

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G730	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/15/2012
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1487 W 4TH ST HOBART, IN 46342
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K0000	<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: 08/15/12</p> <p>Facility Number: 011241 Provider Number: 15G730 AIM Number: 200837460</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, In-Pact, 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 all levels including in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p>	K0000		

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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	<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 0.32.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/21/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS018	<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 2 of 3 bedroom doors in the north bedroom hallway latched securely in the frame when the fire alarm system was tested. This finding could affect residents in the rooms located in the north bedroom hallway. The findings include:</p> <p>During observation with the House Manager on 8/15/12 at 1:10 p.m., the facility's fire alarm system was tested. During the test the self closing doors for second bedroom on the east side of the hallway and the only bedroom on the west side of the hallway failed to latch securely in the frame when the doors self closed during the alarm test. The House Manager during the observation confirmed the self closing doors did not latch during the test.</p>	KS018	<p>A maintenance request was submitted to fix the both the bedroom doors that are located on the north side of the home, so that they latch securely. Responsible person: Sandy Phillips, Group Home Manager & Maintenance staff. To ensure future compliance, monthly all doors will be checked to ensure that they close securely. Responsible person: Traci Hardesty, QMRP & Sheila O'Dell, Group Home Director.</p>	09/14/2012			

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KS046	<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 1 extension cords was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and electrical equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect residents occupying the bedroom at the end of the south bedroom hallway.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 08/15/12 between 12:25 p.m. and 1:10 p.m., a brown extension cord provided power to a television and a cable box in the bedroom located at the end of the South Bedroom hallway. The devices were plugged into the extension cord which was plugged into a wall outlet. The resident of the room was not present at home during the day when it was left plugged into the wall. The House Manager indicated she was not aware the extension cord was being used.</p>	KS046	<p>The extension cord that had been used in the south bedroom of the home was removed. Responsible person: Sandy Phillips, Group Home Manager. Staff will be trained that extension cords are not to be used as fixed wiring. Responsible person: Sandy Phillips, Group Home Manager. To ensure compliance, this will be added to our monitoring system and checked monthly. Responsible person: Tracy Hardesty, QMRP & Sheila O'Dell Group Home Director.</p>	09/14/2012			

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KS123	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every bathroom door is designed to allow opening from the outside during an emergency when locked. 32.2.2.5.4, 33.2.2.5.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 bathrooms could be opened in an emergency when locked from the inside. This deficiency could affect any resident, staff or visitors using that bathroom.</p> <p>Findings include:</p> <p>Based on observation during a tour with the House Manager on 8/15/12 from 12:25 p.m. to 1:10 p.m., the bathroom located just west of the front entry/exit door could be locked by an occupant inside the bathroom. Interview with the House Manager during the tour indicated she did not know how the door could be unlocked from outside in an emergency.</p>	KS123	<p>A maintenance request was done to ensure that the bathroom located west of the front door had a proper working door knob with a key to be able to unlock it from the outside. Responsible person: Sandy Phillips, Group Home Manager & Maintenance staff. Staff will be trained where the key is to open the bathroom door when locked from the inside in an emergency. They will also be informed where a back up key is located. Responsible person: Sandy Phillips, Group Home Manager. To ensure compliance, this will be added to our monitoring system and checked monthly. Responsible person: Tracy Hardesty, QMRP & Sheila O'Dell Group Home Director</p>	09/14/2012	