

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  10/24/2013
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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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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: 10/24/13</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, in bedrooms and in all living areas. The facility has a capacity of 4 and had a census of 4 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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/29/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S051	<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 record review, observation and interview; the facility failed to ensure 1 of 1 fire alarm systems was tested annually in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp; Security "Systems Service" documentation dated 09/11/12 and "Service Work Order" documentation dated 10/22/13 during record review with the Home Manager from 10:00 a.m. to 11:15 a.m. on 10/24/13, it had been more than twelve months between the most recent documented annual fire alarm system inspections. In addition, the</p>	K01S051	A complete fire alarm inspection/testing was completed by Koorsen Fire & Security on October 22, 2013 and is attached. The AWS Director has contacted the Koorsen account representative to ensure that testing occurs annually and prior to the 12 month anniversary of the previous inspection/testing. The AWS Director will monitor the annual inspection/testing date to ensure this is scheduled and completed.	11/23/2013			

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	<p>aforementioned documentation did not list the location and results of each notification appliance, battery, and initiating device tested. Based on interview at the time of record review, the Home Manager stated no additional fire alarm system inspection documentation for this facility was available for review. Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:45 a.m. on 10/24/13, eight smoke detectors hard wired to the fire alarm system and four fire alarm boxes were observed installed in the facility.</p>			

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review, observation and interview; the facility failed to ensure 8 of 8 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where</p>	K01S053	A complete fire alarm inspection/testing was completed by Koorsen Fire & Security on October 22, 2013 and is attached. Smoke detector sensitivity documentation is included, on page 4 of the attachment on the document titled Detection Inspection Report. The AWS Director has contacted the Koorsen account representative to ensure that sensitivity testing occurs every two years as required and prior to the 24 month anniversary of the previous inspection/testing. The AWS Director will monitor the sensitivity inspection/testing date to ensure this is scheduled and completed.	11/23/2013			

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	<p>nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</li> <li>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</li> </ol> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Home Manager from 10:00 a.m. to 11:15 a.m.</p>				

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	on 10/24/13, smoke detector sensitivity testing documentation for the most recent two year period was not available for review. No other smoke detector sensitivity documentation was available for review. Based on interview at the time of record review, the Home Manager acknowledged smoke detector sensitivity testing documentation for the most recent two year period was not available for review. Based on observations with the Home Manager during a tour of the facility from 11:15 a.m. to 11:45 a.m. on 10/24/13, eight smoke detectors hard wired to the fire alarm system were observed installed in the facility.				