

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G617	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2015
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NAME OF PROVIDER OR SUPPLIER  PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 607 MEADOWDALE DR N MANCHESTER, IN 46962
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K 000  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: 05/11/15</p> <p>Facility Number: 001202 Provider Number: 15G617 AIM Number: 100245670</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>The one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. 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 000		
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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 053  Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.4.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure the smoke</p>	K 053	What corrective action(s) will be accomplished for these residents	06/10/2015

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	<p>detectors for 1 of 1 fire alarm system had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using any of the following methods:</p> <p>(1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range,</p>		<p>found to have been affected by the deficient practice?</p> <p>1.Koorsen Fire &amp; Security the company contracted to complete the sensitivity testing was contacted and they immediately came and completed the sensitivity test for the fire alarms system to ensure clients #1-#7 would be safe.</p> <p>2.An electronic generated automatic reminder has been set up to remind Administrative Assistant that a Sensitivity Testing for the group home is due and to watch for schedule date from Koorsen. Administrative Assistant will contact Koorsen if she has not receive a notice from them with date they will be completing sensitivity testing by Feb. 1st. How you will identify other residents having the potential to be affected by the same deficient practice.</p> <p>1.Koorsen Fire &amp; Security the company contracted to complete the sensitivity testing was contacted and they immediately came and completed the sensitivity test for the fire alarms system to ensure clients #1-#7 would be safe.</p> <p>2. Koorsen Fire &amp; Safety will follow their schedule for sensitivity testing for the group home in February of every other year (next being in 2017) to ensure clients #1-#7 will be safe. What measures will be put into</p>				

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K 147  Bldg. 01	<p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Residential Manager (RM) on 05/11/15 at 11:37 a.m., the RM was unable to provide documentation of smoke detector sensitivity testing within the past two years. Based on interview during record review, the RM stated no documentation could be found to show a smoke detector sensitivity test was conducted.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of</p>		<p>place or what systematic changes you will make to ensure that the deficient practices does not recur?</p> <p>1. Koorsen Fire &amp; Safety will follow their schedule for sensitivity testing of February of every other year (next being in 2017) to ensure clients #1-#7 will be safe.</p> <p>2. An electronic generated automatic reminder has been set up to remind Administrative Assistant that a Sensitivity Testing for the group home is due and to watch for schedule date from Koorsen and to contact them if she has not receive a notice from them by Feb. 1st . How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?</p> <p>1.An electronic generated automatic reminder has been set up to remind Administrative Assistant that a Sensitivity Testing for the group home is due and to watch for schedule date from Koorsen and to contact them if she has not receive a notice from them by Feb. 1st . What is the date by which the systematic changes will be completed? 06/10/2015</p>		

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	<p>a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Residential Manager on 05/11/15 at 11:09 a.m., the facility failed to provide training records to show first and third shift employees have been instructed of their duties and responsibilities at least every two months. The facility did not conduct a first shift fire drills for the</p>	K 147	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <ol style="list-style-type: none"> <li>1. An electronic generated automatic reminder has been set up to remind all staff members on the first Wednesday of every month that drills are due to be scheduled for the shift required for that month per state regulations.</li> <li>2. Administrative Assistant will add any new staff to the automatic computer reminder for safety drills as needed. How you will identify other residents having the potential to be affected by the same deficient practice. <ol style="list-style-type: none"> <li>1. For the safety of clients #1-#7, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed.</li> </ol> </li> </ol>	06/10/2015

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K 152  Bldg. 01	second quarter of 2014, leaving a five month gap in training, and the facility did not conduct a third shift fire drills for the fourth quarter of 2014, leaving a five month gap in training. Based on interview during record review, the Residential Manager conformed no drills were held during the aforementioned times.  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 -		2. Administrative Assistant will add any new staff to the automatic computer reminder for safety drills as needed. <input type="checkbox"/> What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur. 1. For the safety of clients #1-#7, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. 2. Administrative assistant will add any new staff to the automatic computer reminder for safety drills as needed. <input type="checkbox"/> How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place? 1. For the safety of clients #1-#7, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. 2. Administrative Assistant will monitor monthly that safety drills are completed. What is the date by which the systematic changes will be completed? 06/10/2015		

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	<p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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> <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.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Monthly Practice Drill" with the Residential Manager on 05/11/15 at 10:30 a.m., documentation of a first shift fire drill for the second quarter of 2014 and a third shift fire drill</p>	K 152	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? 1. An electronic generated automatic reminder has been set up to remind all staff members on the first Wednesday of every month that drills are due to be scheduled for the shift required for that month per state regulations. How you will identify other residents having the potential to be affected by the same deficient practice.</p> <p>1. For the safety of clients #1-#7, all staff in the home will be attached to the computer</p>	06/10/2015	

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	for the fourth quarter of 2014 were not available for review. Based on an interview at the time of record review, the Residential Manager was unable to confirm these fire drills were conducted.		generated automatic reminder to ensure that drills are completed. 2. Administrative Assistant will add any new staff to the automatic computer reminder for safety drills as needed. What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur? 1. For the safety of clients #1-#7, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. 2. Administrative Assistant will add any new staff to the automatic computer reminder for safety drills as needed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place? 1. For the safety of clients #1-#7, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. 2. Administrative Assistant will monitor monthly that safety drills are completed. What is the date by which the systematic changes will be completed? 06/10/2015	