

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G425	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/15/2013
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NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 SHELBY PL NEW ALBANY, IN 47150
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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: 05/15/13</p> <p>Facility Number: 000939 Provider Number: 15G425 AIM Number: 100368660</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Quality Community 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the</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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	<p>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 Prompt with an E-Score of 0.40.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S014	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 second floor client sleeping rooms was provided with an interior finish with a flame spread rating of Class A, Class B, or Class C for a prompt evacuation capability facility. This deficient practice could affect 2 clients who reside in the second floor southeast sleeping room.</p> <p>Findings include:</p> <p>Based on observation with the director of operations on 05/15/13 at 12:00 p.m., the second floor southeast client sleeping room south wall had a four inch by eight inch area of drywall missing in the center of the wall with wooden studs exposed. This was verified by the director of operations at the time of observation.</p>	K01S014	<p>The wall has been repaired by our maintenance person on 5/24/13. The drywall was replaced and sealed. The home manager will monitor for any repairs needed for the home and report them weekly to the Director of Operations. Weekly work order reports are reviewed and given to our maintenance person for repairs as needed.</p>	06/14/2013			

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K01S021	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Vertical openings are protected so as not to expose a primary means of escape. Vertical opening are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.2.3.1.1, 33.2.3.1.1</p> <p>Exception: Stairs are permitted to be open where complying with Exception no. 2 or Exception No. 3 to 32.2.2.4, 33.2.2.4. Based on observation and interview, the facility failed to ensure 1 of 10 first floor room ceiling vertical openings was protected with a smoke partition that prevented the passage of smoke from the first floor kitchen through the storage room to second floor north corridor, which was the primary means of escape for 6 of 8 clients who reside on the second floor. This deficient practice could affect 6 of 8 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the director of operations on 05/15/13 at 11:20 a.m., the door to the first floor kitchen storage room had a three inch in diameter hole through it and the ceiling had a twelve</p>	K01S021	<p>The exterior door has been repaired by our maintenance person on 5/24/13. The ceiling tiles will be repaired by 5/31/13.</p> <p>The home manager will monitor for any repairs needed for the home and report them weekly to the Director of Operations. Weekly work order reports are reviewed and given to our maintenance person for repairs as needed.</p>	06/14/2013			

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	inch by twenty four inch area of plaster missing on the ceiling with lathe boards exposed between the first floor kitchen storage room and the second floor north corridor. Furthermore, the lathe board eighth inch gaps would allow smoke into the second floor north corridor. This was verified by the director of operations at the time of observation.			