

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G731	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 495 THOMAS RD HUNTINGTON, IN 46750
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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: 07/02/14</p> <p>Facility Number: 011263 Provider Number: 15G731 AIM Number: 200838690</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinder Services 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>The two story facility was not sprinklered. The facility has a fire alarm system with smoke detection on all levels of the facility including in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K01S046	<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 0.88.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/15/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 a mechanical/electrical room adjacent to the laundry room was provided with sufficient access and working space to permit ready and safe operation and maintenance of equipment. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 110.26 requires sufficient access space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance</p>	K01S046	The items blocking the circuit breaker and next to the furnace were moved on Thursday 07/03/2014 to make sure this area was clear so that they could be easily accessed. An email will be sent to all group home staff asking that they make sure they leave at least a three foot space clear around the electrical equipment to assure safety and easy access. This email will be sent on 07/23/2014. The Community Supports Coordinator will do at least monthly spot checks of the utility closets to assure that these guidelines are being followed.	07/23/2014

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	<p>of such equipment. Table 110.26(A)(1) requires a minimum of three feet of clear distance from the electrical equipment. This deficient practice could affect clients if staff could not access the electrical circuit breakers.</p> <p>Findings include:</p> <p>Based on observation with the Community Support Associate Director on 07/02/14 between 09:30 a.m. and 10:00 a.m., the mechanical/electrical room which included the electrical circuit breaker panel, gas furnace and gas hot water heater was cluttered. Stacked up against, and in front of, the gas furnace and the gas hot water heater were approximately ten plastic wrapped bulk packages of paper towel rolls, approximately 18 inches wide by 32 inches long by 16 inches high. There were two shelving units with 4 shelves each with paper towels on each shelf, along with other assorted cleaning chemicals. There were two pieces of remnant carpet rolled up and laid up against the wall under the electrical panel. The top of the carpet roles were within ten inches of the electrical panel door, which was open at the time of observation. The Community Support Associate Director agreed at the time of observation, the stored items would have</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	to be moved in order to access the electrical circuit breaker panel.				