STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	15G602		01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILITIES SERVICES INC	850 MAPLELEAF DR FRANKFORT, IN 46041

(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
K 0000 Bldg. 01	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: 01/27/16 Facility Number: 001116 Provider Number: 15G602 AIM Number: 100245620 At this Life Safety Code survey, Abilities 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 was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired detectors in client sleeping rooms. The facility has a capacity of eight and had a census of eight at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A,	K 0000		

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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	Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 2.36. Quality Review on 02/02/16 - DA			
K S051 Bldg. 01	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. 1. Based on observation and interview, the facility failed to maintain 1 of 4 manual pull stations in continuously proper operating condition. LSC 4.6.12.1 requires any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all clients, staff and visitors Findings include: Based on observation on 01/27/16 at 1:20 p.m. with the House Manager the manual fire alarm pull station failed to activate	K S051	In response to K5051, the non-functioning pull station is repaired When the contracted fire safety service performs any inspections, the results from that inspection will be forwarded to the program coordinator and Director for review in the safety committee to ensure that any noted issues are addressed immediately The labels for the valves have also been added To ensure these and all safety needs are in place, checking these items will be added to the weekly safety checklist that is reviewed weekly in safety committee	02/26/2016

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	during a fire alarm test. Based on interview on 01/27/16 concurrent with the House Manager, it was acknowledged the facility was having trouble with this particular pull station but was unaware the problem still exited. 2. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems shall be properly maintained. LSC Chapter 9.6.1.4 requires a fire alarm system shall be installed, tested and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72 at 7-1.1.2 requires fire alarm system defects and malfunctions shall be corrected. This deficient practice could affect all clients, staff and visitors Findings include: Based on review of Fire Alarm Inspection reports on 01/27/16 at 1:55 p.m. with the House Manager, the last fire alarm inspection was done on 12/10/15 and in the comments section it stated there was no sign on the control valves or drain. Based on interview concurrent with review with the House Manager, it was acknowledged by the House Manager no sign had been posted to identify the control valves or drain.			

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K S053 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on observation and interview, the facility failed to ensure 1 of 10 smoke detectors were installed in a location which would allow the smoke detector to function to its fullest capability. LSC	K S053	In response to K-5053, it was found that the smoke detector above the ceiling fan was not part of the main system It was removed To ensure that all safety equipment is installed in	02/26/2016

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	9.6.2.10.1 refers to NFPA 72 at 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all clients in the facility. Findings include: Based on observation on 01/27/16 at 1:24 p.m. with the House Manager, the smoke detector installed on the living room ceiling was within one foot of ceiling fan blades. Based on interview on 01/27/16at 1:25 p.m. with the House Manager it was agreed the smoke detector was within one foot of a ceiling fan and could be adversely affected because of its proximity to the fan blades.		approved places, the inspection of these has been added to the weekly safety inspection checklist that is completed and presented to safety committee each week This allows for any issues to be addressed immediately	