

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G272	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2015
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 723 N 200 E VALPARAISO, IN 46383
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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: 05/21/15</p> <p>Facility Number: 000792 Provider Number: 15G272 AIM Number: 100249020</p> <p>At this Life Safety Code survey, In-Pact 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 in the corridors, in the living areas, and hard wired smoke detectors in the resident sleeping rooms. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evaluation Difficulty</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 S046 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.7.</p> <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 2 of 2 extension cords and 2 of 2 multiplugs were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect facility staff.</p> <p>Findings include:</p> <p>Based on observations with the Data Specialist and Group Home Manager on 05/21/2015 between 11:55 a.m. and 12:20 p.m. the following was discovered:</p> <p>a) An extension cord was powering a sump pump in the exercise room b) A multiplug adapter was powering a surge protector in the basement office c) Two extension cords attached to one another were powering a cell phone charger on third level north bedroom</p>	K S046	<p>All extension cords have been removed. Responsible person: Renee Tomerlin, GH Manager. All management staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Sheila O'Dell, GH Director. All staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Renee Tomerlin. To ensure future compliance, the home will be inspected that no extension cords are being used monthly. Responsible person: Sheila O'Dell, GH Director & Traci Hardesty, QIDP.</p>	06/20/2015

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K S051 Bldg. 01	<p>d) A surge protector was plugged into a multiplug adapter which was also powering a window air conditioner in the kitchen</p> <p>Based on interview at the time of each observation, the Data Specialist and Group Home Manager acknowledged each aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 emergency exit doors in the basement was provided with a manual fire alarm box. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural path to exit an area. This deficient practice affects all clients.</p> <p>Findings include:</p> <p>Based on observation with the Data Specialist and Group Home Manager on</p>	K S051	Alert alarm was contacted and a work order was put in to install an additional pull station by the basement exterior exit door. Responsible person: Sheila O'Dell, GH Director. All management staff were trained that all exits require manual fire alarm boxes/pull stations near the natural path to exit an area. Responsible person: Sheila O'Dell, GH Director. To ensure future compliance, the homes will be inspected that all pathways to an exits have an alarm box/pull station. Responsible person:	06/20/2015

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	05/21/15 at 12:07 p.m., the basement exterior exit door was not provided with a manual fire alarm box. Based on an interview at the time of observation with the Data Specialist and Group Home Manager confirmed clients use the basement. The emergency evacuation map indicated the basement exterior door should be used as an emergency exit.		Sheila O'Dell, GH Director & Traci Hardesty, QIDP.		