

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G532	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2023
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP COD 107 BINKLEY KNOX, IN 46534		
(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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 06/27/23</p> <p>Facility Number: 001046 Provider Number: 15G532 AIM Number: 100245310</p> <p>At this Emergency Preparedness survey, Pathfinder Services, Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 06/28/23</p>	E 0000		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 06/27/23</p> <p>Facility Number: 001046 Provider Number: 15G532 AIM Number: 100245310</p> <p>At this Life Safety Code survey, Pathfinder Services, Inc. was found not in compliance with</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa

Rogers

07/11/2023

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 S345  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 fully sprinklered. The facility has a monitored fire alarm system with smoke detection in the corridors, client sleeping rooms, all common living areas, as well as heat detectors within the unused attic space. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <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 3.2.</p> <p>Quality Review completed on 06/28/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Section 9.6. NFPA 72, Section 14.3.1 states that</p>	K S345	<p>ul="" role="list" What corrective action(s) will be accomplished for these residents found to have been affected by the</p>	07/17/2023

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	<p>unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on records review with the Manager and Manager-In-Training on 06/27/23 between 09:06 a.m. and 10:26 a.m., no documentation was provided regarding a visual inspection of the fire alarm system six months after an annual fire alarm inspection conducted on 06/03/22. The visual inspection should have been conducted around 12/2022. During record review, the facility had conducted monthly safety checks that had visual inspection of smoke detectors, but did not address other required devices. Based on interview at the time of record review, the Manager stated that they did visual inspections of smoke detectors and agreed no other devices were inspected.</p> <p>Findings were discussed with the Manager and Manager-In-Training at exit conference.</p>		<p>deficient practice;</p> <p>A form was developed and will be completed by the group home manager six months after the annual alarm inspection as required by Life Safety Code. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All facilities will be required to complete the form six months after official inspection to ensure standards are maintained.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practices not recur;</p> <p>An item will be added to our Monthly Safety Checklist that will require that all managers check if the inspection is due that particular month.</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-9615-ddae07445d99}{250}"&gt; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>Oversight on documentation to be completed quarterly by the QIDP.</p> <p>What is the date by which the</p>	

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K S353 Bldg. 01	<p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>2012 EXISTING (Prompt)</p> <p>NFPA 13 and 13R Systems</p> <p>All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ul style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually</li> </ul>		<p>systemic changes will be completed.</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-96 15-ddae07445d99}{250}"&gt;7/17/23</p>	

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	<p>((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>B. Show who provided the service.</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility</p>	K S353	ul="" role="list"	07/17/2023

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	<p>failed to ensure 1 of 1 sprinkler heads in the sprinkler riser room were maintained. NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Manager and Manager-In-Training during a tour of the facility between 10:27 a.m. to 10:51 a.m. on 06/27/23, the sprinkler head in the sprinkler riser room had a missing escutcheon plate that left a 1 inch gap between the sprinkler head and the ceiling. Based on interview at the time of observation, the Manager acknowledged the aforementioned sprinkler head location had a missing escutcheon plate which left a one inch opening in the ceiling and would start the process to get it fixed.</p> <p>Findings were discussed with the Manager and Manager-In-Training at exit conference.</p>		<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;</p> <p>An item will be added to our Monthly Safety Checklist that will require that all escutcheon plates will be checked monthly to ensure proper installation. This escutcheon plate in question was replaced on 6/27/23.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All facilities will be required to complete the checklist monthly to ensure standards are maintained.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practices not recur;</p> <p>An item will be added to our Monthly Safety Checklist that will require that all escutcheon plates will be checked monthly to ensure proper installation.</p> <p>p="" paraid="1366158597" paraeid="b950ee72-97c3-4e71-9615-ddae07445d99"&gt;{250}"&gt; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p>	

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K S511  Bldg. 01	<p>NFPA 101</p> <p>Utilities - Gas and Electric</p> <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 NFPA 70, National Electric Code.</p> <p>32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 power cords were not used as and as a substitute for fixed wiring.</p> <p>NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. Article 400.8 (1) prohibits daisy chains, because the first extension cord (or power strip) is now acting as a substitute for the fixed wiring of a structure. This deficient practice could affect all staff and clients.</p>	K S511	<p>An item will be added to our Monthly Safety Checklist that will require that all escutcheon plates will be checked monthly to ensure proper installation. Furthermore, the Q will check the home quarterly to ensure that there are no missing escutcheon plates.</p> <p>What is the date by which the systemic changes will be completed.</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-9615-ddae07445d99}{250}"&gt;</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-9615-ddae07445d99}{250}"&gt;7/17/23</p> <p>ul="" role="list"</p> <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;/How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>Medical devices will not be allowed to be plugged into surge</p>	07/17/2023

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	<p>Findings include:</p> <p>Based on observations during a tour of the facility with the Manager-In-Training and Manager between 10:27 a.m. and 10:51 a.m. on 06/27/2023, the storage room next to the main living area had a standing freezer and refrigerator plugged into and powered by a power strip. Furthermore, the Northwest client sleeping room had a CPAP (Continuous Positive Airway Pressure) machine plugged into a power strip. Upon observation, the power strip was not medical grade and not UL 1363A or UL60601-1 listed. Based on interview at the time of observations, the Manager stated that they were aware the powerstrips were in use and would remove the power strips.</p> <p>Findings were discussed with the Manager and Manager-In-Training at exit conference.</p>		<p>protectors that are not medical grade. Should a medical grade surge protector not be available, the medical device must be plugged into the wall outlet. All large appliances will be plugged into approved wall outlets only. An appropriate outlet will be installed in the area in question by 7/17/23.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practices not recur;</p> <p>An item will be added to our Monthly Safety Checklist that will require that all surge protectors will be checked monthly to ensure proper installation.</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-9615-ddae07445d99}{250}"&gt; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>An item will be added to our Monthly Safety Checklist that will require that all surge protectors will be checked monthly to ensure proper installation. Furthermore, the Q will check the home quarterly to ensure that there are no surge protectors being used improperly.</p> <p>What is the date by which the systemic changes will be</p>	

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			<p>completed.</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-96 15-ddae07445d99}{250}"&gt;</p> <p>p="" paraid="1366158597" paraeid="{b950ee72-97c3-4e71-96 15-ddae07445d99}{250}"&gt;7/17/23</p>	