

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G797	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2012
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA RD LA FONTAINE, IN 46940
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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: 03/06/12</p> <p>Facility Number: 012563 Provider Number: 15G797 AIM Number: 201018540</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code, 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 facility was fully sprinklered. The facility has a fire alarm system with smoke</p>	K0000		

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>detection in the corridors, client sleeping rooms and common 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 Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/09/12.</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</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was provided maintenance no more than one year apart. Section 4.5.7 states any device, equipment, or system required for compliance with the Code shall thereafter be maintained unless the code exempts such maintenance. NFPA 10 Standard for Portable Fire Extinguishers, Section 4-4.1, requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. NFPA 10, 4-3.4.3 requires records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides a permanent record. This deficient practice would affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on</p>	K0130	<p>K 130</p> <p>Fire extinguisher missing annual inspection tag</p> <p>Corrective action for resident(s) found to have been affected</p> <p>A fire extinguisher inspection has been completed, and a new tag is in place.</p> <p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents potentially affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>Fire extinguisher inspection was conducted. Additionally, the agency will make arrangements for automatic annual inspections. Finally, we have put a new filing binder in place with scheduled reminders to ensure inspections take place as needed.</p>	04/05/2012			

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	<p>03/06/12 at 11:07 a.m., the portable fire extinguisher located in the laundry room lacked an annual inspection tag. This was acknowledged by the Group Home Manager at the time of observation.</p> <p>2. Based on observation and interview the facility failed to ensure a monthly fire extinguisher inspections was documented, including the date and initials of the person performing the inspections for 4 of 4 portable fire extinguishers. NFPA 101, Section 4.5.7 states any device, equipment, system required for compliance with the Code shall thereafter be maintained unless the code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This</p>		<p>How corrective actions will be monitored to ensure no recurrence</p> <p>The Group Home Manager is responsible for the maintenance of the home, including that all inspections take place as needed. The Manager is supervised by the Director.</p>				

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	<p>deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Group Home Manager on 03/06/12 from 11:05 a.m. to 1:35 p.m., the inspection tag on all four fire extinguishers lacked initials and a date of a monthly inspection since March 2011. This was acknowledged by the Group Home Manager at the time of observations.</p>				

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KS056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow</p>			

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	<p>evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four</p>			

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	<p>stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>Based on interview and observation, the facility failed to ensure sprinkler waterflow alarm devices were tested for 2 of the last 3 quarters. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs and pressure switches that provide audible or visual signals be tested quarterly. Vane type water flow devices may be inspected semi-annually. This deficient practice could affect all clients and staff.</p> <p>Findings include: Based on an interview with the</p>	KS056	<p>K0056</p> <p>Sprinkler waterflow testing</p> <p>Corrective action for resident(s) found to have been affected</p> <p>The sprinkler waterflow has been tested, and documentation of that testing will be available for the surveyor.</p> <p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents potentially affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>Sprinkler waterflow inspection</p>	04/05/2012			

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	Group Home Manager on 03/06/12 at 11:49 a.m., there was no documentation available of a quarterly sprinkler inspection of waterflow alarm devices for the third and fourth quarters of 2011. Based on observation with the Group Home Manager of the inspection tag in the sprinkler riser room, no initials or date was observed since original installation in April of 2011.		was conducted. Additionally, the agency will make arrangements for automatic quarterly inspections. Finally, we have put a new filing binder in place with scheduled reminders to ensure inspections take place as needed. How corrective actions will be monitored to ensure no recurrence The Group Home Manager is responsible for the maintenance of the home, including that all inspections take place as needed. The Manager is supervised by the Director.		

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on review of the "Fire Drill Form" with the Group Home</p>	KS152	<p>K0152 Evacuation drills at least quarterly for every shift Corrective action for resident(s) found to have been affected Evacuation drills have been conducted across all shifts. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action addresses the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence</p>	04/05/2012			

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	Manager on 03/06/12 at 10:55 a.m., fire drill documentation for the first and third shift of the third quarter of 2011 and all three shifts of the fourth quarter of 2011 were not available for review. Based on an interview with the Group Home Manager at the time of record review, she was told the records had been destroyed accidentally during a behavior incident with a client.		Evacuation drills conducted. In addition, a Drill schedule has been implemented to ensure that drills occur across shifts as required. A new filing binder is in place that includes records of drills and the drill schedule. This will be available for surveyors. How corrective actions will be monitored to ensure no recurrence The Group Home Manager is responsible to ensure that Drills are conducted as scheduled.		