STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREY SERVICES INC.	369 S SECOND ST UPLAND, IN 46989

(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
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 04/12/13 Facility Number: 000833 Provider Number: 15G314 AIM Number: 100243960 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Carey Services 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. This one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on every level including the corridors and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.	K010000	No response needed for K0000	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 369 S SECOND ST UPLAND, IN 46989	

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	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. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/16/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010130	Based on observation, record review and interview; the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 4 portable fire extinguishers. NFPA 101, Section 4.5.7 states any device, equipment, or system required for compliance with the Code shall thereafter be maintained unless the code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients. Findings include: Based on observation and record review of the fire extinguisher inspection/maintenance tag on the fire extinguisher located in the garage with the Group Home Manager on 04/12/13 at 1:44 p.m., there was no documentation on the tag to show the garage fire	K010130	**K130 NFPA 101 Miscellaneous** This item outlines that the agency failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 3 portable fire extinguishers. The plan of correction for this tag is as follows: · The facility will ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspection for all portable fire extinguishers. · The fire extinguisher will be moved to a new location so that it is easily seen in the garage. · The Residential Manager will ensure that all fire extinguisher inspections in the home and the van (s) will be completed monthly to include the date and initials of the person performing the inspections. · The attached form will be	05/12/2013

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	extinguisher had received a monthly inspection since January 2013. This was acknowledged by Group Home Manager at the time of observation and record review.		submitted to the Director of Group Homes/QMRP by the end of each month. **Group home:** **Fire extinguishers in the home** **Fire extinguisher in the van(s)** **#1** **#2** **#3** **#4** **Van #1** **Van#2**	

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			I have checked and verified that all the fire extinguishers inspections in the group home and vans have been completed with initials and date of person completing inspections.	

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			Signature: Date	

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K01S040	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors or paths of travel to a means of escape are not less than 28 inches. Exception: Bathroom doors are not less than 24 inches. 33.2.2.5.1 Based on observation and interview, the facility failed to ensure the path of travel to a means of escape was not less than 28 inches in 1 of 4 sleeping rooms. This deficient practice could affect 2 of 7 clients. Findings include: Based on observation with the Group Home Manager on 04/12/13 at 2:10 A.M., in the basement sleeping room there was a ten inch path of travel between the client's bed and the chair and near the door there was a 15 inch path of travel between the client's bed and a night stand. Measurements were provided by the Group Home Manager at the time of observation.	K01S040	**K 0040 Life Safety Code Standard** This item outlines that the agency failed to ensure that the paths of travel to a means of escape are not less than 28 inches. The plan of correction for this tag is as follows: · The facility will ensure that the path of travel to a means of escape is not less than 28 inches in all sleeping rooms. · The chair and the night stand that was prohibiting the required 28 inches of egress were relocated. · The Residential Manager and/or Director of Group Homes/QMRP will conduct random monthly inspections of the bedrooms to ensure that there is the allotted 28 inches of egress remains in all bedrooms.	05/12/2013