

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G377	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2014
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NAME OF PROVIDER OR SUPPLIER CORVILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 52549 MYRTLE ST SOUTH BEND, IN 46637
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K010000	<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: 08/13/14</p> <p>Facility Number: 000891 Provider Number: 15G377 AIM Number: 100244320</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Corvilla, 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.</p> <p>This one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 7 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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K010130	<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 0.96.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	The dead battery in the basement emergency light has been replaced as of 08/26/14. There already is monthly testing being done in all four of our homes and it has been for years. This QIDP neglected to leave that paperwork when I went on vacation (during this survey). This monthly testing will continue going forward in each home. There was, however, no annual testing being done. A schedule to do so with an accompanying form have been developed. All of the residents in all four of our homes could be affected by this deficient practice. Therefore, we will continue	09/10/2014

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K01S014	<p>operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation on 08/13/14 between 10:45 a.m. and 11:30 a.m. during a tour of facility with the Maintenance Supervisor, the following was noted:</p> <p>a. There were three battery operated emergency light units in the home. The battery operated emergency light in the basement near the fire alarm panel did not function when tested.</p> <p>b. The facility lacked documentation of monthly and annual testing of the three battery operated emergency lights in the home.</p> <p>Based on interview at the time of observation and testing, the Maintenance Supervisor acknowledged the aforementioned conditions.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or</p>				<p>monthly testing and begin annual testing of all emergency lights and continue to do so going forward in all four of homes. The annual testing will be done by 09/10/2014 in all four homes and be repeated 09/10/2015, 09/10/2016, and so on. This QIDP will be responsible for keeping the Maintenance Supervisor on this schedule. Documentation of this monthly and annual testing will be available for review upon request. Battery replacement and/or other maintenance will be done immediately anytime a monthly check shows trouble.</p>		

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K01S020	<p>Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation, record review and interview; the facility failed to ensure wood paneling observed in the basement had a Class A, Class B or Class C interior finish in this Prompt rated facility to protect 6 of 8 clients. This deficient practice could affect all occupants of the building.</p> <p>Findings include:</p> <p>Based on observation on 08/13/14 between 10:45 a.m. and 11:30 a.m. during a tour of facility with the Maintenance Supervisor, wood paneling was observed on the walls of the basement. Review of the Life Safety Code documentation in the home did not reveal any documentation of flame retardant treatment. Based on interview at the time of observation, the aforementioned issue was acknowledged by the Maintenance Supervisor who was unaware of any documentation of a product used to treat the paneling to provide the required interior finish rating.</p>	K01S014	The basement paneling has the potential to affect all of the residents in the home. Therefore, our Maintenance Supervisor has purchased a Class B finish for the paneling in question. It has been applied to the paneling on 08/27/2014. Our other homes are free of such paneling.	08/27/2014

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	<p>LIFE SAFETY CODE STANDARD</p> <p>Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4.</p> <p>Exception No. 1: Stairs that connect a story at street level to only one other story are permitted to be open to the story that is not at street level.</p> <p>Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating.</p> <p>Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents</p>			

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	<p>and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception.</p> <p>Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.</p> <p>IMPRACTICAL Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1, 33.2.3.1.1</p> <p>Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 stairways was provided with a self closing door.</p> <p>This deficient practice could affect all the clients as well as staff.</p>	K01S020	A new door closer has been purchased and installed on the basement door on 08/27/2014. This model door closer does not allow the door to remain open. All of the residents of this home have the potential to be affected by this	08/27/2014

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	<p>Findings include:</p> <p>Based on observation on 08/13/14 between 10:45 a.m. and 11:30 a.m. during a tour of facility with the Maintenance Supervisor, the basement stairway door was provided with a door closer but it was open. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the door was provided with a door closer with a hold open feature so if the door was pushed back far enough, it would stay open.</p>		<p>deficient practice. It has been corrected. There are no similar doors in any of our other homes.</p>		