

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G077	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 317 E FRANKLIN ST HUNTINGTON, IN 46750
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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: 12/12/14</p> <p>Facility Number: 000621 Provider Number: 15G077 AIM Number: 100248610</p> <p>Surveyor: Amy Kelley, 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, sleeping rooms and common living areas. The facility has a capacity of 7 and had a census of 7 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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K01S051	<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 0.5.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/16/14.</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 A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was provided in accordance with Section 9.6. Section 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, Section 7-4.3 states all apparatus requiring resetting to maintain</p>	K01S051	<p>It is always the intention of Pathfinder Services, Inc. to maintain the health and safety of all those that we serve. It was found during a Life Safety Survey that the tool to open the pull station for fire drills, was not available.</p> <p>In order to identify other residences</p>	01/11/2015

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K01S152	<p>normal operation shall be reset as promptly as possible after each test and alarms. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 12/12/14 at 11:50 a.m., the facility was unable to activate the fire alarm system using a manual pull station. Based on an interview at the time of observation, the Community Support Associate Director was unable to provide the tool necessary to open and reset the manual pull station if accidentally or intentionally activated and the fire alarm system could not be reset until the fire alarm service company's arrival. When asked how the fire alarm system was activated during a fire drill, the Community Support Associate Director stated the facility uses canned smoke to activate a smoke detector.</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>having a similar issue, a retraining will be conducted with all of our group homes that they also need to have the tool available to open their pull stations thereby ensuring the safety of all of our Group Home clients.</p> <p>In our Franklin St. site, the tool will be located and made available so that all staff are able to use it when needed. This tool will be added to the Monthly Safety Checklist to ensure that the clients' safety is maintained in the future.</p> <p>This checklist will be turned in monthly to the Residential Coordinator.</p> <p>These measures will be put into place by 1/11/15.</p>	

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	<p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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 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 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Drill" reports with Community Support Associate Director on 12/12/14 at 11:28 a.m., documentation of a third shift fire drill for the first quarter of 2014 was not available for review. Based on an interview with Community Support Associate Director at the time of record review, she was unable to provide documentation to confirm this fire drill was conducted.</p>	K01S152	It is always the intention of Pathfinder Services, Inc. to maintain the health and safety of all those that we serve. During a recent survey it was noted that we were missing a drill that was to be done during a specific time frame. An email was sent to our Franklin St. site as well as our other Group Homes with a reminder of what time frames are to be used for drills in which months. This will ensure that we are running the drills with our clients at the appropriate times. The reports pertaining to our drills are completed electronically. Within the body of the report is the schedule for the time frame in which the drill is to be run. This will also ensure that we are running the drills with our clients at the appropriate times	01/11/2015

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			for the future. These reports generate an automatic notice to our Residential Coordinators that the drill has been run. This will allow our Coordinators to check the dates and times of the drills. These measures will be put into place by 1/11/15.		