

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G534	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/01/2016
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 605 ACADEMY RD CULVER, IN 46511
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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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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: 04/01/16</p> <p>Facility Number: 001048 Provider Number: 15G534 AIM Number: 100245410</p> <p>At this Life Safety Code survey, Pathfinder 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.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and none in client resident rooms. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		
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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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K S152 Bldg. 01	<p>Alternative approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.24.</p> <p>Quality Review completed on 04/11/16 - DA</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 - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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</p>			K S152	1. To prevent further deficiencies, all staff completed fire drill procedure training on 4/13/16. 2. The House Manager		04/13/2016

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	<p>calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview of the fire drill reports titled Monthly Practice Drill on 04/01/16 at 2:20 p.m., the Residential Manager confirmed a third shift fire drill for the third quarter of 2015 had not been conducted.</p>		<p>reviewed all fire drill reports and noted that all of the group homes' clients missed participating in a drill. The house manager will schedule and review all fire drill reports to prevent any further deficiencies with fire drills.3. An inservice on how and when to conduct fire drills took place on 4/4/16. All group home staff were present.4. A review of all fire drills showed that all of the clients were effected by not participating in missed drill. To prevent further deficiency, the house manager will continuously review all fire drills completed and keep track of dates and times of each drill to ensure that a drill is completed for each shift. If the house manager finds that the drill is missed, she will ask that a drill be ran to take its place within 48 hours of scheduled drill. This will ensure that each client and staff will be properly trained on what to do in the event of a fire.</p>		