

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G117	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/11/2015
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NAME OF PROVIDER OR SUPPLIER  HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 W MAIN ST CRAWFORDSVILLE, IN 47933
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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: 06/11/15</p> <p>Facility Number: 000654 Provider Number: 15G117 AIM Number: 100234270</p> <p>At this Life Safety Code survey, Houston Group Homes 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 two story facility with a large attic and a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels, in corridors and in living areas. Client rooms are equipped with battery powered smoke detectors. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</p>	K 0000		
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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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K 0130  Bldg. 01	<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 0.4.</p> <p>Based on observation, record review and interview, the facility failed to have evidence 12 of 12 monthly tests and 1 of 1 annual tests were conducted for interior emergency lights. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect residents and staff on the second level of the facility if required to evacuate in an emergency during a loss of normal power.</p>	K 0130	<p>HOUSTON GROUP HOMES, INC. PLAN OF CORRECTION 220 WEST MAIN STREET CRAWFORDSVILLE, IN 47933 K130, K46 &amp; K150 2015 LIFE SAFETY SURVEY</p>	06/26/2015

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	<p>Findings include:</p> <p>During review of facility records on 6/11/2015 between 9:45 A.M. and 10:25 A.M. there was no evidence of any records regarding emergency lighting. During observation on 6/11/2015 between 10:25 A.M. and 10:55 A.M. with the facility maintenance technician, a battery operated emergency light was found at the top of a stairway between the second floor and first floor. Interview with the maintenance technician during the observation indicated it was hard-wired with a battery back-up. He indicated it was installed because the stairway was dark when there is a power outage. Interview with the house manager on 6/11/2015 indicated he tested the lights routinely but didn't record the results. He further indicated he was unaware of the 90 minute annual test requirement to ensure the battery could support the lighting for that duration.</p>		<p>Plan of Correction – LifeSafety Houston Group Homes, Inc. 220 West Main Street June 11, 2015</p> <p>The facility Executive Director had a conversation with the Residential Supervisor. The purpose of the conversation was to discuss the plan to correct deficiency tag number K130, K 46 &amp; K150 cited during the Indiana State Department of Health LifeSafety survey completed on June 11, 2015.</p> <p>K-130 the Facility</p>		

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			<p>Director instructed all homes to use the Residential Supervisor's End of The Month Checklist (See Attachment A) to document the Monthly test and annual 90 minute test requirement to ensure that the battery could support the lighting for that duration.</p> <p>K 46 the Director instructed the Residential Supervisor to ensure that the C-PAP machine was plugged into the outlet not an extension cord. The cord at the time of the survey was changed from an extension cord to the wall electrical outlet. (see Attachment B.)</p> <p>K-150 the drapery was removed and if the need arises for the drapery to be reinstalled the Residential Supervisor will ensure that the drapery will be flame resistant as the code requires.</p> <p style="text-align: right;"><b>Completion</b></p>	

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K S046  Bldg. 01	<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 pieces of medical equipment were not plugged into a power strip or extension cords as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. 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 at least two clients in the upstairs southeast bedroom.</p> <p>Findings include:</p> <p>During observation on 6/11/2015 between 10:25 A.M. and 10:55 A.M. with the facility maintenance technician, a Continuous Positive Air Pressure (C-PAP) machine was observed plugged into a power strip that was plugged into a wall. Interview with the maintenance technician at the time of the observation indicated he was unaware that medical equipment needed to be directly plugged into wall outlets.</p>			K S046	<p><b>Date: 6/26/15</b></p> <p>HOUSTON GROUP HOMES, INC. PLAN OF CORRECTION 220 WEST MAIN STREET CRAWFORDSVILLE, IN 47933 K130, K46 &amp; K150 2015 LIFE SAFETY SURVEY Plan of Correction – LifeSafety Houston Group Homes, Inc. 220 West Main Street June 11, 2015 The facility Executive Director had a conversation with the Residential Supervisor. The purpose of the conversation was to discuss the plan to correct deficiency tag number K130, K 46 &amp; K150 cited during the Indiana State Department of Health LifeSafety survey completed on June 11, 2015. K-130 the Facility Director instructed all homes to use the Residential Supervisor's End of The Month Checklist (See Attachment A) to document the Monthly test and annual 90 minute test requirement to ensure that the battery could support the lighting for that duration. K 46 the Director instructed the Residential Supervisor to ensure that the C-PAP machine was plugged into the outlet not an extension cord. The cord at the time of the survey was changed from an extension cord to the wall electrical out let. (see Attachment</p>		06/26/2015

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K S150 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure draperies and curtains were flame resistant. LSC Section 10.3.1 requires that draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect 2 clients who occupied the north downstairs bedroom.</p> <p>Findings include</p> <p>During observation on 6/11/2015 between 10:25 A.M. and 10:55 A.M. with the facility maintenance technician, two side by side curtains were suspended from the ceiling extending to near the</p>	K S150	<p>B.) K-150 the drapery was removed and if the need arises forthe drapery to be reinstalled the Residential Supervisor will ensure that thedrapery will be flame resistant as the code requires. <b>Completion Date: 6/26/15</b></p> <p>HOUSTON GROUP HOMES, INC. PLAN OF CORRECTION 220 WEST MAIN STREET CRAWFORDSVILLE, IN 47933 K130, K46 &amp; K150 2015 LIFE SAFETY SURVEY</p>	06/26/2015

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	<p>floor in the middle of the room. Observation of tags on the curtain did not indicate flame resistance of the fabric, which was documented as "100% polyester." The curtains were between two beds in the room. Interview with the maintenance technician at the time of the observation indicated the clients in the room requested the curtains to separate their space. Interview with the house manager on 6/11/2015 at 11:00 A.M. indicated he was unaware the curtains needed to be flame resistant.</p>		<p>Plan of Correction – LifeSafety Houston Group Homes, Inc. 220 West Main Street June 11, 2015</p> <p>The facility Executive Director had a conversation with the Residential Supervisor. The purpose of the conversation was to discuss the plan to correct deficiency tag number K130, K 46 &amp; K150 cited during the Indiana State Department of Health LifeSafety survey completed</p>	

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			<p>on June 11, 2015.</p> <p>K-130 the Facility Director instructed all homes to use the Residential Supervisor's End of The Month Checklist (See Attachment A) to document the Monthly test and annual 90 minute test requirement to ensure that the battery could support the lighting for that duration.</p> <p>K 46 the Director instructed the Residential Supervisor to ensure that the C-PAP machine was plugged into the outlet not an extension cord. The cord at the time of the survey was changed from an extension cord to the wall electrical outlet. (see Attachment B.)</p> <p>K-150 the drapery was removed and if the need arises for the drapery to be reinstalled the Residential Supervisor will ensure that the drapery will be flame resistant as the code requires.</p>		

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