

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

PRINTED: 06/06/2024

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 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/25/2024
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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 DEFICIENCIE (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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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/13/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/25/24</p> <p>Facility Number: 001116 Provider Number: 15G602 AIM Number: 100245620</p> <p>At this PSR survey, Abilities 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 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 04/26/24</p>	K 0000		
K S511	NFPA 101 Utilities - Gas and Electric			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kim Johnson	QIDP/Asst. Director	05/15/2024

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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Bldg. 01	<p>Utilities - Gas and Electric</p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code.</p> <p>32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2</p> <p>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 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</p>	K S511	At the time of revisit, Abilities Services Inc had not had the deficiency corrected. Maintenance had been notified and was supposed to have corrected the deficiencies. Director will stay on top to ensure all repairs are completed in a timely manner. The outlet and the wiring have been corrected.	05/07/2024
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	<p>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 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>On 04/25/24 at 9:55 a.m., a Post Survey Revisit was conducted at this facility. Based on observations made during a tour of this facility with the Assistant Director, both the electric receptacle faceplate and the exposed wires located within the riser room closet had not been repaired. Based on an interview at the time of the observations, the Assistant Director stated that she reported these items to the facility Maintenance man, but apparently, he had not been able to repair these items as of the time of this revisit. When the Assistant Director asked what would happen</p>			

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	<p>because the deficiencies were not yet repaired, she was told that both would be re-cited as deficiencies and another PSR would be rescheduled for a future date and time.</p> <p>These deficiencies were cited 03/13/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				