

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G158	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/13/2012
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NAME OF PROVIDER OR SUPPLIER HOPEWELL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 915 BITTERSWEET LN ANDERSON, IN 46015
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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: 12/13/12</p> <p>Facility Number: 000694 Provider Number: 15G158 AIM Number: 100234500</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hopewell Center 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 an outside exit on the second floor was sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of eight and had a census of eight</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>at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, 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 12/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 8 smoke detectors were installed in a location which would allow the smoke detector to function to its fullest capability. LSC 9.6.2.10.1 refers to NFPA 72 at 2-3.5.1</p>	KS053	To assure compliance with K S053, facility had Koorsen Fire and Protection Services to make service call on Friday Dec. 21, 2012 to move the 3 cited smoke detectors. All 3 detectors were moved to at least 3 ft. from the air return vents to ensure maximum	12/21/2012			

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	<p>requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 12/13/12 at 3:24 p.m. with the House Manager, the smoke detectors installed on the ceilings of bedrooms # 1, # 2 and # 3 were within one foot of an air supply vent. Based on interview on 12/13/12 at 3:27 p.m. with the House Manager, it was agreed the smoke detectors were within one foot of an air supply vent and could be adversely affected because of their closeness to an air diffuser.</p>		<p>performance. Person Responsible: Facility Maintenance personnel Completion Date 12-21-12</p>		