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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G279 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 08/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 227 E HIGH ST PORTLAND, IN 47371 |
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| K010000 | <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: 08/18/14</p> <p>Facility Number: 000799 Provider Number: 15G279 AIM Number: 100249030</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Jay-Randolph Developmental Services 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 was not sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 7 and had a census of 6 at the time of this survey.</p> | K010000 | | |

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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| K010130 | <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 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/21/14.</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 interior emergency lights were tested annually and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully</p> | K010130 | Now, and in the future, the Maintenance staff will perform an annual 1.5 hour duration test for the battery powered lights in all group homes. Both the Home Managers, and the Maintenance staff will schedule and perform testing annually. To | 09/17/2014 | | | |

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| K01S014 | <p>operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 08/18/14 from 12:07 p.m. to 12:30 p.m., two battery powered emergency lights were located in the facility. Based on interview with the Group Home Manager at the time of the observations, the facility does not perform an annual 1 ½ hour duration test for the battery powered lights.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 living rooms and 1 of 1 first floor lounges had</p> | K01S014 | <p>ensure that the testing is done annually, scheduling and reports will be sent to the Residential Department Head upon completion.</p> <p>Residential Department Head, Home Managers and Maintenance staff responsible.</p> <p>Now, and in the future, all wood paneling areas in group homes will be coated with at least a Class C interior finish (see</p> | 09/17/2014 | | | |

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| K01S046 | <p>at least a Class C interior finish. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 08/18/14 from 12:00 p.m. to 12:28 p.m., the bottom one third of the walls in the living room and the first floor lounge were covered with wood paneling. Based on an interview with the Group Home Manager at the time of observation, she was unable to provide documentation to confirm the wood paneling provided at least a Class C finish.</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 Based on observation and interview, the facility failed to ensure 2 of 3 wet location client care areas were provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A),</p> | K01S046 | <p>attachment). Wewill recoat the finish of the living room and lounge with the product on theattachment. Documentation will be provided of application. Residential Department Head and Maintenanceresponsible</p> <p>Now, and in the future, allwet location client care areas in all group homes will be provided with groundfault circuit interrupters. The electricianwill replace</p> | 09/05/2014 | |

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| K01S120 | <p>Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 08/18/14 from 12:20 p.m. to 12:25 p.m., the laundry room and first floor bathroom had GFCI receptacles on the wall within two feet of a sink. When the test button was pressed on the GFCI testing device, power was not interrupted indicating the GFCI receptacle was wired improperly. At the time of observation, the Group Home Manager acknowledged power was not interrupted when the receptacles were tested with the GFCI testing device.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> | | <p>all receptacles with ground fault circuit interrupters and theJRDS Maintenance staff will ensure all ground fault circuit interrupters workproperly during routine maintenance checks. Residential Department Headand Maintenance Responsible</p> | | | | |

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| | <p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by</p> | | | |

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| K01S147 | <p>approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 5 client sleeping rooms were provided with a secondary means of escape. This deficient practice could affect 5 of 6 clients.</p> <p>Findings include:</p> <p>Based on interview and observations with the Group Home Manager on 08/18/14 from 12:15 p.m. to 12:30 p.m., she confirmed the windows from the ground floor front and east sleeping rooms could not be opened and the first floor east sleeping room could be opened only one half inch.</p> <p>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</p> | K01S120 | <p>Now, and in the future, all windows from the ground floor bedrooms in all group homes will have windows that open. The Maintenance staff will open all windows during routine maintenance checks to ensure a secondary escape exit.</p> <p>Residential Department Head and Maintenance or contractor Responsible</p> | 09/17/2014 | |

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| | <p>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</p> <p>1. Based on record review and interview, the facility administration failed to have a complete fire safety plan to protect 6 of 6 clients. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>During the record review process with the Group Home Manager on 08/18/14 at 12:05 p.m., the facility did have a written fire safety plan but the plan did not address activation of the fire alarm in the event of a fire emergency. This was acknowledged by the Group Home Manager at the time of record review.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure evacuation procedures for 6 of 6 clients</p> | K01S147 | <p>Now, and in the future, the facility will ensure that the written fire safety plan addresses activation of the fire alarm in the event of a fire emergency.</p> <p>Now, and in the future, all resident sleeping rooms, in all group homes, will have doors without locks.</p> <p>Residential Department Head, Home Manager and</p> | 09/17/2014 | |

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| K01S155 | <p>as stated in written fire safety plans for the facility could be followed in the event of an emergency requiring evacuation. This deficient practice affects 1 of 6 clients.</p> <p>Findings include:</p> <p>Based on review of the "Emergency Action Plan" with the Group Home Manager on 08/18/14 at 12:30 p.m., evacuation procedures identified in the written fire safety plan for the facility include moving clients from resident sleeping rooms and living areas to areas of refuge outside of the facility in the event of an emergency. Based on an observation with the Group Home Manager at 12:30 p.m., the first floor east bedroom had a lock on the bedroom entry door which can be unlocked from the hallway by inserting a pin into the door handle but the facility provided pin did not unlock the door when the pin was inserted several times. Based on interview at the time of the observation, the Group Home Manager stated she was not able to unlock the door.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of</p> | | Maintenance Responsible | | |

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| | <p>service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to protect 6 of 6 clients by providing a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review with the Group Home Manager on 08/18/14 at 12:01 p.m., the facility did have written policy and procedure for an impaired fire alarm system but the policy did not state the designated person conducting the fire watch shall be properly trained in the duties and responsibilities of a fire watch and be assigned no other duties. Based on an interview with the Group Home Manager at the time of record review, it was acknowledged the fire watch policy documentation lacked a statement indicating the person conducting the fire watch shall be properly trained prior to</p> | K01S155 | <p>Now, and in the future, a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period will be completed. Staff will be trained on the new policy that will assure the presence of a designated staff person who will conduct the fire watch; this person will be properly trained in the duties and responsibilities of a fire watch and be</p> | 09/17/2014 | | | |

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| | conducting a fire watch and assigned no other duties. | | assigned no other duties. This person will be trained prior to conducting a fire watch. Home Manager, QIDP and Residential Department Head responsible | | |