

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 10/17/2014
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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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(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
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K030000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/18/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR Subpart 483.470(j).</p> <p>Survey Date: 10/17/14</p> <p>Facility Number: 000864 Provider Number: 15G348 AIM Number: 100249170</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR 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, sleeping rooms and common living areas. The facility has a capacity of 7 and had a census of 7 at the</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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K03S046	<p>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 Prompt with an E-Score of 1.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/27/14.</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 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</p>	K03S046	<p>Now and in the future, all JRDS wet location client care areas are and will be provided with GFCI protection for all personnel in bathrooms and kitchens where receptacles are intended to serve the countertop surfaces. All GFCI protection will be tested at least quarterly by the Maintenance Department to ensure effectiveness Residential Department Head and Maintenance Crew are responsible</p>	10/23/2014

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	<p>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 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 10/17/14 at 12:32 p.m., in the kitchen and the south sleeping room bathroom had a 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. After the facilities maintenance staff attempted to repair the kitchen GFCI receptacle at 12:32 p.m., the Group Home Manager acknowledged power was not interrupted when the receptacles were tested with the GFCI testing device.</p> <p>This deficiency was cited on 08/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						