

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G665	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2012
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 FAIRLAWN AVE COLUMBUS, IN 47203
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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: 06/21/12</p> <p>Facility Number: 001115 Provider Number: 15G665 AIM Number: 100235410</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Designs 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 a basement was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, common living areas, and client sleeping rooms. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</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>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 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS046	<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 9 of 9 bathroom and kitchen electrical outlets near sinks were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the home manager on 06/21/12 during a tour of the facility from 10:40 a.m. to 12:40 p.m., the second floor girls bathroom had two electrical outlets, the second floor staff bathroom had two electrical outlets, and</p>	KS046	<p>LifeDesigns, Inc will ensure that the outlets in question be provided with ground fault circuit interrupter (GCFI) protection against electric shock. This will be completed by LifeDesigns, Inc maintenance staff prior to July 21, 2012. Documentation of the maintenance request and its completion will be on file at the home.</p>	07/21/2012			

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	the kitchen had five electrical outlets, all within three feet of the handwash sinks, not provided with GFCI protection at the outlet or electrical panel box to prevent electric shock. This was acknowledged by the home manager at the time of the observations.				

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KS147	<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, 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 administration failed to periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan at least every 2 months to protect 7 of 7 clients. A copy of the plan is readily available at all times within the facility. This deficient practice would affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the Fire Drill Procedure policy on 06/21/12 at 11:20 a.m. with the home manager, the last dated documentation indicating</p>	KS147	LifeDesigns is committed to ensuring that staff receive proper training regarding drills and the operation of the fire alarm system. Interim Director of Residential Services will train all Program Directors and Community Living Managers on the required drills and routine training needed for all staff during each quarter of the year. A copy of this training sheet will be on file at the group home and the LifeDesigns, Inc office.	07/21/2012			

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	employees were periodically instructed and kept informed with respect to their duties and responsibilities under the plan was dated 02/28/2012. Based on an interview with the home manager on 06/21/12 at 11:30 a.m., the home manager indicated there was no other documentation available for review to indicate employees were periodically instructed and kept informed with respect to their duties and responsibilities under the Fire Drill Procedure policy every two months since the 02/28/2012 documented date in the policy book.				

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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>(3) Facilities must meet the requirements of paragraphs (i) (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 at least quarterly on 2 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Fire Drill Reports with the home manager on</p>	KS152	LifeDesigns is committed to ensuring that staff receive proper training regarding drills and the operation of the fire alarm system. Interim Director of Residential Services will train all Program Directors and Community Living Managers on the required drills and routine training needed for all staff during each quarter of the year. A copy of this training sheet will be on file at the group home and the	07/21/2012			

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	06/21/12 at 11:00 a.m., there was no evidence of a first shift fire drill or a third shift fire drill for the fourth quarter of the year 2011. Based on a review of the Fire Drill Reports by the home manager and interview on 06/21/12 at 11:15 a.m., it was confirmed there was no other evidence available for review to indicate the missed fire drills were conducted.		LifeDesigns, Inc office.		