

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/14/2011
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 25799 ROLLING HILLS DR SOUTH BEND, IN46614
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K0000	<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: 11/14/11</p> <p>Facility Number: 011297 Provider Number: 15G733 AIM Number: 200842740</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully</p>	K0000		

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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and common living areas. The fire alarm system is not monitored. The facility has a capacity of 4 and had a census of 2 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.80.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/21/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS018	<p>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 sleeping room doors would close and latch into the door frame to keep the door closed during a fire. This deficient practice effects 1 resident, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 11/14/11 at 3:10 p.m. with the house manager, the door to the bedroom to the right of the public bathroom did not close leaving a 1/2 inch gap along the latch side of the door and did not latch into the door frame. It appeared as if the door was out of alignment with the frame which</p>	KS018	A work order was completed and sent to Garden Homes to have the door closing mechanism adjusted to the sleeping room door to the right of the bathroom prior to the survey. The work is scheduled for completion on 12/5/11. All other doors in the home are closing and latching properly. AWS has a monthly maintenance walk through that the manager completes that will check for proper closure of sleeping room doors. This form is to be turned into the director for review and to ensure compliance.	12/14/2011	

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	prevented it from latching. The house manager stated at the time of observation the door would need to be repaired.				