

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G730	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2015
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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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K 0000 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: 09/25/15</p> <p>Facility Number: 011241 Provider Number: 15G730 AIM Number: 200837460</p> <p>At this Life Safety Code survey, In-Pact 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 determined to be non-sprinklered. The facility has a fire alarm system with hard wired smoke detection in all common areas, corridors and sleeping rooms. The facility has the capacity for 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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 S046 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.7.</p> <p>Quality Review on 09/28/15 - DA</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation with Group Home Manager on 09/25/15 at 11:04 a.m., a surge protector was powering the garage refrigerator and stand alone freezer. Based on interview at the time of observation, the Group Home Manager acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview,</p>	K S046	<p>Maintenance request was submitted to get an electrical outlet in the garage for the freezer and refrigerator. Responsible person: Sheila O'Dell, GH Director. Maintenance will get an electrical outlet in place in the garage for the freezer and refrigerator. Responsible person: Maintenance To ensure future compliance, Monthly all outlets will be checked to ensure that flexible cords are not being used as a substitute for fixed wiring. Responsible person: Sheila O'Dell, GH Director & Patti Harris, QIDP.</p>	10/25/2015

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K S152 Bldg. 01	<p>the facility failed to maintain an electrical outlet in 1 of 1 garage. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice could affect staff only. Findings include: Based on observation with the Group Home Manager on 09/25/15 at 11:04 a.m., an electric receptacle in the garage was uncovered. The Group Home Manager acknowledged the aforementioned condition.</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 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</p>			

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	<p>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. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "In-pact Site Record" forms with the Group Home Manager on 09/25/15 at 10:52 a.m., three sequential third shift fire drills took place between 11:00 p.m. and 12:30 a.m. for three of the last four quarters. Based on interview at the time of record review, the Group Home Manager acknowledged the aforementioned condition.</p>	K S152	<p>Manager/staff will be retrained to complete and review for completion of all required fire drills, including 1st, 2nd & 3rd shift drill during each quarter within 90 days. Responsible person: Patti Harris, QIDP. An extra third shift drill will be completed. Responsible person: Sandy Phillips, Group Home Manager. A summary sheet will be completed to show which drill have been completed, when and by who. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, monthly the drills will be reviewed to ensure completion of all required drills for each shift, each quarter. Responsible person: Sheila O'Dell, Group Home Director & Patti Harris, QIDP.</p>	10/25/2015