

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G256	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2015
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6155 W 800 N FOUNTAIN TOWN, IN 46130
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey conducted was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 06/12/15</p> <p>Facility Number: 000776 Provider Number: 15G256 AIM Number: 100243510</p> <p>At this Life Safety Code survey, Residential CRF, 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 one story building was determined to be nonsprinklered. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has battery operated smoke detectors installed in all bedrooms. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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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K S017 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.1.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¼ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements</p>			

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	<p>that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 client sleeping room doors were capable of resisting smoke for at least 1/2 hour. LSC 8.2.3.2.1(a) states door assemblies in fire barriers shall be of an approved type with the appropriate fire protection rating for the location in which they are installed and shall comply with NFPA 80, Standard for Fire Doors and Fire Windows. NFPA 80, Standard for Fire Doors and Fire Windows, 1999 Edition, states the clearance under the bottoms of doors shall be in accordance with Table 1-11.4. Table 1-11.4 states the maximum clearance for a fire rated swinging door with fire hardware shall be 3/4 inch between the bottom of the door and the</p>	K S017	K 0017 The 2 doors to the sleeping rooms in the home which did not have the appropriate clearance were replaced with doors which were of proper clearance to the floor and made of the proper fire resistive construction. Doors in the home were checked to assure that all other doors met fire code. A system of routine safety inspections has been put in place to review the safety features of the home to assure that at least monthly, that the home is physically evaluated to assure that it is safe and free of environmental hazards. Responsible: Supervisor, Maintenance, House Staff, QIDP	07/12/2015

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K S147 Bldg. 01	<p>floor where no sill exists. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the facility Supervisor during a tour of the facility from 1:20 p.m. to 1:45 p.m. on 06/12/15, a two inch clearance was noted in the twenty minute fire rated swinging door with fire hardware between the bottom of the door and the floor where no sill exists on the northeast bedroom door. In addition, a one inch clearance in the twenty minute fire rated swinging door with fire hardware between the bottom of the door and the floor where no sill exists was also noted on the north bedroom door. Based on interview at the time of the observations, the facility Supervisor acknowledged the clearance at the bottom of the aforementioned bedroom doors was greater than 3/4 inch and was not enclosed with a separation of twenty minute fire resistive construction.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place,</p>			

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	<p>for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility failed to provide a plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the home. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 says the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all clients, staff and visitors.</p>	K S147	K0147 A written evacuation plan was placed in the facility which outlines procedures of evacuation in the event of a fire or other emergency. The system of routine safety inspections put in place will include assuring that the evacuation plan is posted in the facility and that safety features of the home are reviewed at least monthly, and that the home is physically evaluated to assure that it is safe and free of environmental hazards. Also, to assure that any issues requiring attention are referred to maintenance in a timely manner for immediate resolution. Responsible: Supervisor, Maintenance, House staff, QIDP	07/12/2015

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	<p>Findings include:</p> <p>Based on record review with the facility Supervisor from 12:45 p.m. to 1:20 p.m. on 06/12/15, a written plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary was not available for review. Monthly "Fire/Tornado Drills & Evacuation Training" staff training documentation for the most recent twelve month period was available for review to acknowledge staff had been trained on fire and evacuation procedures but no written plan to indicate facility procedures in the event of a fire or evacuation was available for review. Based on interview at the time of record review, the Supervisor acknowledged there was no copy of a written protection plan at the facility available for review.</p>			