

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G348	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 08/18/2014
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NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 522 E NORTH ST PORTLAND, IN 47371
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K030000	<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: 08/18/14</p> <p>Facility Number: 000864 Provider Number: 15G348 AIM Number: 100249170</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Jay-Randolph Developmental Services 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 hard wired smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p>	K030000		
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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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K03S018	<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 1.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/21/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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. Based on observation and interview, the facility failed to ensure 1 of 6 sleeping room doors would self close and latch into the door frame. This deficient practice could affect 1 of 7 clients.</p>	K03S018	Now, and in the future, all bedrooms will be equipped with self-closing devices. All bedroom doors will be routinely examined during the monthly walk-thru by Residential Department Head and Home Manager to ensure all	09/05/2014

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K03S046	<p>Findings include:</p> <p>Based on observation with the Group Home Manager on 08/18/14 at 11:16 a.m., the south sleeping room door lacked a self closing device. Based on an interview with the Group Home Manager at the time of observation, they recently converted this room into a client's sleeping room.</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 2 of 3 wet location client care areas were provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, 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 where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more</p>	K03S046	<p>closures are working properly. Residential Department Head and Maintenance Responsible</p> <p>Now, and in the future, all wet location client care areas will be provided with ground fault circuit interrupters. The electrician will replace all receptacles with ground fault circuit interrupters and the JRDS Maintenance staff will ensure all ground fault circuit interrupters work properly during routine maintenance checks. Residential Department Head and Maintenance Responsible</p>	09/05/2014

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K03S149	<p>subject to failure. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 08/18/14 from 11:02 a.m. to 11:18 a.m., the kitchen and the south sleeping room's bathroom had GFCI receptacles on the wall within two feet of a sink. When the test button was pressed on the GFCI testing device, power was not interrupted indicating the GFCI receptacle was wired improperly. At the time of observation, the Group Home Manager acknowledged power was not interrupted when the receptacles were tested with the GFCI testing device.</p> <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 observation and interview, the facility failed to ensure 1 of 1 smoking areas was provided with a noncombustible safety type ashtrays or receptacles in a convenient location.</p> <p>This deficient practice could affect all clients in the event of a fire emergency.</p>	K03S149	Now, and in the future, Inall areas where client smoking is permitted, noncombustible safety type ashtrays or receptacles will be provided. All of these receptacles will be purchased and maintained by the Group Home Managerand Residential staff as directed by the Residential	08/26/2014			

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	<p>Findings include:</p> <p>Based on observation with the Group Home Manager on 08/18/14 at 11:00 a.m., a metal can one half full of cigarette butts was being used as an ashtray on the back deck. A self closing covered device into which the ashtray can be emptied was not provided. This was acknowledged by the Group Home Manager at the time of observation.</p>		<p>Department Head. Receptacles will be inspected on a monthly walk-thru with Residential Department Head and Home Manager.</p>		