

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G729	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/16/2012
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 MELBOURNE RD INDIANAPOLIS, IN 46228
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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: 08/16/12</p> <p>Facility Number: 011220 Provider Number: 15G729 AIM Number: 200839230</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, AWS 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 32, New Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K0000		
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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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 4.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguisher's pressure gauge readings was in the acceptable range. LSC 4.5.7 requires any device, equipment of system required for compliance with the provisions of the Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.2(g) requires the periodic monthly check shall ensure the pressure gauge reading is in the operable range. 4-3.3.1 requires any fire extinguisher with a deficiency in any condition listed in 4-3.2 (c), (d), (e), (f) and (g) shall be subjected to applicable maintenance procedures. This deficient practice could all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 4:15 p.m. to 5:00 p.m. on 08/16/12, the pressure gauge on the fire extinguisher in the garage showed the extinguisher was undercharged. The inspection tag affixed to the garage fire extinguisher listed the last annual maintenance being performed in September 2011 and the most recent</p>	K0130	The AWS Manager and QDDP will each complete a monthly check to ensure all fire extinguishers are fully charged. Koorsen Fire and Safety Company will be contacted and a time scheduled to fully charge all extinguishers.	09/15/2012			

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	monthly check was performed in July 2012. Based on interview at the time of observation, the Home Manager acknowledged the garage fire extinguisher was undercharged.			

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KS051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on observation and interview, the facility failed to ensure 1 of 8 smoke detectors connected to the fire alarm system was properly separated from an air supply. LSC 9.6.1.4 requires fire alarm systems to be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 4:15 p.m. to 5:00 p.m. on 08/16/12, a smoke detector in the front living room was installed on the ceiling twelve inches from a ceiling fan. Based on interview at the time of observation, the Home Manager acknowledged the front living room smoke detector was located twelve inches from a ceiling fan which could impede the function of the smoke detector.</p>	KS051	Koorsen Fire and Safety Company will be contacted and arrangements made to change the placement of the smoke detector in the living room so it is the proper distance from the ceiling fan. All smoke detectors in the home will be checked for appropriate spacing by the AWS Manager.	09/15/2012	

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KS154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of 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 system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This deficient practice could affect all 4 clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Group Home Emergency Procedures" documentation with the Home Manager during record review from 3:30 p.m. to 4:15 p.m. on 08/16/12, the facility did not include the following in the written fire watch policy for the facility:</p> <p>a. a statement requiring the building to be evacuated or an approved fire watch shall be provided where the fire alarm system is out of service for four hours on more in a twenty four hour period.</p> <p>b. a statement assigning an individual fire</p>	KS154	AWS does have a policy in place containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. AWS staff and Manager will be trained by the AWS QDDP regarding this policy. AWS QDDP will train the AWS Manager and staff regarding the location of this policy within the home.	09/15/2012			

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	<p>watch responsibilities who is specifically trained in fire prevention and in occupant and fire department notification techniques.</p> <p>c. a statement requiring the facility to notify the authority having jurisdiction, the Indiana State Department of Health and the local fire department when the fire alarm system is out of service for four hours or more in a twenty four hour period.</p> <p>Based on interview at the time of record review, the Home Manager acknowledged the written fire watch policy for sprinkler system impairment for the facility did not include the aforementioned statements.</p>				

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KS155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of 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 provide a complete written policy containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. LSC A.9.6.1.8 explains a fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Those individuals should be specifically trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Group Home Emergency Procedures" documentation with the Home Manager during record review from 3:30 p.m. to 4:15 p.m. on</p>	KS155	AWS does have a policy in place containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. AWS staff and Manager will be trained by the AWS QDDP regarding this policy. AWS QDDP will train the AWS Manager and staff regarding the location of this policy within the home.	09/15/2012			

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	<p>08/16/12, the facility did not include the following in the written fire watch policy for the facility:</p> <p>a. a statement requiring the building to be evacuated or an approved fire watch shall be provided where the fire alarm system is out of service for four hours or more in a twenty four hour period.</p> <p>b. a statement assigning an individual fire watch responsibilities who is specifically trained in fire prevention and in occupant and fire department notification techniques.</p> <p>c. a statement requiring the facility to notify the authority having jurisdiction, the Indiana State Department of Health and the local fire department when the fire alarm system is out of service for four hours or more in a twenty four hour period.</p> <p>Based on interview at the time of record review, the Home Manager acknowledged the written fire watch policy for fire alarm system impairment for the facility did not include the aforementioned statements.</p>				