

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 11/18/2014
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 11/18/14</p> <p>Facility Number: 000894 Provider Number: 15G380 AIM Number: 100239710</p> <p>Surveyor: Mark Caraher, 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 two story building with a basement was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels in corridors, in sleeping rooms and in all living areas. The facility has a capacity of 6 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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K01S043	<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 1.8.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/25/14.</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 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 exit doors connected to the fire alarm system unlocked when the fire alarm system was activated. LSC Section 7.1.9 states any device or alarm installed to restrict the improper use of a means of egress shall be designed and installed so that it cannot, even in case of failure, impede or prevent emergency use of such means of</p>	K01S043	To correct the deficient practice, the latching mechanism on the northwest bedroom exit door has been repaired, and a fire drill will be conducted to confirm that it is working properly. Ongoing monitoring will be accomplished during monthly fire drills, when staff will check that all latching mechanisms are working properly, and if not, will promptly submit a maintenance request to repair.	12/12/2014

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	<p>egress unless provided in Section 7.2.1.6. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 12:30 p.m. to 1:10 p.m. on 11/18/14, the northwest bedroom exit door to the outside of the facility is locked against egress requiring a key to open and the latching mechanism for the door is also configured to release with fire alarm system activation. The northwest bedroom exit door latching mechanism did not release to enable the opening of the door when the fire alarm system was activated at 12:51 p.m. and at 12:52 p.m. Based on interview at the time of the observations, the Maintenance Director stated the northwest bedroom door latching mechanism should have released with fire alarm system activation and acknowledged the aforementioned facility exit latching mechanism failed to release to open the door when the fire alarm system was activated two separate times.</p>				