

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G799	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10633 S AMERICA RD LA FONTAINE, IN 46940
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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: 05/09/14</p> <p>Facility Number: 012562 Provider Number: 15G799 AIM Number: 201017540</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 4 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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K01S046	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/14.</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 Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords such as an extension cord was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 1 client in sleeping</p>	K01S046	<p>K S046 Unapproved lightweight extension cord Corrective action for resident(s) found to have been affectedThe extension cord has been removed. It was replaced with a power strip with surge suppressor so that the individual could continue to enjoy his personal items.</p> <p>How facility will identify other residents potentially affected & what measures takenThis only affected one client in the home, and</p>	05/23/2014

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K01S147	<p>room # 3.</p> <p>Findings include:</p> <p>Based on an observation with the Home Manager and the Interim Home Manager on 05/09/14 at 1:10 p.m., a regular light weight extension cord was plugged in and providing power for the radio, light and VCR in sleeping room # 3. This was acknowledged by the Home Manager at the time of observation.</p> <p>3.1-19(b)</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 person 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 no 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>corrective measure addressed his specific needs. Measures or systemic changes facility put in place to ensure no recurrence Unapproved extension cord was replaced by power strip with surge supsressor.</p> <p>How corrective actions will be monitored to ensure no recurrence The group home manager is responsible for maintenance in the home. The group home manager is supervised by the Regional Director, and they meet regularly with all managers and clinicians. During these meetings, there is a standing agenda item for maintenance of the home.</p>				

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	<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 4 of 4 clients. 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 review of "Residential Safety Drill Report" documentation with the Home Manager and Interim Home Manager on 05/09/14 at 12:50 p.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any training or fire drill records for the second shift during the second quarter of 2013. The Home Manager said at the time of record review, there was no other fire drill or other training documentation for this period.</p>	K01S147	<p>K S147 Evacuation Plans Corrective action for resident(s) found to have been affectedAn evacuation plan was written and tailored to each individual residing in the home. A staff meeting has taken place where all staff received training on each plan. Training on these plans will remain as a standing item on future staff meetings to ensure that staff review the plans at least every two months.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the needs of all clients.Measures or systemic changes facility put in place to ensure no recurrenceNew evacuation plans were written and trained. A standing agenda item was added for future staff meetings to review the plans.</p> <p>How corrective actions will be monitored to ensure no recurrenceThe QIDP is the member of the IDT who writes plans, including evacuation plans. The Group Home Manager supervises staff and is responsible for ensuring proper training, including regular staff meetings. The Regional Director supervises both of these professional staff members and meets with them regularly.</p>	05/23/2014	

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (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 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the "Residential Safety Drill Report" and interview with the Home Manager and</p>	K01S152	<p>K S152 Evacuation Drills Corrective action for resident(s) found to have been affected A year-long schedule has been placed in the home.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in</p>	05/23/2014
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	the Interim Home Manager on 05/09/14 at 12:50 p.m., fire drill documentation of a second shift fire drill for the second quarter of 2013 was not available for review.		<p>place to ensure no recurrence</p> <p>A new schedule is in place. How corrective actions will be monitored to ensure no recurrenceA regular home audit includes a summary of evacuation drills. These are scanned and sent to the Director and to the agency's compliance department. If evacuation drills are not conducted, an action plan is required to correct the problem.</p>	