

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G490	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1667 PIKE ST WABASH, IN 46992
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K010000	<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: 07/17/14</p> <p>Facility Number: 001004 Provider Number: 15G490 AIM Number: 100245030</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</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, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K010130	<p>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 1.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/22/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Oxygen cylinder was removed from facility as it was not in use by any client at the time of observation. If a client needs oxygen in the future, staff will be sure it is properly restrained. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Clients who have oxygen can be affected and</p>	08/16/2014

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K01S046	<p>Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b) 27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice could affect 2 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manger on 07/17/14 at 2:15 p.m., one of ten compressed oxygen cylinders was stored unrestrained in the northeast sleeping room. This was acknowledged by the Residential Manager at the time of observation.</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 1 of 2 wet location client care areas was provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A),</p>	K01S046	<p>all oxygen cylinders will be properly restrained. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur. The Monthly Safety Checklist has been updated to include "Are all oxygen cylinders properly restrained?" How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. The Residential Manager will review the Monthly Safety Checklist and will initial to show the corrective action is being monitored.</p> <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. The ground fault circuit interrupter (GFCI) has been replaced. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Any client who is around the area where the GFCI is</p>	08/16/2014			

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	<p>Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect any of the 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager on 07/17/14 at 2:30 p.m., the west bathroom had two GFCI receptacles on the wall within two feet of the hand sink. The test button on the receptacle could not be depressed therefore the Residential Director was unable to confirm the GFCI receptacle was operating properly.</p>		<p>located could be affected and it has now been replaced. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur. The Monthly Safety Checklist has been updated to include a section that states, "Are all ground fault circuit interrupters functional?" How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. The Residential Manager will review the Monthly Safety Checklist and initial to ensure all GFCIs are functional.</p>				