

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G166	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2012
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC PRINCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1512 S JEFFERSON PRINCETON, IN 47670
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 04/19/12</p> <p>Facility Number: 000700 Provider Number: 15G166 AIM Number: 100234410</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Gibson County ARC Prince 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 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, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight at the time of this survey.</p> <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 1.08.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/24/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS043	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 exterior exit doors were provided with only one latching mechanism to release the door and open. 32.2.2.5.7 refers to 7.2.1.5.4 which states a latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches, above the finished floor. Doors shall be operable with not more than one releasing operation. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/19/12 between 12:00 p.m. and 12:30 p.m. with the Substitute</p>	KS043	<p>To Address K0043: 1. To correct the deficient practice for the residents found to currently be affected, the deadbolt locks on each of the three (3) entrance/exit doors have been removed so that egress is easier. 2. All of the residents are affected by the noted deficient practice, therefore all deadbolt locks have been removed from the home as of 04/24/2012. 3. To ensure that the deficient practice does not recur, all three entrance/exit doors shall never have deadbolt locks and regular door handles with locking mechanisms will be in place. 4. To ensure the deficient practice does not recur, deadbolt locks shall never be put in place at the Jefferson St. home. The home has had and currently has regular door handles with locking mechanisms at the three entrance/exit doors and the deadbolt locks have been removed at the three respective entrance/exit doors. 5. The corrections shall be completed no later than May 19, 2012.</p>	05/19/2012			

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	Home Manager, all three entrance/exit doors were equipped with two latching devices, a regular door handle with a locking mechanism and a separate deadbolt lock on each door. This was acknowledged by the Substitute Home Manager at the time of each observation.			