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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____ | X3) DATE SURVEY COMPLETED 09/24/2015 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN | STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546 |
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| K 0000 Bldg. 02 | <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: 09/24/15</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</p> <p>At this Life Safety Code survey, Community Alternatives SW IN 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 sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, common living areas, and client sleeping rooms. The facility has a capacity of eight and had a census of seven 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 0130 Bldg. 02 | <p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.72.</p> <p>Quality Review completed 09/29/15 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 3 of 3 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients, staff and visitors in the facility.</p> | K 0130 | <p>K130</p> <p>Corrective Action: (specific): The maintenance coordinator will be in-serviced on the completion of monthly fire extinguisher inspections and documentation of that those inspections occurred.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly and will ensure that the monthly fire extinguisher inspections are being completed monthly and those inspections are documented.</p> <p>Measures to be put in place: The maintenance coordinator will be in-serviced on the completion of monthly fire extinguisher inspections</p> | 10/24/2015 |

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| | <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 09/24/15 between 10:30 a.m. and 11:00 p.m. during a tour of facility with the Residential Manager, there was no documentation on the inspection tags to show the portable fire extinguishers were inspected since March of 2015. This deficiency was acknowledged by the Residential Manager at the time of observations.</p> | | <p>and documentation of that those inspections occurred.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly and will ensure that the monthly fire extinguisher inspections are being completed monthly and those inspections are documented.</p> <p>Completion date: 10.24.2015</p> | |

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| K S051 Bldg. 02 | <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm systems components and devices, such as, smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was available. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system inspection reports on 09/24/15 at 11:20 a.m. with the Residential Manager present, there was no annual fire alarm system inspection report available for the last twelve months. A "Service Report" from Simplex/Grinnell dated 03/18/15 stated "Complete - Fire Alarm left in normal condition", but there was no fire alarm inspection report included. This was acknowledged by the Residential Manager at the time of record review,</p> | | | K S051 | <p>KS051</p> <p>Corrective Action: (specific): The maintenance coordinator will be in-serviced on ensuring that fire alarm system is inspected annually and documentation of that inspection is kept in the file at the home. The annual fire inspection was completed on 3/18/15 and is on file.</p> <p>How others will be identified: (Systemic): The maintenance supervisor will develop a spreadsheet to track when fire inspections are due and completed and will include verification that the copy of the inspection has been received for the home file.</p> <p>Measures to be put in place: The maintenance coordinator will be in-serviced on ensuring that fire alarm system is inspected annually and documentation of that inspection is kept in the file at the home. The annual fire inspection was completed on 3/18/15 and is on file.</p> | | 10/24/2015 |

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| K S053 Bldg. 02 | <p>furthermore, during a phone conversation, the Properties Manager said the annual fire alarm system inspection was performed on 03/18/15, but he could not get a copy of the report from Simplex/Grinnell until Tuesday (09/29/15).</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 buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5. Based on record review and interview,</p> | K S053 | <p>Monitoring of Corrective Action: The maintenance supervisor will develop a spreadsheet to track when fire inspections are due and completed and will include verification that the copy of the inspection has been received for the home file.</p> <p>Completion date: 10.24.15</p> | 10/24/2015 |

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| | <p>the facility failed to ensure the smoke detector sensitivity test documentation for 9 of 9 smoke detectors was available. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 7-3.2 requires testing be accordance with Table 7-3.2 Testing Frequencies. Table 7-3.2 at 7-3.2.15(i) Smoke Detectors - Sensitivity (The requirements of 7-3.2.1 shall apply). NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after 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 in areas where nuisance alarms show any 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 following methods:</p> <p>(1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments (3) Listed control equipment arranged for</p> | | <p>K0053</p> <p>Corrective Action: (specific): The maintenance coordinator will be in-serviced on ensuring that smoke detector sensitivity tests are completed at least annually and documentation of the sensitivity test is kept in the file at the home.</p> <p>How others will be identified: (Systemic): The maintenance supervisor will develop a spreadsheet to track when smoke detector sensitivity tests are due and completed and will include verification that the copy of the test has been received for the home file.</p> <p>Measures to be put in place: The maintenance coordinator will be in-serviced on ensuring that smoke detector sensitivity tests are completed at least annually and documentation of the sensitivity test is kept in the file at the home.</p> <p>Monitoring of Corrective Action: The maintenance supervisor will develop a spreadsheet to track when smoke detector sensitivity tests are due and completed and will include verification that the copy of the test</p> | | | | |

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| K S056 Bldg. 02 | <p>the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range, (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced. NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on interview during record review with the Residential Manager on 09/24/15 at 11:20 a.m., there was no smoke detector sensitivity test documentation available.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> | | <p>has been received for the home file.</p> <p>Completion date: 10.24.15</p> | | |

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| | <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 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> | | | |

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| | <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 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</p> | | | |

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| | <p>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 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</p> | | | |

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| | <p>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.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of over 25 sprinkler heads in the facility was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation of the facility's</p> | K S056 | <p>K0056</p> <p>Corrective Action: (specific): The sprinkler head in the storage closet near the kitchen will be replaced and the plastic shield will be removed. The maintenance coordinator will be in-serviced on ensuring that all sprinkler heads are in good working condition and any deficiencies will be repaired immediately. The maintenance coordinator will be in-serviced on ensuring that the sprinkler system inspection of water flow devices is completed quarterly.</p> <p>How others will be identified: (Systemic): The residential manager will be at the home at least five times weekly and will inspect the sprinkler head and will notify the maintenance supervisor immediately if there is a problem so it can be addressed immediately. The maintenance supervisor will develop a spreadsheet to track when the sprinkler system inspections of water flow devices is due and when they have been</p> | 10/24/2015 |

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| | <p>sprinkler heads on 09/24/15 between 10:30 a.m. and 11:00 a.m. during a tour of the facility with the Residential Manager, the sprinkler head in the storage closet near the kitchen/dining room area still had the protective plastic shield covering the fusible link. This was acknowledged by the Residential Manager at the time of observation.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of over 25 sprinkler heads in the facility was free of paint. LSC 9.7.1.1 refers to NFPA 13R, the Standard for the Installation of Sprinkler Systems in Residential Occupancies. NFPA 13R at 2-7 requires the owner shall be responsible for the condition of a sprinkler system and shall keep the system in normal operating condition. Sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign material, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients as well as</p> | | <p>completed to ensure that they are completed quarterly and that the copy of the inspections are in the home file.</p> <p>Measures to be put in place: The sprinkler head in the storage closet near the kitchen will be replaced and the plastic shield will be removed. The maintenance coordinator will be in-serviced on ensuring that all sprinkler heads are in good working condition and any deficiencies will be repaired immediately. The maintenance coordinator will be in-serviced on ensuring that the sprinkler system inspection of water flow devices is completed quarterly.</p> <p>Monitoring of Corrective Action: The residential manager will be at the home at least five times weekly and will inspect the sprinkler head and will notify the maintenance supervisor immediately if there is a problem so it can be addressed immediately. The maintenance supervisor will develop a spreadsheet to track when the sprinkler system inspections of water flow devices is due and when they have been completed to ensure that they are completed quarterly and that the copy of the inspections are in the home file.</p> | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431 | | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____ | | X3) DATE SURVEY COMPLETED 09/24/2015 | |
| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546 | | | |
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| | <p>staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation of the facility's sprinkler heads on 09/24/15 between 10:30 a.m. and 11:00 a.m. during a tour of the facility with the Residential Manager, the sprinkler head in the storage closet near the kitchen/dining room area had white paint partially covering the metal deflector. This was acknowledged by the Residential Manager at the time of observation.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system riser was easily accessible and properly protected. This deficient practice could affect all clients, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 09/24/15 at 10:40 a.m. with the Residential Manager present, there were several empty cardboard boxes of all sizes and several garden and house tools stored directly in front of and against the sprinkler system riser. This was acknowledged by the Residential Manager at the time of observation.</p> | | <p>Completion date: 10.24.15</p> | | | | |

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| | <p>4. Based on record review and interview, the facility failed to provide documentation to ensure sprinkler waterflow alarm devices were tested for 3 of 4 quarters. LSC 32.2.3.5.2 refers to LSC section 9.7. 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 tested semiannually. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of quarterly sprinkler system inspection records on 09/24/15 at 11:15 a.m. with the Residential Manager present, the only documented quarterly sprinkler system inspection of waterflow alarm devices within the most recent twelve month period was for the third quarter of 2015 (dated 09/02/15). Documentation of quarterly sprinkler system inspection of waterflow alarm devices for the fourth quarter of 2014, and the first and second quarters of 2015</p> | | | |

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| K S154 Bldg. 02 | <p>were not available for review. Furthermore, record review of the "Service Request" form from Simplex/Grinnell dated 03/18/15 stated "Sprinkler system could not be tested due to no water present at head end." Based on interview at the time of record review, the Residential Manager said documentation of additional sprinkler system inspections of waterflow alarm devices within the most recent twelve month period were not available for review and acknowledged documentation of sprinkler system inspection of waterflow alarm devices for the fourth quarter of 2014, and the first and second quarters of 2015 were not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 7 of 7 clients by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours</p> | K S154 | <p>K0154</p> <p>Corrective Action: (specific): The fire watch policy will be updated to include contacting ISDH, the phone</p> | 10/24/2015 |

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| | <p>or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Watch policy on 09/24/15 at 9:35 a.m. with the Residential Manager present, the facility did have a written policy and procedure for an impaired automatic sprinkler system, however, the policy did not include contacting the Indiana State Department of Health (ISDH) plus phone numbers for the ISDH and local Fire Department. This was confirmed by the Residential Manager at the time of record review.</p> | | <p>number for ISDH and the phone number for the local fire department.</p> <p>How others will be identified: (Systemic): The management team will review all policies and procedures at least annually to ensure they are all up to date and consistent with current practice and policies and procedures will be updated as needed.</p> <p>Measures to be put in place: The fire watch policy will be updated to include contacting ISDH, the phone number for ISDH and the phone number for the local fire department.</p> <p>Monitoring of Corrective Action: The management team will review all policies and procedures at least annually to ensure they are all up to date and consistent with current practice and policies and procedures will be updated as needed.</p> <p>Completion date: 10.24.15</p> | | |

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| K S155 Bldg. 02 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 Based on record review and interview, the facility failed to provided a complete | K S155 | K0155 | 10/24/2015 |

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| | <p>written policy for the protection of 7 of 7 clients containing procedures to be followed in the event the fire alarm system has to be placed out of services for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Watch policy on 09/24/15 at 9:35 a.m. with the Residential Manager present, the facility did have a written policy and procedure for an impaired automatic sprinkler system, however, the policy did not include contacting the Indiana State Department of Health (ISDH) plus phone numbers for the ISDH and local Fire Department. This was confirmed by the Residential Manager at the time of record review.</p> | | <p>Corrective Action: (specific): The fire watch policy will be updated to include contacting ISDH, the phone number for ISDH and the phone number for the local fire department.</p> <p>How others will be identified: (Systemic): The management team will review all policies and procedures at least annually to ensure they are all up to date and consistent with current practice and policies and procedures will be updated as needed.</p> <p>Measures to be put in place: The fire watch policy will be updated to include contacting ISDH, the phone number for ISDH and the phone number for the local fire department.</p> <p>Monitoring of Corrective Action: The management team will review all policies and procedures at least annually to ensure they are all up to date and consistent with current practice and policies and procedures will be updated as needed.</p> <p>Completion date: 10.24.15</p> | |

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

PRINTED: 01/07/2016

FORM APPROVED

OMB NO. 0938-0391

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