

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G380	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2013
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WINSLOW RD BLOOMINGTON, IN 47401
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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: 09/30/13</p> <p>Facility Number: 000894 Provider Number: 15G380 AIM Number: 100239710</p> <p>Surveyor: Lex Brashear, 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 tri-level facility was sprinklered. The facility has a monitored fire alarm system with hard wired smoke detectors on all levels including the corridors, in sleeping rooms, and in common living areas. The facility has a capacity of six and had a census of three at the time of</p>	K010000		

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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K01S043	<p>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 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/03/13.</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 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 1 of 2 access controlled egress doors with locking devices connected to the fire alarm system, automatically unlocked when the fire alarm system was actuated. LSC 7.2.1.6.2(d) requires activation of the building fire protection signaling system, if provided, shall automatically</p>	K01S043	<p>The maintenance staff inspected the door in question and the fire security company was called and have been to the home to administer needed repairs. Documentation of this work can be found on file in the home. Continued compliance will be monitored through staff documentation of individual door checks during all fire drills. Team</p>	10/11/2013			

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	<p>unlock the doors in the direction of egress, and the doors shall remain unlocked until the fire protective signaling system has been manually reset. This deficient practice could affect up to 3 clients, as well as staff and visitors while on the upper level of the house.</p> <p>Findings include:</p> <p>Based on observation on 09/30/13 at 10:45 a.m. while testing the fire alarm system during a tour of the facility with the Maintenance Supervisor and the Home Manager, the outside exit door from client sleeping room number 5, located on the upper level, was locked against egress and equipped with an access controlled egress door with a magnetic lock at the latching device and connected to the fire alarm system. The only way to exit this door was to actuate the fire alarm system or by use of a key, however, when the fire alarm system was actuated by smoke detection, this door did not release from the magnetic lock automatically. This was acknowledged by the Maintenance Supervisor and the Home Manager at the time of observation.</p>		<p>manager will review each fire drill to ensure checks are being done and doors are functioning properly. Team manager will train all staff on physically verifying that all doors with delayed egress locks are to be physically verified as functioning during all fire drills. A copy of this training sheet will be on file at the home.</p>		

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K01S147	<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 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 3 of 3 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all clients.</p> <p>Findings include: Based on interview during review of the</p>	K01S147	<p>Team manager will ensure that any needed customer specific considerations during drills is noted on the Evacuation Procedures for the home. These procedures will be in the Life Safety Code book at the home and the manager will maintain a training sheet in the Life Safety Code book that staff will sign at least bi-monthly to indicate ongoing training. Copies of these Procedures and the training sheet can be obtained upon request. Network Director will review monthly the presence of customer specific considerations and initial the book to verify. Clarification of drill requirements will be reviewed</p>	10/11/2013			

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	<p>facility's Fire Safety Smart on 09/30/13 at 10:20 a.m., the Home Manager indicated employees are 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 any client, however, the Home Manager indicated such instructions are not reviewed by the staff every two months. The facility was lacking written documentation fire drills were performed during the third shift (night) of the fourth quarter of 2012, and the second shift (evening) of the second quarter of 2013, each a period of more than two months.</p>		<p>with the Team Manager responsible for the Winslow home to ensure that drills specifically addressing fire are completed at least quarterly and at varied times, rather than staff participation in any type of evacuation drill. Documentation of this review will be on file at the LIFE Designs, Inc. office. Network Director will monitor the monthly drill schedule prior to the manager posting it to ensure that the number and varied times of required drills are present. Network Director will initial the schedule upon approval.</p>		

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K01S152	<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. 1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on review of the facility's fire drills in the Life Safety Manual on</p>	K01S152	Team manager will ensure that any needed customer specific considerations during drills is noted on the Evacuation Procedures for the home. These procedures will be in the Life Safety Code book at the home and the manager will maintain a training sheet in the Life Safety Code book that staff will sign at least bi-monthly to indicate ongoing training. Copies of these	10/11/2013	

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	<p>09/30/13 at 10:15 a.m. with the Maintenance Supervisor and the Home Manager present, the facility performed nineteen fire drills during the past twelve months, however, they lacked documentation fire drills were conducted during the third shift (night) of the fourth quarter (October, November, and December) of 2012, and the second shift (evening) of the second quarter (April, May, and June) of 2013. Based on interview at the time of record review, the Home Manager said there were no other fire drills performed during the previously mentioned shifts and quarters.</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Life Safety Manual on 09/30/13 at 10:15 a.m. with the Maintenance Supervisor and the Home Manager present, three of three third shift (night) fire drills performed during the past twelve months were held at 10:00 p.m. Based on interview at the</p>		<p>Procedures and the training sheet can be obtained upon request. Network Director will review monthly the presence of customer specific considerations and initial the book to verify. Clarification of drill requirements will be reviewed with the Team Manager responsible for the Winslow home to ensure that drills specifically addressing fire are completed at least quarterly and at varied times, rather than staff participation in any type of evacuation drill. Documentation of this review will be on file at the LIFE Designs, Inc. office. Network Director will monitor the monthly drill schedule prior to the manager posting it to ensure that the number and varied times of required drills are present. Network Director will initial the schedule upon approval.</p>				

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	time of record review, the Home Manager acknowledged the times of the third shift fire drills were not varied.			