STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G610	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	2727 N DUNN BLOOMINGTON, IN 47408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	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: 02/24/12 Facility Number: 001172 Provider Number: 15G610 AIM Number: 100240110 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Life Designs 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 sprinklered. The facility has a monitored fire alarm system with smoke detection on	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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	both levels including the corridors, sleeping rooms, and common living areas. The facility has a capacity of six and had a census of five at the time of this survey. 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 1.07. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/29/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 N DUNN BLOOMINGTON, IN 47408	

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KS051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system's components and devices such as smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility. Findings include:	KS051	K 0051LifeDesigns is committed to supporting a governing body that exercises operating direction over the facility to operate in substantial compliance with State and Federal regulatory Life Safety Code requirements. LifeDesigns Maintenance staff contacted Koorsen on February 24, 2012 to request a copy of the itemized check list for all fire alarm system devices tested and results of the testing for the Dunn group home. A copy of the e-mail documentation of the request will be on file at the LifeDesigns office. A copy of the itemized check list will be posted in the group home by March 25, 2012. A copy of the itemized check list will be available at the Life Designs office and a copy will also be faxed to ISDH with signature page by March 30, 2012.	03/30/2012

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	Based on review of the facility's fire alarm system annual inspection reports in the LSM (Life Safety Manual) on 02/24/12 at 11:00 a.m. with the Program Director and Maintenance Assistant # 1 present, the annual fire alarm system inspection report dated 05/25/11 did not include an itemized check list of all devices tested, including, location, type of device, visual/functional test, and pass/fail result. This was acknowledged by the Program Director and Maintenance Assistant # 1 at the time of record review.			