

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G674	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2014
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1922 LIMESTONE DR ELLETTSVILLE, IN 47429
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K010000	<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: 06/10/14</p> <p>Facility Number: 009347 Provider Number: 15G674 AIM Number: 100239630</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Steven Schwing, 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 one story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels, in corridors and in common living areas. The facility has a capacity of 7 and had a census of 6 at the time of this survey.</p>	K010000		
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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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K01S032	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.16</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/16/14.</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 In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens.</p> <p>Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2.2 Based on observation and interview, the facility failed to ensure the primary means of escape was not exposed to living areas for 4 of 5 sleeping rooms. This deficient practice could affect 5 of the 6 clients.</p>	K01S032	A fire door will be installed to separate the bedroom areas from the common areas of the home. There is an existing egress that can be utilized- a door in the bedroom on the southeast corner of the home.	07/10/2014

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K01S051	<p>Findings include:</p> <p>Based on observation with House Manager and Maintenance Supervisor on 06/10/14 at 10:00 a.m., there was no separation between the living room/dining room or family room from the front entrance and the hall leading to the sleeping rooms. Based on an interview at the time of observation, the House Manager and Maintenance Supervisor acknowledged the primary means of escape from the four main floor bedrooms was exposed to the living room/dining room and family room.</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 the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in</p>	K01S051	Documentation has been located confirming that an annual fire alarm inspection was completed by Koorsen on 4/14/14. The organization has clarified communication with Koorsen to ensure all documents are forwarded to the house supervisor and the	07/02/2014			

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K01S147	<p>accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the House Manager and Maintenance Supervisor on 06/10/14 at 9:45 a.m., the most recent fire alarm inspection occurred 05/03/13. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the documentation of the 05/03/13 fire alarm inspection was the most recent available documented inspection onsite.</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</p>		Maintenance Supervisor. Documents will be maintained in each group home, and the Maintenance Supervisor will maintain a record of all documentation related to group home fire alarm systems.				

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	<p>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>1. Based on record review and interview, the facility failed to ensure staff reviewed the fire protection plan at least every 2 months for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the home. This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the House Manager on 06/10/14 from 7:45 a.m. to 10:30 a.m., the facility has a written copy of a fire safety protection plan but lacked documentation of review by staff. Based on interview at the time of review, the House Manager acknowledged the lack of staff review.</p> <p>2. Based on observation and interview, the facility administration failed to provide evidence all employees are periodically instructed and kept informed</p>	K01S147	The Team Manager will be retrained on all fire drill protocols and procedures by 7/1/14, including operation of the fire alarm system. To prevent the deficiency from recurring, all Team Managers will be trained to utilize a standard agenda for all staff meetings, which includes a monthly review of the fire protection plan in each setting. The Team Manager will maintain an ongoing record of all trainings and staff meetings, which will be reviewed monthly by the Network Director. Additionally, training on the fire alarm system has been added to the Team Manager orientation checklist to ensure that training occurs each time a new person is hired.	07/03/2014	

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K01S152	<p>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 observation on 06/10/14 at 9:00 a.m., the House Manager was not able to test the fire alarm system. Based on interview at the time of observation, the House Manager acknowledged she had been in that position for less than a month and had not received training regarding operation of the fire alarm system..</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>			

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	<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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 3 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the fire drill documentation at 8:25 a.m. on 06/10/14 with the House Manager, the following:</p> <p>a. There was no record of a fire drill for the third shift of the first quarter of 2014.</p> <p>b. There was no record of a fire drill for the first shift of the second quarter of 2013.</p> <p>c. There was no record of a fire drill for the first shift of the third quarter of 2013. This was acknowledged by the House</p>	K01S152	To correct the deficient practice and prevent it from recurrence, staff will be retrained on the drill schedule, and the requirement to completed one fire drill each shift per quarter. Copies of all drills will be maintained in the drill book, and the Team Manager is responsible for monitoring each month to ensure adequate drills are completed. Copies of all drills will be provided to the Health & Safety Committee, who will also monitor to ensure drills are completed in accordance with all regulations.	07/10/2014

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	Manager at the time of record review.				