

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G743	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2012
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10526 MORNING MIST TR FORT WAYNE, IN 46804
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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: 02/17/12</p> <p>Facility Number: 011640 Provider Number: 15G743 AIM Number: 200913770</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors,</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>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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/21/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors would latch into the door frame. This deficient practice could affect 1 of 6 clients.</p> <p>Findings include:</p> <p>Based on an observation with Residential Director and the House Manager on 02/17/12 at 2:03 p.m., the east sleeping room door failed to latch into the frame. This was acknowledged by the Residential Director at the time of observation.</p>	KS018	<p>The spring hinges to the door of the east sleeping room have been adjusted so the door latches properly. All managers complete a residential maintenance walk through monthly. This form has been updated to include that all doors are checked and latching properly. These check lists are then turned into the director so compliance can be monitored and work orders completed as needed.</p>	03/18/2012			

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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 1 fire alarm systems 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 with the Residential Director and the House Manager on 02/17/12 at 1:55 p.m., the system was normal at</p>	KS051	All staff have received re-training on the emergency procedures which indicate to staff what they should do if the fire system is not functioning. The policy states that if the system is not functioning they must complete visual assessments of the home and if the system continue to be down for more than 4 hours, they are to notify their director for instructions. The staff have also been trained on proper procedures for resetting the alarm and troubleshooting if they are not able to reset the alarm such as resetting the pull stations and calling for service.	03/18/2012	

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	the fire alarm panel. Using canned smoke at the smoke detector in the family room, the House Manager attempted to sound the fire alarm. A local alarm was initiated at the fire alarm panel but the fire alarm system did not alarm. The House Manage sprayed the smoke detector in the living room but it failed to activate the fire alarm. At this time all four pull stations were activated without successfully activating the fire alarm system. The Residential Director realized the system was disabled. She pressed the disabled button on the fire alarm panel and the fire alarm sounded throughout the facility. Based on an interview at the time of observation, the House Manager was not aware the fire alarm system was disabled.				