

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G548	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/16/2012
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 KLERNER LN NEW ALBANY, IN 47150
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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
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 13, 14, and 16, 2012.</p> <p>Facility number: 001062 Provider number: 15G548 AIM number: 100385660</p> <p>Surveyor: Dotty Walton, Medical Surveyor III.</p> <p>This federal deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/20/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure day shift and sleeptime evacuation drills were conducted at least quarterly.</p> <p>Findings include:</p> <p>Fire evacuation drills from 11/04/11 to 11/11/12 with clients #1, #2, #3, #4, #5 and #6 as participants, were reviewed on 11/14/12 at 8:12 AM. The review indicated no sleeptime fire drill (10:00 PM until 5:30 AM) for the second quarter of 2012 (April, May and June). The review indicated no daytime (6:00 AM to 12:00 PM) drills for the fourth quarter of 2011 (October, November and December) or the third quarter of 2012 (July, August and September).</p> <p>Interview with House Manager staff #2 on 11/14/12 at 8:19 AM indicated they followed a predetermined schedule for conducting evacuation drills and there were no additional drill records for the facility.</p> <p>9-3-7(a)</p>	W0440	<p>The home manager will immediately schedule fire evacuation drills for both daytime and nighttime (i.e., sleeptime).</p> <p>To protect other clients and prevent recurrence: All Blue River Service, Inc. group homes have a schedule of quarterly evacuation drills to follow. The schedule will be reviewed and altered to clarify the specific times of day that each drill should be conducted.</p> <p>Quality assurance: The home manager will go over any changes to the quarterly evacuation schedule with the group home staff. At the end of each quarter, the home manager will review the documentation from the evacuation to ensure it was conducted properly.</p> <p>Responsible party: Group home manager</p>	12/16/2012			

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