

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G186	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/31/2014
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637 E MAIN ST DANVILLE, IN 46122
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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: 12/31/14</p> <p>Facility Number: 000719 Provider Number: 15G186 AIM Number: 100234670</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Residential CRF 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>This one story building was determined to be not sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		

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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K01S018	<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 0.2.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/07/15.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 5 of 6 sleeping room doors would self close and latch into the door frame. This deficient practice could affect all clients in the facility.</p>	K01S018	Residential CRF will ensure that all bedroom doors self close and latch into the door frame. Residential supervisor will check bedroom doors on a weekly basis to ensure that all bedroom doors self close and latch into the door frame. Residential maintenance	01/30/2015			

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	<p>Findings include:</p> <p>Based on observations with Qualified Mental Retardation Professional (QMRP) during a tour of the facility from 10:50 a.m. to 11:05 a.m. on 12/31/14, the following was noted for entry doors to five of six client bedrooms:</p> <p>a. bedroom door by the dining room would not latch into the door frame.</p> <p>b. bedroom door by the hallway near the kitchen was not equipped with a self closing device.</p> <p>c. bedroom door at end of the hallway from the kitchen was equipped with a self closing device but the self closing device did not function to self close.</p> <p>d. bedroom door by the kitchen would not latch into the frame.</p> <p>e. bedroom door at the end of the hallway by the north exit door would not latch into the door frame.</p> <p>Based on interview at the time of the observations, the QMRP acknowledged the aforementioned bedroom doors failed to self close and latch into the door frame.</p>		will check the doors and repair them so they are self closing and latch into the door frame Staff Responsible: QIDP, Maintenance		

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility failed to provide a complete periodic instruction plan for special staff response, including fire protection procedures needed to ensure the safety of 8 of 8 clients in the facility. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 states the protection plan should include the following features: (a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the</p>	K01S147	Residential CRF will provide a complete periodic instruction plan for special staff response in the event of a fire Residential CRF will review it's Policy and Procedures to ensure that it includes complete instructions for evacuation in the event of a fire These instructions will include directions to activate the fire alarm system in the event of a fire. These changes will be implemented into our Policy and Procedure Staff Responsible: QIDP, Administrator	01/30/2015			

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	<p>various routes.</p> <p>(b) A fundamental knowledge of fire growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on review of "Policy & Procedures" with the Qualified Mental Retardation Professional (QMRP) during record review from 10:00 a.m. to 11:05 a.m. on 12/31/14, the written fire safety plan did not include activation of the fire alarm system in the event of a fire.</p> <p>Based on interview at the time of record review, the QMRP acknowledged the facility's written fire safety plan did not include activation of the fire alarm system in the event of a fire.</p>			