

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G795	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/07/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9228 W CR 950 N ELIZABETHTOWN, IN 47232
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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: 05/07/14</p> <p>Facility Number: 012547 Provider Number: 15G795 AIM Number: 201017690</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist, Steven Schwing, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 4 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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K01S014	<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 0.84</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/14.</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 Interior wall and ceiling finish materials complying with 10.2.3 are Class A or Class B. 32.2.3.3.2.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 front entrance hallways was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p>	K01S014	<p>K S014 Wood paneling does not have Class A, B, or C interior finish.Corrective action for resident(s) found to have been affectedA Class A fire retardant has been purchased and will be applied to the paneling to ensure it meets fire</p>	06/06/2014

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K01S053	<p>Findings include:</p> <p>Based on observation made between 12:45 p.m. and 1:45 p.m. on 05/07/14 with the Residential Manager, wood paneling covered the lower third of one wall of the front entrance hallway. Based on interview with Residential Manager at the time of observation, there was no documentation available to show the finish on the wood paneling provided a Class A, B or C interior finish.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in</p>		<p>safety code.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the needs of all clients.Measures or systemic changes facility put in place to ensure no recurrenceFire retardant can be applied directly to wood or mixed with latex primer or paint. Facility has contacted maintenance provider who will apply the Class A finish to the paneling in the allotted time frame.</p> <p>How corrective actions will be monitored to ensure no recurrenceThe group home manager is responsible for maintenance in the home. The group home manager is supervised by the Regional Director, and they meet regularly with all managers and clinicians. During these meetings, there is a standing agenda item for maintenance of the home.</p>				

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	<p>buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review and interview, the facility failed to ensure 8 of 8 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument.</p>	K01S053	<p>K S053 Smoke Detector Inspection Documentation Corrective action for resident(s) found to have been affected Koorsen Fire and Security provides all inspections at the facility, including the Smoke Detector. The cited inspections were conducted as required, but documentation of the inspections was not available to the surveyor. All documents have been obtained by Koorsen and are now in the home and available to a surveyor. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence All inspections were being sent to a manager who no longer works at this facility. Koorsen has been contacted and will send future inspections to the correct manager who oversees maintenance for the home. How corrective actions will be monitored to ensure no recurrence The group home manager is responsible for maintenance in the home. The group home manager is supervised by the Regional Director, and they meet regularly with all managers and clinicians.</p>	06/06/2014			

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	<p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all occupants in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's fire safety inspection records on 05/07/14 from 2:00 p.m. to 2:45 p.m. with the Residential Manager, the last smoke detector sensitivity test was not available for review. There was no other written documentation that smoke detectors in the facility were tested for sensitivity.</p>		During these meetings, there is a standing agenda item for maintenance of the home.				

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K01S056	<p>Based on interview at the time of record review, the Residential Manager acknowledged there was no written documentation or other evidence available for review to show the detectors had been tested for sensitivity.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers</p>			

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	<p>are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow</p>			

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	<p>evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a</p>			

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	<p>30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation, record review and interview; the facility failed to ensure sprinkler waterflow alarm devices were tested for 4 of 4 quarters. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 at 2-3.3 requires waterflow alarm devices including but not limited to mechanical water motor gongs and pressure switches that provide audible or visual signals be tested quarterly. Vane type waterflow devices may be inspected semiannually. This deficient practice could affect all clients and staff.</p>	K01S056	<p>K S056 Sprinkler Inspection Documentation Corrective action for resident(s) found to have been affectedKoorsen Fire and Security provides all inspections at the facility, including Sprinkler Inspections. The cited inspections were conducted as required, but documentation of the inspections was not available to the surveyor. All documents have been obtained by Koorsen and are now in the home and available to a surveyor.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the</p>	06/06/2014			

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K01S150	<p>Findings include:</p> <p>Based on observation of the tag attached to the sprinkler system on 05/07/14 at 1:15 p.m. with the Residential Manager, the sprinkler system was inspected on a quarterly basis. Based on the latest documentation available for review of the quarterly inspections of the sprinkler system, the report dated 12/18/13 indicated "Could not perform annual sprinkler inspection. Riser blocked with boxes and tubs full of storage." Additionally, no other inspection reports regarding the sprinkler system were available for review. Based on interview at the time of observation, the Residential Manager acknowledged there was no documentation other than the sprinkler system tag showing dates of inspection.</p> <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 the 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 new curtains were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as</p>	K01S150	<p>needs of all clients. Measures or systemic changes facility put in place to ensure no recurrenceAll inspections were being sent to a manager who no longer works at this facility. Koorsen has been contacted and will send future inspections to the correct manager who oversees maintenance for the home.</p> <p>How corrective actions will be monitored to ensure no recurrenceThe group home manager is responsible for maintenance in the home. The group home manager is supervised by the Regional Director, and they meet regularly with all managers and clinicians. During these meetings, there is a standing agenda item for maintenance of the home.</p> <p>K S150Curtains are not Flame Resistant. Corrective action for resident(s) found to have been affectedA fire retardant has been purchased and will be applied to the curtains to ensure it meets fire safety</p>	06/06/2014
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K01S152	<p>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 all clients in the facility.</p> <p>Findings include</p> <p>Based on observations made between 12:45 p.m. and 1:45 p.m. on 05/07/14 with the Residential Manager, window curtains were provided in the southeast, southwest and west bedrooms which lacked attached documentation of flame resistance. Based on interview during the time of observation, the Residential Manager acknowledged the window curtains were purchased within the past six months at Walmart and documentation of flame resistance for the window curtains was not available.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p>		<p>code.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the needs of all clients.Measures or systemic changes facility put in place to ensure no recurrenceFire retardant can be applied directly to fabric to make it resistant to flame. Facility has contacted maintenance provider who will apply the flame retardant to the curtains within the allotted time frame.</p> <p>How corrective actions will be monitored to ensure no recurrenceThe group home manager is responsible for maintenance in the home. The group home manager is supervised by the Regional Director, and they meet regularly with all managers and clinicians. During these meetings, there is a standing agenda item for maintenance of the home.</p>				

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	<p>The facility must -</p> <ul style="list-style-type: none"> (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>Facilities meet the requirements of paragraphs (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 a fire drill on one shift during 2 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the fire drill reports on 05/07/14 at 1:30 p.m. with the Residential Manager, documentation of fire drills was lacking for the following:</p> <ol style="list-style-type: none"> 1. The third shift of the third quarter of 2013. 2. The third shift of the fourth quarter of 2013. <p>Based on interview a the time of record review, the Residential Manager acknowledged there were no other fire</p>	K01S152	<p>K S152 Evacuation DrillsCorrective action for resident(s) found to have been affectedA year-long schedule has been placed in the home.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the needs of all clients.Measures or systemic changes facility put in place to ensure no recurrence</p> <p>A new schedule is in place. How corrective actions will be monitored to ensure no recurrenceA regular home audit includes a summary of evacuation drills. These are scanned and sent to the Director and to the agency's compliance department. If evacuation drills</p>	06/06/2014	

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

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	drills available for review.		are not conducted, an action plan is required to correct the problem.		