

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G724	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
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K010000	<p>A Life Safety Code (LSC) Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/25/14</p> <p>Facility Number: 004837 Provider Number: 15G724 AIM Number: 200803700</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, In-Pact 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 Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels and in all common living areas, in corridors and in sleeping rooms. The facility has the capacity for 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 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.8</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/31/14.</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>1. Based on observation and interview, the facility failed to ensure electrical wiring and equipment was in compliance with NFPA 70, National Electrical Code for the protection of 6 of 6 clients. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 348.12(7) requires flexible metal conduit shall not be used where it is subject to physical damage. This deficient practice could affect staff, visitors and 6 clients using the basement level common area.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 03/25/14 at 1:10 p.m., a "pot light" hung at an irregular angle through the ceiling tile in the basement level common area. The fixture used the flexible metal conduit powering it as a hanger. The house manager agreed at the time of observation, the fixture should have been secured by clips or a hanger to hold it in place.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords were not used as a substitute for</p>	K01S046	<p>Maintenance request was completed to get the pot light that was in the basement ceiling fixed and then to replace it. Responsible person: Airielle Rogers, Group Home Manager and Traci Hardest, QDDP. Maintenance went out to the home to repair the light fixture and then went back out to replace it. Responsible person: Maintenance staff. Managers were retrained to fill out maintenance request soon as they notice &/or brought to their attention that a light fixture is not in good repair &/or secure. Responsible person: Sheila O'Dell, Group Home Director. To ensure future compliance, monthly during our program status report all light fixtures will be checked to see if they are in good repair &/or secure. Responsible person: Elaina Blystone, QDDP and Sheila O'Dell, Group Home Services Director. Manager removed the two extension cords. Responsible person: Airielle Rogers, Group Home Manager. Managers were retrained to fill out maintenance request soon as they notice &/or brought to their attention that a light fixture is not in good repair &/or secure and that extension cords are not to be used as a</p>	04/24/2014	

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	<p>fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance 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 of a structure. This deficient practice could affect staff, visitors and 3 or more clients on the basement level.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 03/25/14 between 12:30 p.m. and 1:10 p.m., an extension cord was plugged into an ornamental display in sleeping room #1 on the basement level and an extension cord was used to supply power to equipment on a desk top in the common area of the basement level. The house manager said at the time of observations, she was unaware the extension cords were being used.</p>		<p>substitute for fixed wiring. Responsible person: Sheila O'Dell, Group Home Director. Staff were retrained that extension cords cannot be used. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, monthly during our program status report all light fixtures will be checked to see if they are in good repair &/or secure. Responsible person: Elaina Blystone, QDDP and Sheila O'Dell, Group Home Services Director</p>		