

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2016
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NAME OF PROVIDER OR SUPPLIER  PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
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K 0000  Bldg. 01	<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: 02/11/16</p> <p>Facility Number: 000601 Provider Number: 15G045 AIM Number: 100233480</p> <p>At this Life Safety Code survey, Parents and Friends 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		

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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K 0130  Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.1.</p> <p>Quality Review on 02/12/16 by Lex Brashear, LSC Specialist</p> <p>1. Based on record review and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully 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 in the facility including staff, visitors and clients if the facility were required to evacuate in an emergency during a loss of normal power.</p>	K 0130	In order for this citation to be met now and in the future, PAF Maintenance will complete monthly tests to make sure the emergency lights, fire extinguishers, and all other Life Safety Code regulations are being followed. A new fire extinguisher will be brought to the home and installed. The supervisor of the Maintenance staff will review these maintenance checks each month. The checks will be filed in the home Life Safety Code file. February checks were completed and turned into supervisor. (Maintenance and maintenance supervisor responsible)	03/12/2016

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	<p>Findings include:</p> <p>Based on record review with the Maintenance #1 and Residential Director on 02/11/16 at 10:07 a.m., the facility has two battery-powered emergency lights. The facility failed to provided documentation for a 30 second test for January 2016. Based on interview with the Maintenance #1 and Residential Director acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 North West fire extinguishers requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice could affect two clients and staff.</p> <p>Findings include:</p> <p>Based on observation and interview on 02/11/16 at 10:26 a.m., the Maintenance #1 and Residential Director acknowledged the maintenance stamp on the North West fire extinguisher indicated the last six year test was</p>			

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K S046 Bldg. 01	<p>completed 12/09.</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 2 multiplugs were not used as a substitute for fixed wiring. This deficient practice affects staff and all clients.</p> <p>Findings include:</p> <p>Based on observation with Maintenance #1 and Residential Director on 02/11/16 at 10:28 a.m., two separate multiplug adapters were powering television equipment in the Living Room. Based on interview at the time of observation, the Maintenance #1 and Residential Director acknowledged the aforementioned condition.</p>			K S046	<p>In order for this citation to be met now and in the future, PAF Maintenance will complete monthly tests to make sure all Life Safety Code regulations are being followed, including the use of the multiplugs. The devices found upon the citation were removed and power strips will be purchased by Maintenance and installed in the home. The maintenance supervisor of the Maintenance staff will review these maintenance checks each month. The checks will be filed in the home Life Safety Code file. February checks were completed and turned into supervisor</p>		03/12/2016
K S056 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in</p>						

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	<p>accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm</p>			

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	<p>system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p>						

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	<p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 1. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler system components was</p>	K S056	This citation will be met now and in the future by set up by Maintenance staff setting up quarterly sprinkler system	03/12/2016

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	<p>inspected quarterly for 2 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance #1 and Residential Director on 02/11/16 at 10:38 a.m., there was no third quarter (July, August, September) or fourth quarter (October, November, December) of 2015 sprinkler system inspection report available. Based on interview at the time of record review, the Maintenance #1 and Residential Director acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously</p>		<p>inspections by Kropp. The maintenance supervisor will monitor and oversee the inspections are completed in a timely manner. The third and fourth quarter inspections were done. Parents and Friends have copies in hand. Parents and Friends, Inc. is not able to upload these documents due to changeover of system and inability to scan and upload. Residential Director did email LSC inspector Mr. Swyotosick, to see if the docs can be faxed; awaiting reply. (Maintenance and maintenance supervisor responsible)</p>				

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K S152  Bldg. 01	<p>maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance #1 and Residential Director on 02/11/16 between 10:22 a.m. and 10:38 a.m., the sprinkler pipe had two gauges installed. The gauges indicated it was manufactured in 2010. Based on interview at the time of observation, the Maintenance #1 acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p>						

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	<p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the fire drill reports titled "Record of Fire/Tornado" with the Maintenance #1 and Residential Director on 02/11/16 at 10:22 a.m., there was no documentation for a third shift fire drill for the second quarter of 2016. Based on interview at the time of record review, the Maintenance #1 and Residential Director acknowledged the lack of documentation.</p>	K S152	In order for this citation to be met now and in the future, the Program Manager will have a calendar of dates listed for staff to complete the appropriate drills per quarter. The Residential Director will monitor the drills to assure they are being done by reviewing the drills on a monthly basis. (Program Manager, Team Leader, Residential Director and dsps responsible)	03/12/2016	