

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G314	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2015
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 369 S SECOND ST UPLAND, IN 46989
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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: 05/01/15</p> <p>Facility Number: 000833 Provider Number: 15G314 AIM Number: 100243960</p> <p>At this Life Safety Code survey, Carey 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 with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on every level including the corridors and common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 000		

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 018 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.5.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 7 sleeping room doors would latch into the door frame. This deficient practice could affect 1 of 7 clients.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Lead Direct Support Professional (LDSP) on 05/01/15 at 10:53 a.m., the first floor male sleeping room was equipped with a self closer but failed to latch into the door frame. Based on interview at the time of observation the LDSP acknowledged the door was not latching into the door frame. The</p>	K 018	<p>K0018 Doors are self-closing or automatic closing. This item outlines that the agency failed to ensure that all 7 sleeping room doors in the home would latch to the door frame. The first floor sleeping room was equipped with a self-closer but failed to latch into the door frame. The plan of correction for this tag is as follows:</p> <ul style="list-style-type: none"> ·Maintenance will be contacted and repairs will be made no later than 5/28/2015. ·The home manager will assure that repairs are being reported to maintenance in a timely fashion. The Group Home Director/QDDP will ensure that all repairs are being reported to maintenance by visiting the house once per month 	05/28/2015

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K 053 Bldg. 01	<p>LDSP tried to pull the door shut but the door was crooked and was hitting the outer edge of the door frame.</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. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in</p>	K 053	<p>and making sure needed repairs are being made.</p> <p>K0053 Maintenance of Smoke Alarms This item outlines that the agency failed to ensure that 1 of 1</p>	05/28/2015	

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K 152 Bldg. 01	<p>accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-1.1.2 requires system defects and malfunctions shall be corrected. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Lead Direct Support Professional (LDSP) on 05/01/15 at 10:40 a.m., the "Detector Sensitivity Test Report" documentation from Koorsen dated 11/21/14 stated the 1st floor living room detector and 1st floor northwest bedroom detector failed sensitivity testing. Based on interview during record review, the LDSP acknowledged both detectors failed testing and could not provided documentation for repairs to the detectors. The LDSP called Koorsen and stated, "Koorsen does not have documentation for the repairs of the detectors."</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</p>		<p>fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. The plan of correction for this tag is as follows:</p> <ul style="list-style-type: none"> ·Koorsen will be called and a repair visit scheduled to correct the sensitivity levels of the 1st floor living room detector and 1st floor northwest bedroom detector by 5/28/2015. ·The Home Manager will be retrained on reporting maintenance issues. <p>The home manager will assure compliance by scheduling sensitivity testing of the fire alarms. The Group Home director/QDDP will ensure that the manager is complying by checking records of sensitivity testing completed by Koorsen biennially.</p>				

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	<p>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 quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all clients.</p> <p>Findings include: During record review with the Lead Direct Support Professional (LDSP) on 05/01/15 at 10:35 a.m., fire drill documentation titled "Fire/Tornado Evacuation Drill Report" indicated all</p>	K 152	<p>K0152 FireDrill Evacuations This item outlines that the agency failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. The plan of correction for this tag is as follows: ·The Group Home Director/QDDP will create a Fire Drill Calendar that will list specific times each month, and for each shift, for staff to hold fire drill evacuations. ·In-Service training will be held for the manager to retrain on how often to hold evacuation drills, actually evacuating clients during at least one drill per year</p>	05/28/2015			

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	first shift fire drills for the last four quarters took place between 7:00 a.m. and 8:15 a.m. Based on interview at the time of record review, the LDSP acknowledged all first shift drills took place from 7:00 a.m. and 8:15 a.m.		on each shift, and varying the times of these evacuation drills to comply with the Life Safety Code Standard K0152. The Manager will observe these drills being done each month for one quarter, and then quarterly after that. The Group Home Director/QDDP will oversee that the drills are being completed in the homes every month with the varying time differences.		