

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G546	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2015
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2846 W SR 44 CONNERSVILLE, IN 47331
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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 000 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: 03/12/15</p> <p>Facility Number: 001060 Provider Number: 15G546 AIM Number: 100245400</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 one story facility with a basement was not sprinkled. The facility has a fire alarm system with smoke detectors on all levels including the corridors, common living areas and battery operated smoke detectors in all client sleeping rooms. The facility has a capacity of 6 and had a</p>	K 000		

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 130 Bldg. 01	<p>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 0.375.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/17/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly and the inspections were documented for 6 of 6 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and</p>	K 130	Residential CRF will ensure that all portable fire extinguishers are inspected and initialed on a monthly basis. House staff will be inserviced on inspecting the portable fire extinguishers on a monthly basis The house supervisor will check the extinguishers on a monthly basis to ensure that they have been inspected and initialed Staff Responsible: Supervisor, QIDP	04/11/2015

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	<p>the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with maintenance worker #1 on 03/12/15 from 10:30 a.m. to 12:15 p.m., service and inspection tags for the portable fire extinguishers located in the kitchen and the basement each bore a service inspection tag indicating the most recent annual inspection was 08/28/14, but no monthly checks were documented on the inspection tags for September, October, November, December of 2014 or January and February of 2015. Based on interview at the time of observation, maintenance worker #1 stated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not perform monthly fire extinguisher inspections for September, October, November, December 2014 or January and February 2015. This was acknowledged by maintenance worker #1</p>						

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K 043 Bldg. 01	<p>at the exit conference on 03/12/15 at 12:10 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5. Based on observation and interview, the facility failed to ensure 1 of 3 exit doors was provided with a releasing device having an obvious method of operation and readily operated under all lighting conditions. LSC 32.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4 requires that where a latch or other similar device is provided, the method of operation of its releasing device must be obvious, even in the dark. The intention of this requirement is that the method of release be one that is familiar to the average person. Generally, a two-step release such as a knob and independent dead-bolt is not acceptable. In most occupancies, it is important that a single action unlatch the door. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p>	K 043	Residential CRF will remove the deadbolt from the front exit door Maintenance will check all doors to ensure that they all only require a single action to unlock the door for exiting. Staff Responsible: Maintenance, Supervisor	04/11/2015

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	Based on observation on 03/12/15 at 11:45 a.m. with maintenance worker #1, the front exit door was provided with a door knob and a dead bolt lock above the door knob, which took two steps to release the door knobs. This was verified by maintenance worker #1 at the time of observation and acknowledged at the exit conference on 03/12/15 at 12:10 p.m.				