

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G617	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 607 MEADOWDALE DR N MANCHESTER, IN 46962
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K010000	<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: 05/21/14</p> <p>Facility Number: 001202 Provider Number: 15G617 AIM Number: 100245670</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinder 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>The one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K01S148	<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 1.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on record review and interview, the facility failed to name a designated area for smokers. This deficient practice could affect 3 of 8 consumers.</p> <p>Findings include:</p> <p>Based on record review and interview with Direct Support Professional (DPS) # 1 on 05/21/14 between the 2:40 p.m. and 3:10 p.m., the facility has a smoking policy in place but it does not designate a</p>	K01S148	<p>1. What corrective action will be accomplished for these residents? - A designated smokers area sign will be posted in designated area at the group home. 2. How will we identify other residents having potential to be affected by this deficient practice? -By having a designated area for smokers at the home, we will ensure that all residents present and future will not be affected. 3. What measures will be put into place or systematic changes will you make</p>	06/08/2014

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K01S152	<p>specific area outside the residence for consumers to partake in their habit. During a tour of the facility, it was observed that on the back of the residence on a patio table was a pack of cigarettes and a lighter along with a butt can. The DPS # 1 acknowledged that the policy did not designate an area.</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 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</p>		<p>to ensure that deficient practices does not occur? -A designated smokers area sign will be posted in designated area at group home. 4. How the corrective action will be monitored to ensure the deficient practice will not recur? - Resident manager will check once a month to ensure the sign is still posted. - Completed 6/8/14</p>				

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	<p>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 fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review with the Direct Support Professional (DPS) # 1 on 05/21/14 between 2:40 p.m. and 3:10 p.m., the fire drill documentation for the first, second and third shift of the first quarter of 2014 and the second and third shift of the last quarter of 2013 were not available. Based on an interview with the DPS # 1 at the time of record review, no other documentation was available for review.</p>	K01S152	<p>1. What corrective action will be accomplished for these residents? a.- Monthly safety drills reminder for the year will be programmed into the computer to give the group home reminders it is time for a drill. b.- A Life Safety Code Binder will be created and placed in the home with all necessary documentation required included. 2. How will we identify other residents having potential to be affected by this deficient practice? a.- Monthly safety drills reminder for the year will be programmed into the computer to give the group home reminders it is time for a drill. b.- A Life Safety Code Binder will be created and placed in the home with all necessary documentation required included. 3. What measure will be put into place or systematic changes will you make to ensure that deficient practices does not occur? a.- Monthly safety drills reminder for the year will be programmed into the computer to give the group home reminders it is time for a drill. b.- A Life Safety Code Binder will be created and placed in the home with all necessary documentation required included. 4. How the corrective action will be monitored to ensure the deficient practice will not recur? - Resident manager will review the completed drills each month</p>	06/08/2014	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			and monitor to ensure that all drills are being completed each month. -6/8/14.		