

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G736	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/13/2015
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NAME OF PROVIDER OR SUPPLIER  ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 S EARL AVE LAFAYETTE, IN 47905
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K 000  Bldg. 01	<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: 02/13/15</p> <p>Facility Number: 005592 Provider Number: 15G736 AIM Number: 200859130</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Abilities 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>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and common living areas. The facility has the capacity for 6 and had a census of 6 at the time of this survey.</p>	K 000		
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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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K 147  Bldg. 01	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, could not rate the facility as the Program Director could not produce the F1 ratings to make the calculation. Therefore, the facility was rated Impractical with an E-score of 5.1.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/17/15.</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 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</p>						

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	<p>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 ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the Emergency Drill Log, the documentation for fire drills, with the program coordinator on 02/13/15 at 10:55 a.m., a lapse in staff fire safety training time was more than the two month minimum allowed as evidenced by the lack of any record of a fire drill between January 1, 2012 and 02/12/15 for the first shift, a lapse of 13 months. A lapse of six months on the second shift was evidenced by the lack of fire drills between 05/04/14 and 12/29/14. The Program Coordinator said at the time of record review, all the fire drill records had been provided, she was</p>	K 147	In response to K147, the drill schedule was not followed by the staff and the PC did not ensure the drills were completed To correct the issue, all scheduled drills are being monitored by safety committee Each time a drill is due, paperwork from the drill is scanned to committee for review The committee meets once a week. If paperwork is not received following the scheduled drill date, the Program Coordinator will receive notification and will have 24 hours to ensure the drill is done on the required shift A spreadsheet is being kept by the administrative assistant for safety committee to analyze the drills and ensure they are completed within the required time frames The administrative assistant will send drills out to safety committee chairperson and will notify if the drill is due and not received	03/15/2015			

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K 152 Bldg. 01	<p>aware there were drills missing, and no other training records were available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (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>(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. Based on record review and interview, the facility failed to ensure fire and evacuation drills were provided for each shift for 4 of 4 quarters. This deficient practice affects all occupants.</p>	K 152	In response to K152, the drill schedule was not followed by the staff and the PC did not ensure the drills were completed To correct the issue, all scheduled drills are being monitored by	03/15/2015			

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	<p>Findings include:</p> <p>Based on review of the Emergency Drill Log, the documentation for fire drills with the program coordinator on 02/13/15 at 10:55 a.m., fire drills were not conducted between January 1, 2012 and 02/12/15 for the first shift and between 05/04/14 and 12/29/14. The Program Coordinator said at the time of record review, all the fire drill records had been provided, she was aware there were drills missing..</p>				<p>safety committee Each time a drill is due, paperwork from the drill is scanned to committee for review The committee meets once a week. If paperwork is not received following the scheduled drill date, the Program Coordinator will receive notification and will have 24 hours to ensure the drill is done on the required shift A spreadsheet is being kept by the administrative assistant for safety committee to analyze the drills and ensure they are completed within the required time frames The administrative assistant will send drills out to safety committee chairperson and will notify if the drill is due and not received</p>		