

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G802	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2015
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 112 E WESTMORELAND KOKOMO, IN 46901
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(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: 06/25/15</p> <p>Facility Number: 012527 Provider Number: 15G802 AIM Number: 201024860</p> <p>At this Life Safety Code survey, Bona Vista Programs 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 one story facility with a basement was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and hard wired smoke detectors in all client sleeping rooms and on all levels. The facility has a capacity of eight and had a census of eight 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 S152 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 0.32.</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 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. Based on record review and interview, the facility failed to provide quarterly fire drills on each shift for the past 3 of 4</p>	K S152	To ensure that all fire drills are conducted as outlined in state and federal guidelines, the following corrective action(s)	07/25/2015

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	<p>quarters. This deficient practice affects all clients in the facility including visitors and staff.</p> <p>Findings include:</p> <p>Based on Fire inspection records review on 06/25/15 at 2:50 p.m. with the House Manager the following fire drill shifts were not done:</p> <ul style="list-style-type: none"> a. second shift of the first quarter 2015 b. first shift of the third quarter 2014 c. first shift of the second quarter 2014 <p>Based on interview on 06/25/15 concurrent with record review with the House Manager it was acknowledged the aforementioned shifts had not been conducted.</p>		<p>will be implemented: 1) The Residential House Manager will ensure that all staff located at 112 East Westmoreland (Westmoreland group home) will be trained on and instructed to follow the established 2015 Group Home Drill Schedule. See <i>Appendix A</i>. To ensure that all scheduled drills are executed on each shift as outlined in the drill schedule, the Residential Services Quality Assurance Coordinator will review completed drills on a bi-monthly basis to monitor for compliance. In the event that a drill has not been completed in the time designated on the drill schedule, the Quality Assurance Coordinator will notify the Director of Residential Services. The Director of Residential Services will then provide additional oversight to the Residential House Manager to ensure that all future drills are completed as indicated in the drill schedule.</p>		