STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHFINDER SERVICES INC	1135 E TIPTON ST HUNTINGTON, IN 46750

(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
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 02/19/14 Facility Number: 000865 Provider Number: 15G349 AIM Number: 100244090 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Pathfinders 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. The one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	survey. 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. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/24/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K01S147	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 Based on record review 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 written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility. Findings include: During the record review process with the Community Support Coordinator on 02/19/14 at 12:30 p.m., the facility failed	K01S147	Our monthly fire drills contain the information of our procedures on the form itself. As staff run the drill they are also getting their training on proper procedures. Unfortunately because some of our sites missed some drills this past year, this also led to staff not getting the proper training for those months. Our ultimate goal is to not miss any additional drills in the future. If we unfortunately do, we want to assure that staff are still getting the training on our procedures. We have created an electronic email that will go out to all group home employees that educates them on our emergency plans and procedures. This first email went out on 02/27/2014 by	03/07/2014

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	to provide training records to show all employees have been instructed of their duties and responsibilities, at least every two months for the second quarter of 2013, according to the written fire safety plan and a second shift fire drill was not conducted for the second quarter of 2013. Based on an interview with the Community Support Coordinator at the time of record review, she was unable to provide the training documentation.		the coordinator, and will then be scheduled to go out on the 15th of each month there after. An email was sent to our IT Support team on 02/27/2014 requesting that this procedure be completed so that the next electronic training goes out on 03/20/2014. This monthly electronic training will assure that all group home employees are aware of our procedures and educated on what they need to do to assure they are being followed	

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K01S152	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. (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 of the Life Safety Code. (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. Findings include: Based on review of the "Fire Drill" documentation with the Community	K01S152	We failed to complete one of our drills in the correct time frame in the last year. An email was sent to all staff on 3/7/14 letting staff know that it was discovered that we missed those drills. It was noted that the new expectation will be that the fire and tornado drills will be scheduled on the calendar by the 5th of the month. Staff have been notified that the drills are to	03/07/2014

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	Supports Coordinator on 02/19/14 at 12:30 p.m., a second shift fire drill was not conducted for the second quarter of 2013. This was acknowledged by the Community Supports Coordinator at the time of record review.		be done by the 20th of the month. All of our drill forms are now completed electronically. In January of 2014 the coordinator created a checklist and has been tracking to assure that all drills come through and are done correctly each month. The coordinator will schedule on their calendar that they assure the drills have been competed by the 20th. If they have not been completed, the group home staff will be notified that it needs to be completed within the next 3 days. The coordinator sent an email to all group home employees on 2/27/14 reminding them that the drills must be done each month. They were reminded that they need to be using the drill calendar to assure that the drills are being done within the correct time frames each month. It was asked of Group Home Managers to assure that they make sure by the end of the month that the calendars have been filled out and the drills have been completed within the correct time frames.	