

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G674	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2012
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1922 LIMESTONE DR ELLETTSVILLE, IN 47429
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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: 06/08/12</p> <p>Facility Number: 009347 Provider Number: 15G674 AIM Number: 100239630</p> <p>Surveyor: Bridget Brown, 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 one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels</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>including in corridors and common living areas. The facility has the capacity for 7 and had a census of 7 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 Slow with an E-Score of 3.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0130	<p>Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires monthly, the date of inspection and at least the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice affects all client, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with Staff # 1 between 2:30 p.m. and 3:30 p.m. on 06/08/12, the portable</p>	K0130	Interim Director of Residential Services will retrain all Program Directors and Community Ling Managers on the importance of checking the fire extinguishers monthly and the documentation of these checks. Training will be completed by 7/1/12. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	07/11/2012			

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	fire extinguishers located in the basement and first floor each had service and inspection tags indicating they were placed in service in January 2012. The extinguisher tags lacked documentation of monthly checks since then. Staff # 1 said at the time of observations, she didn't know anything about the documentation and had nothing further to provide showing the checks had been done.						

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KS051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with Section 9.6. LSC 9.6.1.4 requires that all facilities maintain the fire alarm system in accordance with NFPA 72. NFPA 72 at 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals shall be distinctly and descriptively annunciated. NFPA 72, at 1-5.4.5.2 requires where status indicators are provided for emergency equipment, they shall reflect the actual status of the associated equipment. This deficient practice could affect all 7 clients in the house at the time of the survey.</p>	KS051	Koorsen, the fire system agency, has been contacted about coming to the facility to check for proper functioning of the fire system. Documentation of this contact, as well as documentation of their findings and/or work at the site will be on file at the group home and the LifeDesigns, Inc office.	07/11/2012	

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	<p>Findings include:</p> <p>Based on observation of the fire alarm panel prior to testing the fire alarm with Staff # 1 on 06/08/12 at 2:50 p.m., the fire alarm panel LED showed "Trouble." Staff # 1 said the trouble was ongoing because "something is not synced and an alarm keeps going off so we have to silence it and the Trouble appears" on the LED. A fire system contractor report dated 05/03/12 noted "there is no secondary phase lines attached to panel" and " *system shows Tel Co Line Fail because of this." Staff # 1 was asked to demonstrate the function of a manual pull station and verify the fire alarm was working. She could not do so because she had no knowledge and no means to reset the manual pull station if it was pulled.</p>				

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KS053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review and interview, the facility failed to provide a complete sensitivity report for 7 of 7 smoke detectors to ensure they were within their listed and marked sensitivity range. LSC 9.6.2.10 requires</p>	KS053	A sensitivity test was completed on the facility prior to the Life Safety survey. A copy of the findings of the test were recieved by LifeDesigns and will be on file at the group home as well as the LifeDesigns, Inc office.	07/11/2012			

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	<p>smoke alarms shall be in accordance with the requirements of NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance Section 7-3, Inspection and Testing Frequencies. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated</p>			

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	<p>sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. The detector sensitivity cannot be tested or measured using any spray device administering an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2.2 requires a permanent record of all inspections, testing and maintenance shall be provided. This deficient practice affects all client, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of a contractor fire alarm system Service Report dated 05/03/12 with Staff # 1 on 06/08/11 at 2:50 p.m., the report noted "Sensitivity Test on Smoke</p>				

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	Detectors * All Passed," however, no results, sensitivity range for each detector tested or detector location was provided. A previous sensitivity report dated 05/17/10 noted six smoke detectors passed their listed sensitivities and results confirmed the claim. Staff # 1 said she did not know how many smoke detectors were actually in the house and had no other records of sensitivity testing.			

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KS147	<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>1. 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 7 of 7 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>	KS147	<p>LifeDesigns is committed to ensuring that staff receive proper training regarding drills and the operation of the fire alarm system. Interim Director of Residential Services will train all Program Directors and Community Living Managers on the required drills and routine training needed for all staff during each quarter of the year. A copy of this training sheet will be on file at the group home and the LifeDesigns, Inc office. The Maintenance Supervisor will retrain Limestone Group Home staff on the operation of the fire alarm system. A copy of this training sheet will be on file at the group home and at the LifeDesigns, Inc office.</p>	07/11/2012	

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	<p>Based on review of Fire Drill reports with the Staff # 1 on 06/08/12 at 3:00 p.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any record of fire drills for the first and third shifts during the first quarter of 2012. There was a seven month lapse in training from October 2011 to May 2012 during the third shift and an eight month lapse in training between December 2011 and June 2012 for the first shift. The Staff # 1 said at the time of record review, there were no other Fire Drill records or other fire safety training records for these periods.</p> <p>2. Based on observation and interview, the facility administration failed to ensure all employees were familiar with the operation of the fire alarm system to ensure the safety of 7 of 7 clients. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on interview with Staff # 1</p>			
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	on 06/08/12 at 3:10 p.m., the staff was not familiar with the operation of the manual pull station and had never pulled and reset the device. She was unable to locate an Allen wrench to reset the device in order to demonstrate the pull station would function despite a "trouble" on the fire alarm control panel. She called her supervising office for assistance immediately but nobody was able to provide her with the needed guidance to demonstrate and reset the pull station.				

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to ensure fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of Fire Drill</p>	KS152	LifeDesigns is committed to ensuring that staff receive proper training regarding drills and the operation of the fire alarm system. Interim Director of Residential Services will train all Program Directors and Community Living Managers on the required drills and routine training needed for all staff during each quarter of the year. A copy of this training sheet will be on file at the group home and the	07/11/2012

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	records on 06/08/12 at 3:30 p.m. with Staff # 1, documentation of fire drills was not found for the first and third shifts during the first quarter of 2012. Staff # 1 said at the time of record review, she had no additional fire drill records to provide.		LifeDesigns, Inc office.		