

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G114	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 324 W 3RD ST CONNERSVILLE, IN 47331
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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: 05/16/12</p> <p>Facility Number: 000651 Provider Number: 15G114 AIM Number: 100234250</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Residential CRF 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 single station smoke detection in all client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the</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>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 0.25.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/17/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS020	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4.</p> <p>Exception No. 1: Stairs that connect a story at street level to only one other story are permitted to be open to the story that is not at street level.</p> <p>Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating.</p> <p>Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability</p>				

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	<p>facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception.</p> <p>Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.</p> <p>IMPRACTICAL Vertical openings are protected so as not to expose a primary means of escape. Vertical openings 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. 32.3.1.1, 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 and 33.2.2.4.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 interior stairway doors would self close and latch into the door frame. This deficient practice could affect all clients in the facility.</p>	KS020	The door at the top of the basement stairway was repaired and will now self close and latch into the door frame. Residential staff will check doors on a weekly basis to ensure that they self close and latch. Staff	06/15/2012

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	Findings include: Based on an observation with maintenance aide # 1 on 05/16/12 at 10:15 a.m., the door at the top of the basement stairway did self close, but it failed to latch into the door frame. This was acknowledged by maintenance aide # 1 at the time of observation.		Responsible: Maintenance		

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KS046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical outlets in the second floor large bathroom was provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with maintenance aide # 1 on 05/16/12 at 11:15 a.m., the second floor main bathroom had an electric receptacle on the wall within two feet of the handwash sink which was not provided with GFCI protection at the</p>	KS046	The electrical outlet in the upstairs bathroom was replaced with a ground fault circuit interrupter. Residential CRF maintenance will ensure that all future outlet replacements will be GFCI. Staff Responsible: Maintenance	06/15/2012			

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	outlet or at the electrical panel box to prevent electric shock. This was acknowledged by maintenance aide # 1 at the time of the observation.			