

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G724	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/15/2016
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
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K 0000  Bldg. 01	<p>A Life Safety Code (LSC) Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/15/16</p> <p>Facility Number: 004837 Provider Number: 15G724 AIM Number: 200803700</p> <p>At this Life Safety Code survey, In-Pact 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 Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was nonsprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels and in all common living areas, corridors and sleeping rooms. The facility has the capacity for 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the evacuation Difficulty</p>	K 0000		
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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 S014 Bldg. 01	<p>Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review completed on 04/19/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials complying with 10.2.3 are Class A or Class B. 32.2.3.3.2.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 hallway closet was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Quality Intellectual Disability Professional on 04/15/16 at 10:20 a.m., wood paneling covered the walls and ceiling in the hallway closet. Based on interview at the time of observation, the Quality Intellectual Disability Professional acknowledged the aforementioned condition and confirmed there was no documentation available to show the</p>	K S014	<p>Maintenance request will be completed to treat paneling on the walls and ceiling in the hallway closet with flame retardant. Responsible person: Sheila O'Dell, Group Home Director. The paneling on the walls and ceiling in the hallway closet will have a flame retardant treatment. Responsible person: Maintenance staff.</p> <p>Documentation of the product, rating and the area used for this treatment will be kept in the drill book for review. Responsible person: Maintenance staff and Sheila O'Dell, Group Home Director.</p>	04/15/2016

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K S046 Bldg. 01	<p>finish on the wood paneling provided a Class A, B or C interior finish.</p> <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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and up to 6 residents.</p> <p>Findings include:</p> <p>Based on observation with the Quality Intellectual Disability Professional on 04/15/16 at 11:27 a.m., an extension cord was powering a television in the living room. Based on interview at the time of observation, the Quality Intellectual Disability Professional acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 Basement Bathroom electrical receptacles, a wet location client care area, was provided with a ground fault</p>	K S046	<p>Maintenance request was submitted to get the electrical outlet in the basement bathroom replaced. Responsible person: Sheila O'Dell, GH Director. Maintenance will get an electrical outlet replaced in the basement bathroom. Responsible person: Maintenance All extension cords have been removed and/or replaced with surge protectors that are directly plugged into the outlet. Responsible person: Airielle Rogers, GH Manager. All management staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Sheila O'Dell, GH Director. All staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Airielle Rogers, GH Manager. To ensure future compliance, the home will be inspected that no extension cords are being used monthly. Responsible person: Sheila O'Dell, GH Director &amp; Traci Hardesty, QIDP.</p>	04/15/2016

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K S120	<p>circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, 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 where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect staff and up to 3 clients.</p> <p>Findings include:</p> <p>Based on observation with the Quality Intellectual Disability Professional on 04/15/16 at 11:38 a.m., the basement bathroom had one GFCI receptacle within three feet of the hand sink. When the GFCI tester button was pressed, power was not interrupted on the GFCI receptacle. Based on interview at the time of observation, the Quality Intellectual Disability Professional acknowledged the aforementioned condition.</p>			

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Bldg. 01	<p><b>LIFE SAFETY CODE STANDARD</b></p> <p>In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> <p>(d) It is door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(e) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape.</p> <p>(f) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is no more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 32.2.3.1.2, that means of escape is considered as meeting all the escape</p>			

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	<p>requirements for the sleeping room.</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 6 client sleeping rooms was provided with a secondary means of escape. This deficient practice could affect 2 of 6 clients.</p> <p>Findings include:</p> <p>Based on interview and observation on 04/15/16 at 11:23 a.m. then again at 11:25 a.m., the Qualified Intellectual Disability Professional confirmed that the window crank was missing in Bedroom #2 and then Bedroom #1 and was unable to open both windows.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 6 client sleeping rooms was provided with a secondary means of escape. This deficient practice could affect 2 of 6 clients.</p> <p>Findings include:</p> <p>Based on observation with the Quality Intellectual Disability Professional on 04/15/16 between 10:13 a.m. and 11:56 a.m., two bedrooms in the lower level had windows that exited into an area that required a ladder to exit to the ground</p>	K S120	<p>Maintenance request will be completed to replace the window cranks in bedroom 1 &amp; 2. Responsible person: Sheila O'Dell, GH Director.</p> <p>Maintenance will replace the window cranks in bedroom 1 &amp; 2. Responsible person: Maintenance staff. For future compliance, monthly the windows will be checked to ensure the cranks are present. Responsible person: Traci Hardesty, QIDP.</p>	04/15/2016

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K S155 Bldg. 01	<p>level. Both ladders were unsecured step ladders. Based on interview at the time of observation, the Quality Intellectual Disability Professional acknowledged the aforementioned condition.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 6 client sleeping rooms was provided with a secondary means of escape. This deficient practice could affect 1 of 6 clients.</p> <p>Findings include:</p> <p>Based on observation with the Quality Intellectual Disability Professional on 04/15/16 between 10:13 a.m. and 11:56 a.m., basement bedroom #2 in the lower level had only two doors to egress from. Both doors exited into the same exit pathway. Based on interview at the time of observation, the Quality Intellectual Disability Professional acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire</p>			

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	<p>watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 6 of 6 clients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "Policy on Fire Watch" with the Quality Intellectual</p>	K S155	The fire watch policy will be updated to include contacting the local fire department to inform them our power is out and that the home is under a fire watch. Responsible person: Sheila O'Dell, GH Director. Management staff and staff will be trained on the policy. Responsible person: Sheila O'Dell, GH Director & Traci Hardesty, QIDP.	04/15/2016

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	Disability Professional on 04/15/16 at 9:53 a.m., the facility's documentation provided for a plan of action when the fire alarm system was out of service for more than four hours in a twenty four hour period but was not complete. The procedure did not include all elements required such as; the contacting the local fire department. Based on an interview record review, the Quality Intellectual Disability Professional acknowledged the aforementioned condition.				