

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G448	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  08/13/2014
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 907 COTTAGE GROVE SOUTH BEND, IN 46628
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K020000	<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: 08/13/14</p> <p>Facility Number: 000962 Provider Number: 15G448 AIM Number: 100249360</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Logan Community Resources 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 32, New Residential Board and Care Occupancies.</p> <p>This two story facility with a partial basement was sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including in the sleeping rooms, in corridors and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p>	K020000		
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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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K02S046	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.72.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical extension cords were not used as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient</p>	K02S046	The extension cord has been removed and is no longer in use. In the future, extension cord use will be avoided and items requiring power from an electrical outlet will be plugged in directly to the electrical outlet. Routine observations by management staff and maintenance inspections will address any problems and ensure proper outlet use. Persons Responsible: Program Coordinator, QIDP/Program Manager. Director	09/12/2014

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K02S150	<p>practice would affect approximately 1 of 7 clients.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Coordinator on 08/13/14 at 12:45 p.m., there was a fan in the first floor northeast bedroom that was connected to an extension cord.</p> <p>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 the provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure new 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 clients in the facility.</p> <p>Findings include</p>	K02S150	<p>of Residential, Director of Quality Assurance and Director of Maintenance</p> <p>Documentation has been obtained from the manufacturer of the curtains verifying that they are flame resistant. In the future, documentation for curtains to verify flame resistance will be obtained and maintained at the main office and home site to ensure compliance. Persons Responsible: Director of Maintenance</p>	09/12/2014	

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K02S152	<p>Based on observations made between 12:30 p.m. and 1:30 p.m. on 08/13/14 with the Program Coordinator, window curtains provided in the six bedrooms and upstairs family room lacked documentation of flame resistance. Based on interview it was acknowledged by the Program Coordinator at the time of observation, documentation of flame resistance for the window curtains was not available.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified</p>			

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	<p>under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 2 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the fire drill documentation at 12:45 p.m. on 08/13/14 with the Program Coordinator, there was no record of fire drills for the second shift of the second quarter of 2014 or the third shift, third quarter of 2013. This was acknowledged by the Program Coordinator at the time of record review.</p>	K02S152	<p>The Home has a drill schedule in place that assigns staff, dates, shifts and times that staff are to complete drills. This is an effective form and tool when utilized. Unfortunately, it was not properly utilized for the second shift in the second quarter of 2014 and the third shift in the third quarter of 2013. Second shift and third shift drills will be completed each quarter going forward.</p> <p>In the future, the Program Coordinator, with the assistance of the Administrative Assistant, will review the drills that have been completed on a monthly basis prior to the quarter ending and will identify any missed drills times/shifts. Staff will be assigned to complete the drill(s) at minimum every two months and prior to the end of the quarter.</p> <p>Persons Responsible: Program Coordinator, Administrative Assistant</p>	09/12/2014