STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	15G558		08/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN-PACT INC	6341 FOREST AVE HAMMOND, IN 46324

(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
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 08/07/15 Facility Number: 001072 Provider Number: 15G558 AIM Number: 100235500 At this Life Safety Code survey, In-Pact 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. This one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in common living areas, and in all client sleeping rooms. The facility has a capacity of 5 and had a census of 4 at the time of this survey. Calculation of the Evacuation Difficulty	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.0.			
K 0130 Bldg. 01	Based on observation and interview, the facility failed to ensure 1 of 1 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all staff and clients. Findings include: Based on record review with the Qualified Intellectual Disability	K 0130	Functional tests of the emergency lighting will conducted on a monthly and on an annual basis. Responsible person: Starr Frohock, Group Home Manager. Written documentation of these visual inspections will be done and kept in the drill book for review. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, monthly these documents will be reviewed to ensure that the tests were completed and documented. Responsible person: Sheila O'Dell, Group Home Director & Patti Harris, QDDP	09/06/2015

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	Professional on 08/07/15 at 11:41 a.m., the facility has one battery-powered emergency light. The facility had documentation for monthly and annual testing. The last annual 90 minute test was done on 6/24/14. Based on interview at the time of observation, the Qualified Intellectual Disability Professional acknowledged the aforementioned condition.			
K S046 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only. Findings include: Based on observation with the Qualified Intellectual Disability Professional on 08/07/15 at 11:49 a.m. in the basement, a power strip was used to power a refrigerator and a freezer. Based on interview at the time of observation with	K S046	All extension cords have been removed. Responsible person: Starr Frohock, GH Manager. All management staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Sheila O'Dell, GH Director. All staff will be retrained that extension cord will not be used as a substitute for fixed wiring. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the home will be inspected that no extension cords are being used monthly. Responsible person: Sheila O'Dell, GH Director & Patti Harris, QIDP.	09/06/2015

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	the Qualified Intellectual Disability Professional acknowledged the aforementioned condition.			
K S150 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1 Based on interview and observation, the facility failed to ensure new draperies and curtains were flame resistant. LSC Section 10.3.1 requires that draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all staff and clients. Findings include Based on observation with the Qualified Intellectual Disability Professional on 08/07/15 between 11:42 a.m. and 12:05 a.m., the following curtains discovered: a. Dining Room curtains b. Patio door curtains c. Basement Family Room curtains d. NW Bedroom curtains	K S150	Maintenance request will be completed to treat the curtains in the dining room, patio door, basement family room, NW bedroom, bedroom off living room, bedroom off entry way and entry way with a flame retardant spray. Responsible person: Sheila O'Dell, Group Home Director. The curtains in the living room will have a flame retardant treatment. Responsible person: Maintenance staff. Documentation of the product and rating used for this treatment will be kept in the drill book for review. Responsible person: Maintenance staff and Sheila O'Dell, Group Home Director	09/06/2015

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	e. "Bedroom off of living room" curtains f. "Bedroom off of entry way" curtains g. Entry Way curtains Based on interview at the time of each observation, the Qualified Intellectual Disability Professional failed to provide documentation for flame resistance for each of the aforementioned curtains.			