

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G624	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  01/31/2013
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NAME OF PROVIDER OR SUPPLIER  WABASH CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3983 DRUZ AVE LAFAYETTE, IN 47909
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K0000	<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: 01/31/13</p> <p>Facility Number: 001186 Provider Number: 15G624 AIM Number: 100235370</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Wabash Center 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a monitored fire alarm system with hard wired smoke detection in all common living areas, corridors and sleeping rooms. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</p>	K0000		
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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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	<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 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/05/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS046	<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 flexible cords was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment be in accordance 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 all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Quality Assurance Coordinator on 01/31/13 at 1:10 p.m., a power strip extension cord was plugged into an outlet in the garage and hung by it's cord. A refrigerator and freezer were plugged into the power strip putting additional weight on the plug. The Quality Assurance Coordinator agreed at the time of observation, the extension cord should not have been used for the appliances and the power strip plug wasn't meant to serve as a hanger for the added weight of the plug receptacles and appliance plugs.</p>	KS046	The freezer has been rearranged to plug directly into a wall outlet. The extension cord has been removed from the home. All staff will be trained to never substitute extension cords for fixed wiring of a structure. During monthly house audits, a Coordinator will ensure that no extension cords/flexible cords are being used in the home.	03/02/2013			

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KS147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 8 of 8 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports with the Quality Assurance Coordinator</p>	KS147	<p>The QMRP has created a drill schedule to be followed by staff. Upon completion of a drill, the Community Living Manager (CLM) will copy the drill form and submit the copy to the QMRP. The QMRP will track and monitor drills to ensure they are completed as scheduled. If a drill is found to be missing, the QMRP will direct CLM to complete the missing drill at the next available opportunity and provide the required documentation to the QMRP.</p> <p>All staff will be trained on the drill schedule. The drill schedule will be reviewed at each monthly staff meeting.</p>	03/02/2013	

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	on 01/31/13 at 2:30 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any training or Fire Drill records for the 3:00 p.m. to 7:00 a.m. shift between 08/19/12 and 01/31/13, a lapse of five months for staff training. The Quality Assurance Coordinator said at the time of record review, there were no other Fire Drills or other training documentation for this period.			

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KS152	<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>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>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 ensure fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 01/31/13 at 2:30 p.m. with the Quality Assurance Coordinator, documentation of</p>	KS152	<p>The QMRP has created a drill schedule to be followed by staff. Upon completion of a drill, the Community Living Manager (CLM) will copy the drill form and submit the copy to the QMRP. The QMRP will track and monitor drills to ensure they are completed as scheduled. If a drill is found to be missing, the QMRP will direct CLM to complete the missing drill at the next available opportunity and provide the</p>	03/02/2013	

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	fire drills was not found for the third shift during the fourth quarter of 2012. The Quality Assurance Coordinator said at the time of record review, no additional fire drill records could be provided.		required documentation to the QMRP.		