br/>Provider Number: 15G665<br/>AIM Number: 100235410</p> <p>At this Life Safety Code survey, Life Designs 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 two story facility with a basement was fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, common living areas, and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 7 and had a census of 6 at the time of this survey.</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.

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETION DATE |
|--------------------|---|---------------|--|----------------------|
| K S014<br>Bldg. 01 | <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 1.20.</p> <p>Quality Review completed 01/06/16 - DA.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 11 rooms was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 12/22/15 at 10:10 a.m. with the network director, the second floor north bedroom east wall was covered with wood paneling. Based on an interview with the network director on 12/22/15 at 10:20 a.m., there was no evidence the wood paneled wall had a flame spread rating of a Class A, Class B,</p> | K S014        | To correct the deficient practice, the wall in the second floor north bedroom east wall was painted with fire retardant paint. The maintenance supervisor will do a walk-through of the home to ensure all other interior wall finishes are appropriate. | 01/21/2016           |

|  |   |   |  |  |   |   |                      |
|--|---|---|--|--|---|---|----------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION     |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____                     |   | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |                      |
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC |   |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |   |   |                      |
| (X4) ID PREFIX TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   |   | (X5) COMPLETION DATE |
| K S046<br><br>Bldg. 01                               | <p>or Class C interior finish. This was verified by the network director at the time of observation and interview and acknowledged at the exit conference on 12/22/15 at 11:15 a.m.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>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 the interior finish in 1 of 11 rooms used extension cords as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment shall comply with NFPA 70, National Electrical Code. NFPA 70, 1999 edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring in a structure. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 12/22/15 at 10:00 a.m. with the network director, the second floor living room had three thin wire extension cords used to power a television set, Christmas tree lights, and a cable television box. This was verified by the network director at the time of observation and interview and acknowledged at the exit conference on</p> |   |  | K S046   | <p>To correct the deficient practice, all extension cords have been removed. To ensure the deficient practice does not continue, staff will be retrained on current agency policy 1.7 Environment-Overall- which states "Extension cords... cannot be used as permanent wiring... " Ongoing monitoring will be accomplished through the Health &amp; Safety Checklist, which is completed monthly by the Team Manager and submitted to the Network Director, Director of Residential Services and Health &amp; Safety Committee for review. Additionally, the Maintenance Supervisor does routine inspections of each group home and addresses any noted safety issues.</p> |   | 01/21/2016           |

|  |   |   |  |  |   |   |                      |
|--|---|---|--|--|---|---|----------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION     |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____              |   | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |                      |
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC |   |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |   |   |                      |
| (X4) ID PREFIX TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |   | (X5) COMPLETION DATE |
| K S056<br><br>Bldg. 01                               | <p>12/22/15 at 11:15 a.m.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>PROMPT</p> <p>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</p> |   |  |  |   |   |                      |

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
|--|---|--|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
|                    | <p>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> <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<br/>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> |               |   |                      |

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
|                    | <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>IMPRACTICAL<br/>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</p> |               |   |                      |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION     |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____  |                      | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203  |                      |   |
| (X4) ID PREFIX TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETION DATE |   |
|  | <p>Occupancies up to and including Four Stories in Height, are 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. 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 and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested for 3 of 4 quarters over the past year. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp; Security Report of Inspections on 12/22/15 at 9:35 a.m. with the network director, the only documentation</p> | K S056  | The sprinkler waterflow alarm devices have now been tested. To ensure the deficient practice does not continue, the contract with Koorsen has been updated to include quarterly inspections. Ongoing monitoring will be accomplished through the Maintenance Supervisor's ongoing review of documentation related to all agency fire alarm systems. | 01/21/2016           |   |

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
|--|---|--|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|---|---------------|---|----------------------|
| K S152<br>Bldg. 01 | <p>available for review to indicate quarterly inspections of waterflow alarm devices for the sprinkler system over the past year was a first quarter inspection for the year 2015 dated 02/18/15. Furthermore, the sprinkler riser inspection tags were inspected at the time of record review and indicated the last date of a quarterly sprinkler system inspection was 02/18/15. The lack of a quarterly sprinkler waterflow alarm device tests for the fourth quarter of the year 2014, and the second quarter and third quarter for the year 2015 was acknowledged by the network director at the exit conference on 12/22/15 at 11:15 a.m.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -<br/>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br/>(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 -<br/>(i) Actually evacuate clients during at least one drill each year on each shift;<br/>(ii) Make special provisions for the evacuation of clients with physical</p> |               |   |                      |

|  |   |   |   |                      |   |
|--|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION     |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G665 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____   |                      | X3) DATE SURVEY COMPLETED<br><br>12/22/2015 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE DESIGNS INC |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2701 FAIRLAWN AVE<br>COLUMBUS, IN 47203  |                      |   |
| (X4) ID PREFIX TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETION DATE |   |
|  | <p>disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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 conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters and 1 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Fire Drill Reports on 12/22/15 with the network director at 9:30 a.m., there was no record of a fire drill conducted on second shift for the first quarter of the year 2015. This was verified by the network director at the time of record review and acknowledged at the exit conference on 12/22/15 at 11:15 a.m.</p> | K S152  | To correct the deficient practice, a drill schedule has been posted. Staff have been provided additional training related to the timeframes in which drills must be completed. To ensure the deficient practice does not continue, the Team Manager completes a weekly report that summarizes events for each customer in the home, including completed drills, as well as any needed follow up. The Team Manager Weekly Report is forwarded to the ND/QIDP, DRS, Director of Support Services, Chief Services Officer and Chief Executive Officer each week for review. Additionally, the ND/QIDP completes a quarterly QA review of the home, including a review of the LifeSafety book, to ensure drills have been completed within the required timeframes. | 01/21/2016           |   |