

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G616	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2012
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NAME OF PROVIDER OR SUPPLIER WABASH CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3964 ABRAHAM CT LAFAYETTE, IN 47905
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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: 01/23/12</p> <p>Facility Number: 001205 Provider Number: 15G616 AIM Number: 100235350</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Wabash Center 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke</p>	K0000		
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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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	<p>detection in all common living areas, corridors and sleeping rooms. The facility has the capacity for 8 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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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KS051	<p>A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1.</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with Section 9.6. LSC 9.6.1.4 requires that all facilities maintain the fire alarm system in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, at 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals shall be distinctly and descriptively annunciated. NFPA 72, at 1-5.4.5.2 requires where status indicators are provided for emergency equipment, they shall reflect the actual status of the associated equipment. This deficient practice could affect all 6 clients in the house at the time of the survey.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm panel with the program director on 01/23/12 at 12:40 p.m., the LED showed the fire alarm system was "Normal" and no trouble alarm was heard. Staff # 1 attempted to demonstrate the operation of the fire alarm system</p>	KS051	The contractor was contacted and addressed the malfunctioning pull station. All staff will be trained to immediately notify the QMRP any time that the fire system is not functioning properly. The QMRP will ensure that the contractor inspects the fire alarm system at least annually and will arrange all repairs as needed.	02/22/2012			

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	<p>on 01/23/12 at 12:45 p.m. using the pull station located by the back door. An alarm sounded weakly and the magnets holding resident room doors open did not release the doors to allow them to close. The program director said at the time of demonstration, the weak alarm was the fire alarm but staff # 1 said it wasn't working. There was no trouble light or alarm on the fire panel LED. Staff # 1 reset the pull station and activated the pull stations at the front door and garage exits with different, strongly audible alarms sounding and the magnets releasing their hold on client room doors allowing them to self close. Staff # 1 said afterward, she had been told one pull station did not work and it must have been this back door device. She said she did not know what, if anything had been done and how long it had been malfunctioning. The program director said after the staff # 1 interview, nothing had been done to repair the malfunctioning pull station since he had not been made aware of the problem and he was solely responsible for arranging</p>			
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