

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

PRINTED: 03/22/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G602	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 03/13/2024
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 850 MAPLELEAF DR FRANKFORT, IN 46041
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 03/13/24 Facility Number: 001116 Provider Number: 15G602 AIM Number: 100245620 At this Emergency Preparedness survey, Abilities Services Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475 The facility has eight certified beds. All eight beds are certified for Medicaid. At the time of the survey, the census was five. Quality Review completed on 03/15/24	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/13/24 Facility Number: 001116 Provider Number: 15G602 AIM Number: 100245620 At this Life Safety Code survey, Abilities Services Inc. was found not in compliance with	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kim Johnson	QIDP/Asst. Director	03/20/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 S511 Bldg. 01	<p>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 was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, hard-wired detectors in client sleeping rooms, as well as heat detectors within the unused attic space. The facility has a capacity of eight and had a census of five at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.3.</p> <p>Quality Review completed on 03/15/24</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 1) Based on observation and interview, the facility failed to ensure 1 of over 30 electrical outlets were protected. NFPA 101 Life Safety Code 2012 Edition at 32.2.5.1 states "Utilities shall comply with Section 9.1". Section 9.1.2 states "Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in</p>	K S511	In response to K3511, the facility failed to have outlets and wires protected. DSP staff will report all maintenance concerns via the care tracker portal. The Director will ensure that the safety concerns are repaired in a timely manner.	03/21/2024	

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	<p>service." NFPA 70, 2011 Edition. Article 406.6, Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect all clients and staff in the home.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility on 03/13/24 at 12:56 p.m. with the Assistant Director, the electrical outlet in the client sleeping hall corridor had a broken cover plate on it leaving the wires exposed and creating a shock hazard. Based on interview at the time of observation, the Assistant Director acknowledged the electrical outlet cover plate was broken in half leaving the wires therein exposed adding that she was contacting the maintenance man to have the broken cover plate replaced as we continued the survey.</p> <p>2) Based on observation and interview, the facility failed to ensure 1 of 1 riser room electronic supervision box was maintained in a safe operating condition. LSC 32.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, 2011 Edition, Article 314.28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect all clients and staff in the home.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility on 03/13/24 at 12:56 p.m. with the Assistant Director, the electronic supervision box attached to the sprinkler system riser electronic</p>			

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K S712 Bldg. 01	<p>supervision box had four exposed wires coming out the bottom of it. These wires measured twelve inches in length and were orange, green, blue, and yellow, and had the copper wire at the ends exposed. This could create a shock hazard as the door to this area is unsecured. Based on interview at the time of observation, the Assistant Director acknowledged the exposed wires, took a photograph of them with her cell phone, and stated that she would contact the sprinkler system vendor to have the wires taken care of.</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> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <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</p>			

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	<p>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 conduct quarterly fire drills for 3 of 4 quarters in accordance with 33.7.2.1 and 33.7.2.2. LSC 33.7.2.1 states that all residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire. LSC 33.7.2.2 states that the training required by 32.7.2.1 shall include actions to be taken if the primary escape route is blocked. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Drill" form with the Assistant Director on 03/13/24 at 12:00 p.m., the following was noted:</p> <ul style="list-style-type: none"> a) the second quarter (April, May, and June) of 2023 fire drill on the first shift was blank. b) the third quarter (July, August, and September) of 2023 fire drill on the second shift had no time listed on the drill. c) the third quarter (July, August, and September) of 2023 fire drill on the third shift was blank. d) the fourth quarter (October, November, and December) of 2023 fire drill on the first shift was blank. e) the fourth quarter (October, November, and December) of 2023 fire drill on the third shift was blank. <p>Based on an interview at the time of record review, the Assistant Director stated that staffing has been an issue for the company and they are doing the best they can to keep new staff trained and up to date on what needs to be done with drills and such, but it has been difficult for them to keep up.</p>	K S712	In response to KS712, the facility failed to complete the quarterly fire drills for 3 and 4 quarters. DSP will complete the drills on the scheduled days. The QIDP and Director will be responsible for ensuring that all drills are completed as scheduled, by checking the drill book monthly.	03/21/2024