

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G736	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2012
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 S EARL AVE LAFAYETTE, IN 47905
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 01/09/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/15/12</p> <p>Facility Number: 005592 Provider Number: 15G736 AIM Number: 200859130</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Abilities 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>This one story facility was partially sprinklered. Closets and</p>	K0000		

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>bathrooms were unsprinklered.</p> <p>The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and common living areas. The facility has the capacity for 6 and had a census of 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<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 3 manual fire alarm pull stations was maintained in working condition. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.5.2.3 requires all apparatus requiring resetting to be kept in normal operating condition. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation on 02/15/12 at 1:40 p.m. with the Qualified Developmental Disabilities Professional (QDDP),</p>	KS051	The fire panel was checked by Koorsen's on February 1, 2012 and was reported to be in working condition. They will be recalled to the site for further testing. This will be scheduled by Programming Coordinator Tonya Crawford.	03/16/2012	

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	<p>the fire alarm control panel (FACP) was checked prior to testing the fire alarm. The LED was "silenced." The QDDP said at the time of observation, she did not know why the panel was in the silence mode. There was no audible alarm annunciating to notify staff the panel was not in the normal operating mode. A pull station which had not worked on a previous inspection was pulled and the alarm sounded without putting the FACP into "normal" mode. The panel was reset to normal and alarmed when tested.</p> <p>This deficiency was cited on 01/09/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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KS056	<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, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. 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. 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 materials providing a 15 minute thermal barrier.</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</p>						

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	<p>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 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 activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</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 and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<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>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</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 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. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</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 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. All habitable areas and closets are sprinklered. Automatic</p>			

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	<p>sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</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>Based on record review and interview, the facility failed to provide quarterly inspection records for 1 of 1 automatic sprinkler systems. LSC 33.2.3.5.2 refers to LSC 9.7. 9.7.5 which requires all automatic sprinkler systems to 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, Table 2-1, Summary of Sprinkler System Inspection, Testing and Maintenance requires annual inspection of the hangers, pipes and fittings, sprinklers and spare sprinklers and annual testing antifreeze solution and valves. Table 2.1 also requires quarterly testing of the alarm devices and main drain. This deficient practice affects all occupants.</p> <p>Findings include:</p>	KS056	The inspection did occur during the quarter but ASI was unable to provide the paperwork to verify it at the time of the re-inspection. This has been corrected and the paperwork is available for the reviewer. In the future, the Programming Coordinator will maintain a binder with all checks on the fire panel/system and sprinkler system.	03/16/2012			

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	<p>Based on record review with the Qualified Developmentally Disabled Professional (QDDP) on 02/15/12 at 1:50 p.m., an invoice served as evidence a sprinkler system contractor had been on site 02/07/12 noting itemized materials (cages) to cover smoke detectors and labor. There was no record of a quarterly sprinkler system inspection for which the last documentation found was dated September 2011. The QDDP said at the time of record review, "everything should be in the book." She immediately called her office and the fire system contractor for any sprinkler system documentation but there was nothing provided by 2:35 p.m.</p> <p>This deficiency was cited on 01/09/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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KS147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 persons 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 not 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 observation and interview, the facility administration failed to ensure all employees are periodically 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 6 of 6 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>	KS147	The Programming Coordinator will train all staff on the use of the fire panel. This will be documented. During the monthly house meetings in the middle month of each quarter (May, August, November for the remainder of 2012), fire safety will be reviewed and documented.	03/16/2012	

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	<p>The Qualified Developmental Disability Professional (QDDP) was observed on 02/15/12 at 1:45 p.m. as she attempted to activate the fire alarm system using the manual pull station. She said at the time of demonstration she did not know what to do because she had never had to activate the alarm using a pull station. She did so with instruction at that time. Immediately following the activation she did not know how to reset the pull station, did not know what key to use and did not know the FACP required resetting as well as silencing to put it back into normal operation. She was then asked whether she was familiar with the fire system and sprinkler system Out of Service Procedure, she said, "no". Her unfamiliarity was evidenced on 02/15/12 at 1:40 p.m. when, upon observing the fire panel prior to activating the pull station the LED was found to be "silenced" and she did not know why or how to return the panel to "normal" operation. She denied having been oriented to these tasks and policies which are essential for</p>				

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	<p>keeping the fire system operational and providing protection for clients. She also said she was not a newly hired employee.</p> <p>This deficiency was cited on 01/09/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			