

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G731	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/29/2013
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NAME OF PROVIDER OR SUPPLIER  PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 495 THOMAS RD HUNTINGTON, IN 46750
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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: 08/29/13</p> <p>Facility Number: 011263 2Provider Number: 15G731 AIM Number: 200838690</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinder 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>The two story facility was not sprinklered. The facility has a fire alarm system with smoke detection on all levels of the facility including in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 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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	<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 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/04/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>During the record review process with the Community Support Coordinator on 08/29/13 at 10:30 a.m., the facility failed to provide training records to show all</p>	K01S147	Our monthly fire drills contain the information from our procedure on the form itself. As staff do the drill they are also getting their training on proper procedures. Unfortunately we missed some drills this past year, which also let staff not getting the training that is needed. Our goal is to not miss any additional drills in the future. If we unfortunately do, we want to assure that staff are still getting the training on our procedures. We will be creating an electronic email that will go out to all group home employees that educates them on our emergency plans and procedures. This first email will go out on 09/26/2013, and will then be scheduled to go	09/26/2013	

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	employees have been instructed in their duties and responsibilities, at least every two months, according to the written fire safety plan. Based on an interview with the Community Support Coordinator on 09/04/13 per phone conversation at 12:00 p.m., she stated the fire drills were the only training staff receive in regard to the written fire safety plan.		out on the 15th of each month there after. This monthly electronic training will assure that all group home employees are aware of our procedures and educated on what they need to do to assure they are being followed.		

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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. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:  Based on review of the "Fire Drill Report" with the Community Support</p>	K01S152	We failed to complete fire drills during our overnight shifts in the months of November 2012 and February 2013. An email was sent to all staff on 07/19/2013 letting staff know that it was discovered that we missed those drills, reminding them how important it is that these drills get done, and asked that they help brainstorm ways to assure that they do not get missed in the	08/29/2013			

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	Coordinator on 08/29/13 at 10:35 a.m., a third shift fire drill was not conducted for the fourth quarter of 2012 and the first quarter of 2013. Based on an interview with the Community Support Coordinator at the time of record review, she was aware these fire drills had not been conducted.		future. The Group Home Manager has added to the staff checklists that the fire drill and tornado drill must be scheduled and planned in to the calendar by the 5th of the month. Staff have been notified that the drills are to be done by the 20th of the month and once they are completed they are to email the coordinator, group home manager, and the group home assistant manager to let us know of the completion. An automatically generated email will be going out to the group home staff on the 20th of each month reminding the employees of the site that if the drills have not yet been done that they are due. Emailed instructions of this new procedure were emailed to the staff on 07/31/2013. The QDDP started a calendar on 08/01/2013 in which she now is checking off when the drills have come in be reviewed to assure that we are getting them each month. The coordinator will sent an email to all group home employees on 08/19/2013 reminding them that the drills must be done each month. They were reminded that they need to be using the drill calendar to assure that the drills are being done within the correct time frames each month. It was asked of Group Home Managers to assure that they make sure by the end of the month that the calendars have been filled out and the drills have been completed. This issue had		

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			already been addressed prior to the LSC survey as we received the same citation in our ISDH survey.	