

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G555	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/07/2014
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NAME OF PROVIDER OR SUPPLIER  BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1139 BOLLMAN DECATUR, IN 46733
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K010000	<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: 11/07/14</p> <p>Facility Number: 001069 Provider Number: 15G555 AIM Number: 100245430</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bi-County 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 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors and common living areas. 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</p>	K010000	<p><b>Bollman Life Safety Code (LSC) POC</b></p> <p><b>Survey Event ID 1ZT121</b></p> <p><b>November 2014</b></p>	
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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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K01S051	<p>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 by Dennis Austill, Life Safety Code Specialist on 11/13/14.</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 A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires that any device or any feature of</p>	K01S051	<p><b>On November 12th 2014 B Secure Alarm Systems, Inc.</b></p>	11/12/2014

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	<p>a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 11/07/14 at 1:38 p.m., the fire alarm system was activated two times. Based on an interview with the House Manager at the 1:41 p.m., the fire alarm system was continuously monitored but the sheriff's department failed to receive the fire alarm transmission signal both times.</p>		<p><b>assessed the Bollman fire alarm system(s) in conjunction with the Adams County Sheriff's Department (ACSD) and reprogrammed the digital dialer to dial the local authorities. The system was tested and the authorities received the message. The</b></p>		

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			<b>week of November 1st the ACSD and other local authorities went digital. Due to snafus during the digital system change there were programming problems related to the authorities receiving the fire alarm transmission signal. This was corrected</b>		

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			<p><b>on 11/12/14 as indicated above.</b></p> <p><b>Bi-County Services (BCS) maintenance department does monthly inspections of fire alarm systems operations as well as other life safety code checks, such as fire extinguishers.</b></p> <p><b>Person's Responsible: Maintenance</b></p>	

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K01S149	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to enforce 1 of 1 smoking policies. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 11/07/14 at 1:15 p.m., at least 30 cigarette butts were in the mulch along the front porch. Based on an interview with the House Manager at the time of observation, the back patio was the designated smoking area and occupants are not allowed to smoke at or near the front porch.</p>	K01S149	<p><b>Department Completion Date: 11/12/14</b></p> <p>All staff &amp;/or visitors to the group home will use only the back patio area for smoking which has non-flammable safety container for cigarette butts. The Bollman group home's Smoking Protocol has been revised to include Indiana State law prohibiting smoking within 8 feet of the patio area entrance. There will be no other authorized smoking area for the home. The Residential Manager revised Shift Duty Responsibilities for smokers to include assessing the smoking area for any discarded butts at least twice daily. This is not the responsibility of non-smokers. All staff working at Bollman will be trained on the revised Smoking Protocol as well as shift duty responsibilities for smokers. Persons responsible: Residential Management Team Completion Date: 11/30/14</p>	11/30/2014
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