

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G425	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2015
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NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 SHELBY PL NEW ALBANY, IN 47150
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K 0000 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: 06/09/15</p> <p>Facility Number: 000939 Provider Number: 15G425 AIM Number: 100368660</p> <p>At this Life Safety Code survey, Quality Community 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 two story facility with a basement was non- sprinklered. The facility has a fire alarm system with smoke 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,</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 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of .4.</p> <p>1. Based on observation, record review and interview; the facility failed to ensure the testing of 4 of 4 interior battery-operated emergency lights was maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include: Based on observations with the Home</p>	K 0130	<p>Management and staff will be re-trained to conduct monthly checks to fire extinguishers and emergency lights at time of drills. They will record this information on the monthly drill record.</p> <p>Annually the emergency lights will be checked. This information will be added to our yearly schedule Management and Director of Operations will monitor this on a monthly basis for compliance.</p>	07/09/2015	

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	<p>Manager on 06/09/15 between 11:00 a.m. and 11:30 a.m., the facility had four battery-powered emergency light units. Based on review of the facility's Fire Drills book between 10:30 a.m. and 11:00 a.m., there was no documentation to show the battery powered emergency lights were tested monthly for at least 30 seconds and annually for 90 minutes. This was acknowledged by the Home Manager at the time of observations.</p> <p>2. Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 2 of 6 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients, staff and visitors in the</p>			

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K S018 Bldg. 01	<p>facility.</p> <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 06/09/15 between 11:00 a.m. and 11:30 a.m. during a tour of facility with the Home Manager, there was no documentation on the inspection tags to show the two portable fire extinguishers in the basement were inspected monthly since August of 2014 when the annual inspection was performed and new tags were provided. This was acknowledged by the Home Manager at the time of observations.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 3 of 5 sleeping room doors in this unsprinklered facility</p>	K S018	Management will be re-trained to report all maintenance to Director of Operations in writing. The Director of Operations will submit request to	07/09/2015

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K S051 Bldg. 01	<p>closed and latched into their door frames. This deficiency could affect all clients.</p> <p>Findings include:</p> <p>Based on observations on 06/09/15 between 11:00 a.m. and 11:30 a.m. during a tour of the facility with the Home Manager, the following was noted:</p> <p>a. The door to sleeping room #3 was detached from the top hinge and would not close</p> <p>b. The door to sleeping room #4 had scotch tape over the latching device and would not latch</p> <p>c. The door to sleeping room #5 would not latch because the latching device was broken</p> <p>This was acknowledged by the Home Manager at the time of each observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to</p>		our maintenance department for repairs to be completed. Repairs will be completed ASAP. Director of Operations will monitor for compliance.				

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	<p>the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm systems components and devices, such as, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system annual inspection report on 06/09/15 at 10:35 a.m. with the Home Manager present, the most recent annual fire alarm system inspection report dated 05/27/14 only included a sensitivity test of the facility's smoke detectors. The report did not include an itemized check list of all devices that are required to be tested, including, pull stations, horn/strobes, magnetic holders and the fire alarm control panel. This was acknowledged by the Home Manager at the time of record review.</p>	K S051	<p>Our annual inspection was completed by Protection One on 6/23/15 including itemized checkof all devices required.</p> <p>ProtectionOne has a standing annual inspection with QCS to ensure annual checks are conducted timely.</p> <p>Director of Operations will monitor to ensure that all future equipment is inspected in a timely manner.</p>	07/09/2015