

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G490	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2015
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1667 PIKE ST WABASH, IN 46992
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K 0000 Bldg. 01	<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: 07/01/15</p> <p>Facility Number: 001004 Provider Number: 15G490 AIM Number: 100245030</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 one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		
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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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K S147 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.4.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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>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 written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p>	K S147	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. There was a fire drill done on 3/8/15 at 10:30 am. (see attachment) We will provide staff training at group home house meetings on the proper way to complete fire drills. How you will identify other residents having the potential to be affected by the same deficient practice and</p>	07/31/2015
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K S152 Bldg. 01	Based on record review with the Direct Support Professional (DSP) on 07/01/15 at 11:09 a.m., the facility failed to provide training records to show first shift employees have been instructed of their duties and responsibilities at least every two months. The facility did not conduct a first shift fire drill for the first quarter of 2015, leaving a five month gap in training. Based on interview during record review, the DSP confirmed no drills or training were held during the aforementioned times. 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's		what corrective action will be taken. Any client could be affected as they all must participate in fire drills. The corrective action is that staff will be trained routinely at house meetings to ensure they are aware of their duties and responsibilities when completing fire drills. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur. Staff will be trained at least every 2 months on their duties and responsibilities when completing fire drills. Systemic changes will be that routine training will be completed to ensure staff are aware of their duties and responsibilities when completing fire drills. 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 Residential Manager and QIDP will monitor all house meetings to ensure fire safety training is provided to staff on a routine basis.				

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	<p>emergency and disaster plans and procedures.</p> <p>(2) 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>(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. 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 fire drill reports titled "Fire Drill Pike St." with the Direct Support Professional (DSP) on 07/01/15 at 10:30 a.m., documentation of a first shift fire drill for the first quarter of 2015 was not available for review. Based on an interview at the time of record review, the DSP was unable to confirm if a fire drill was conducted or</p>	K S152	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Contrary to the findings, there was a first shift fire drill completed on 3/8/15 at 10:30 am. (see attached document). The Residential Manager will ensure all fire drills are printed off and kept in the Fire Safety book in the group home.How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All clients participate in fire drills and have the potential to be affected. The drill was completed and in the Pathfinder Services Client Information System. The</p>	07/31/2015			

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	provide additional documentation of the fire drill.		drill has been printed off and placed in the Fire Safety Book. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur. The Residential Manager and QIDP will double check the Fire Safety book at the end of each month to ensure the fire drill for that month has been printed off and placed in the book. 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 Residential Manager and QIDP will monitor the Fire Safety book to ensure whoever conducted the fire drill for that month has printed off the drill and placed it in the Fire Safety book.		