

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G349	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2013
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NAME OF PROVIDER OR SUPPLIER  PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 E TIPTON ST HUNTINGTON, IN 46750
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K0000	<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: 01/30/13</p> <p>Facility Number: 000865 Provider Number: 15G349 AIM Number: 100244090</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinders 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 one story facility with a basement was not sprinklered. The facility has a fire alarm system</p>	K0000		

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>with smoke detection on all levels including the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of 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 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/31/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS043	<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 1 basement doors in the means of escape is not locked against egress. LSC 33.2.2.5.5 says no door in any means of escape shall be locked against egress when the building is occupied. Since the basement is used in the event of a tornado, this deficient practice could affect all six clients .</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager and the Community Support Coordinator on 01/30/12 at 10:52 a.m., the basement door knob could be locked from outside the basement requiring a key to exit the basement in the event of an emergency. Based on an interview with the Residential Manager at the time of observation, she was</p>	KS043	<p>The door knob to the basement had a lock on it. It would have been possible for a client or staff to have gone to the basement and mistakenly locked themselves inside. Although they could have gotten out of the basement through the garage door, this is a situation that needed to be corrected to keep all staff and clients safe. A request that the knob be replaced with a non-locking knob was submitted. The knob has already been replaced (on 2/1/13). An email was sent to all group homes to ensure that they are checking all of their knobs and ensuring that any and all knobs that need and have locks, also have corresponding keys. The Residential Monthly Safety Checklist has been updated to include the need to have readily accessible keys to all bathrooms and bedrooms, but to all rooms in the home. All of these items were completed today, February 4, 2013.</p>	02/08/2013			

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	unable to locate the key needed to unlock the door.			