

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G144	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2016
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 720 ROYAL RD MICHIGAN CITY, IN 46360
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000 Bldg. 01	<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: 02/11/16</p> <p>Facility Number: 000680 Provider Number: 15G144 AIM Number: 100243080</p> <p>At this Life Safety Code survey, Parents and Friends, 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</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. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.2.</p> <p>Quality Review on 02/12/16 by Lex Brashear, LSC Specialist</p> <p>Based on record review and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and clients if the facility were required to evacuate in an emergency during a loss of normal power.</p>	K 0130	In order for this citation to be met now and in the future, PAF Maintenance will complete monthly tests to make sure the emergency lights and all other Life Safety Code regulations are being followed. The supervisor of the Maintenance staff will review these maintenance checks each month. The checks will be filed in the home Life Safety Code file. February checks were completed and turned into supervisor. (maintenance staff and maintenance supervisor responsible)	03/12/2016

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K S152 Bldg. 01	<p>Findings include:</p> <p>Based on record review with the Maintenance #1 and Residential Director on 02/11/16 at 12:27 p.m., the facility has two battery-powered emergency lights. The facility failed to provided documentation for a 30 second test for January 2016. Based on interview with the Maintenance #1 and Residential Director acknowledged the aforementioned condition.</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>(2) 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</p>			
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	<p>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 2 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 titled "Record of Fire/Tornado" with the Maintenance #1 and Residential Director on 02/11/16 at 10:22 a.m., there was no documentation for a second shift fire drill for the third quarter of 2015. Also, there was no documentation for a first shift fire drill for the fourth quarter of 2015. Based on interview at the time of record review, the Maintenance #1 and Residential Director acknowledged the lack of documentation.</p>	K S152	In order for this deficiency to be met now and in the future, the Program Manager will have a calendar of dates listed for staff to complete the appropriate drills per quarter. The Residential Director will monitor the drills to assure they are being done, by reviewing the drills on a monthly basis. (Program Manager, Team Leader, Residential Director and dsps responsible)	03/12/2016			