

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G716	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2014
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8521 CROWN POINT RD INDIANAPOLIS, IN 46278
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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: 08/13/14</p> <p>Facility Number: 004061 Provider Number: 15G716 AIM Number: 200483530</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, New Hope of Indiana, 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 32, New Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, in bedrooms and in all living areas. The facility has a capacity of 4 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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K010130	<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 Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/19/14.</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 OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at</p>	K010130	The fire extinguisher documentation requirements were reviewed with the entire maintenance team. The system to review and document extinguishers is established. There is a monthly preventative maintenance protocol which includes routine maintenance of home in addition to the regulatory reviews of fire extinguishers. The group home manager or team leader will check the fire extinguishers monthly after the 20th to double check documentation on a monthly	08/22/2014

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	<p>least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Group Homes during a tour of the facility from 12:10 p.m. to 12:30 p.m. on 08/13/14, the portable fire extinguishers located in the kitchen and in the hallway by the bedrooms each had an affixed inspection and maintenance tag lacking documentation of a monthly inspection for April and June 2014. Based on interview at the time of the observations, the Director of Group Homes stated no other documentation of monthly fire extinguisher inspections was available for review and acknowledged monthly inspection documentation for April and June 2014 for the aforementioned portable fire extinguishers was not available for review.</p>		basis to ensure no further deficiency occurs. All other facilities will be reviewed.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2014

FORM APPROVED

OMB NO. 0938-0391

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