

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G032	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2012
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 404 W CANAL ST WABASH, IN 46992
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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: 03/15/12</p> <p>Facility Number: 000592 Provider Number: 15G032 AIM Number: 100233360</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</p>	K0000		
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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>detection on all levels including the corridors, sleeping rooms and common living areas. The facility has a capacity of 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 Prompt with an E-Score of 0.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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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 ensure 1 of 4 second floor sleeping room smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA</p>	KS053	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;On 3/16/12 Koorsen Fire & Security returned to test sensitivity on the one smoke detector mounted on the wall in the west bedroom.The smoke</p>	03/16/2012			

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	72 at 7-3.2 requires testing be accordance with Table 7-3.2 Testing Frequencies. Table 7-3.2 at 7-3.2.15(i) Smoke Detectors – Sensitivity (The requirements of 7-3.2.1 shall apply). NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after 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 in areas where nuisance alarms show any 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: (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments,		detector was tested using a Gemini tested and passed sensitivity at 2.2 on a range of 1.0-3.4. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Any client who has a wall mounted detector could be affected. The Administrative Assistant will double check the Koorsen reports to ensure all detectors are checked for sensitivity. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur; The Administrative Assistant will create a checklist to ensure all detectors are checked for sensitivity. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The Administrative Assistant will create a checklist to ensure all detectors are checked for sensitivity.		

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	<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 the listed sensitivity range,</p> <p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced. NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. This deficient practice could affect any occupant of the second floor.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Developmental Disabilities Professional (QDDP) on 03/15/12 at 12:18 p.m., fire alarm inspection documentation from Koorsen titled "Detector Sensitivity Test Report" dated 02/08/11, stated "unable to test</p>						

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	<p>sensitivity due to wall mount" indicating the second floor west sleeping room smoke detector did not receive a sensitivity test. Based on an interview with the QDDP at the time of record review, she was unable to provide documentation to confirm the problem had been corrected and the smoke detector received a sensitivity test.</p>			