

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

PRINTED: 05/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 02/14/2017	
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(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	<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: 02/14/17</p> <p>Facility Number: 000849 Provider Number: 15G331 AIM Number: 100243820</p> <p>At this Life Safety Code survey, Parents and Friends, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 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 monitored fire alarm system with smoke detection on all levels including in the corridors, in the living areas and in the client sleeping rooms. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>		K 0000				

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 S253 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.</p> <p>Quality Review completed on 02/15/17 - DA</p> <p>NFPA 101 Number of Exits - Patient Sleeping and Non-SI Number of Exits – Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt) Every sleeping room and living area shall have access to a primary means of escape located to provide a safe path of travel to the outside. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. In addition to the primary route, each sleeping room shall have a second means of escape that consists of one of the following: 1. It shall be a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape. 2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape. 3. It shall be an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a</p>						

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	<p>clear opening of not less than 5.7 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor. Such means of escape shall be acceptable where one of the following criteria are met:</p> <p>a. The window shall be within 20 feet of finished ground level.</p> <p>b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>c. The window or door shall open onto an exterior balcony.</p> <p>4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria:</p> <p>a. The window well allows the window to be fully openable.</p> <p>b. The window is not less than 9 square feet with a length and width of not less than 36 inches.</p> <p>c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following:</p> <p>1. The ladder or steps do not extend more than 6 inches into the well.</p> <p>2. The ladder or steps are not obstructed by the window.</p> <p>5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room.</p> <p>a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by</p>						

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K S712 Bldg. 01	<p>approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>b. Existing approved means of escape shall be permitted to continue to be used. 33.2.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 clients sleeping rooms was provided with an unobstructed secondary means of escape in accordance with 33.2.2.3. This deficient practice could affect at least 1 client.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and the Residential Director on 02/14/17 at 10:55 a.m., bedroom #2 contained a bed in front of the only secondary egress window.</p> <p>Based on interview at the time of observation, the Maintenance Supervisor and the Residential Director acknowledged the aforementioned condition.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's</p>			K S253	<p>This citation will be met now by staff changing the bedroom to where the beds are not blocking a secondary egress window. This will be done in order to have the pathway clear for residents and staff to get through in case of a fire.</p> <p>(Team Leader and dsps responsible)</p>		03/16/2017

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	<p>emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. 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>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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to practice all exits and means of escape during fire drills for 4 of 4 quarters in accordance with 33.7.3.3. LSC 33.7.3.3 requires that drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape required by this Code. LSC 33.7.3.5 Actual exiting from windows shall not be required to comply with 33.7.3; opening the window and signaling for help shall be an acceptable alternative. This deficient practice affects all occupants.</p>	K S712	<p>In order for this citation to be met now and in the future, staff will complete evacuation drills with residents including all fire drills will be practiced, including all exits that are a means of escape, including all secondary egress (windows). Staff will need to retrain consumers on how they will need to exit from the secondary egresses.</p> <p>(Residential Director, Program Manager, Team Leader and dsps responsible)</p>		03/16/2017		

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	<p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor and the Residential Director on 02/14/17 at 10:40 a.m., review of the "Post Drill/ Test of Emergency Procedures" documentation indicated none of the fire drills indicated secondary egress practice in the nonsprinklered home. Based on interview at the time of record review, the Maintenance Supervisor and the Residential Director acknowledged the aforementioned condition and confirmed client's secondary egresses are not practiced.</p>						