

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G576	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2013
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N THIRD ST 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: 10/16/13</p> <p>Facility Number: 001090 Provider Number: 15G576 AIM Number: 100245540</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 with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p>	K010000		
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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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 1 of 1 basement portable fire extinguishers was provided maintenance at least yearly. LSC 4.6.12.3 requires equipment that needs periodic testing to ensure its maintenance shall be tested as specified elsewhere in the Code. NFPA 10, Standard for Portable Fire Extinguishers, in Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. This deficient practice could affect clients in the event of a fire emergency in the basement.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager on 10/16/13 at 11:34 a.m., the inspection tag on the basement fire extinguisher lacked a date for the annual inspection. Monthly maintenance checks were documented on the tag from 07/2012 to 09/2013. The remaining two fire extinguishers had new inspection tags dated for the year 2013. At the time of observation, the Residential Manager was unable to confirm the basement fire extinguisher had received an annual inspection.</p>	K010130	K130 Bi-County Services, Inc. (BCS) will ensure that this standard is met for ALL portable fire extinguishers in the group home(s) are provided with maintenance/ inspection at least annually. Maintenance checks were documented monthly for the fire extinguisher in the basement of the Third Street group home from July 2012 through September of 2013; however, the annual inspection tag was unavailable to determine the annual inspection date. The BCS Maintenance Department will assure that the annual check is completed on the basement fire extinguisher at Third Street and that ALL fire extinguishers are tagged to indicate completion of maintenance at least annually, in addition to the monthly inspections. The Maintenance Department's Residential Check List will be revised to include Annual Maintenance Checks & Tagging for ALL portable fire extinguishers in each group home. All Residential Management Team (RMT) members from all SGL homes will be trained on the revision to the Maintenance Departments Checklist and assure that Residential Managers (RM) in particular follow-up to see that this is completed by the maintenance department at least annually and that the tags are	11/15/2013			

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			current. Person's Responsible: Maintenance Department, RM's, Residential Administrator (RA) and Program Director (RD). Completion Date: 11/15/13.		

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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 administration failed to ensure employees on 1 of 3 shifts are periodically instructed and kept informed with respect to their duties and responsibilities under the written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review and interview with the Residential Manager on 10/16/13 at 11:16 a.m., the facility failed to provide training records to show all third shift</p>	K01S147	K0147 BCS will ensure that ALL staff working with consumers at the Third Street group home receives training on the Emergency Action Plan (EAP) for their home at least every other month or more frequently should any revisions be made to the plan. This will be assured through the following steps: The RMT will be re-trained on the Residential Evacuation Drill(s) Procedure, which includes criteria of all staff working in SGL homes having training/review of the EAP every other month as a regular Agenda item at staff meetings which are held monthly. All RMT members will be re-trained on October 30th 2013 regarding this	11/15/2013			

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	employees have been instructed in their duties and responsibilities, at least every two months, according to the written fire safety plan. Based on record review with the Residential Manager at 11:15 a.m. on 10/16/13, the facility did not conduct a third shift fire drill for the second quarter of 2013.		priority for consumer safety. RM's will be responsible to train any staff that is unable to attend the bi-monthly (every other month) EAP review at regularly scheduled staff meetings. Documentation of who has been trained on bi-monthly EAP review will be kept on file with other Life Safety Code (LSC) paper work for each home until the next LSC survey occurs. The Third Street EAP has been revised to include a new admission to the group home effective 10/21/13. All staff will be re-trained on the Third Street revised EAP. Person's responsible: RM's; AAQA; RA and PD. Completion Date: 11/15/13		

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) 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>(3) Facilities must meet the requirements of paragraphs (i) (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 conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the "Residential Fire/Tornado/Gas Leak Drill</p>	K01S152	K0152 Residential Evacuation Drill(s) Procedure Bi-County Services, Inc. will assure that the residential group homes are in compliance with the regulations regarding evacuation drills as evidenced by the following procedures. BCS residences' hold evacuation drills at least quarterly for each shift of personnel and under varied conditions:Each group home has	11/15/2013	

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	Report" with the Residential Manager on 10/16/13 at 11:15 a.m., a third shift fire drill was not conducted for the second quarter of 2013. Based on an interview with the Residential Manager at the time of record review, house staff conducted two second shift fire drills in the second quarter of 2013 by mistake therefore a third shift fire drill did not take place.		a regular rotation of drills by shift, per quarter for the current year with the Residential Manager (RM) assuming the responsibility of monitoring and documenting that this occurs. The rotation drill schedule is updated annually to assure that fire drills are conducted quarterly on each shift at all group homes during a calendar year. The RM's in conjunction with the Administrative Assistant for Quality Assurance (AAQA) are responsible for developing this emergency drill rotation schedule annually as a team. The drill rotation schedule & any designated assignments will be posted either on the calendar or in the logbook, depending on the group home. Any updates or changes will be the responsibility of the RM to communicate to Residential Trainers. The RM or designee will check off that the drills have been completed by the 25th of each month. This is documented on the RM Monthly Check Off list. RM does a fire alarm check weekly and the maintenance department completes the check on a monthly basis. Evacuation training for staff occurs as part of the regular agenda item(s) at house meetings bi-monthly (every other month). This is to assure that all personnel on all shifts are familiar with the use of alarms, emergency and disaster plans, special needs and assistance for		

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			<p>residents, as well as impaired fire alarm and/or sprinkler system procedure ("fire watch" monitoring). RM's (or designee) provide group home orientation for new staff and/or relief employees that address specific "Emergency Issues". The Emergency Issues include, but are not limited to emergency telephone numbers, how to operate the fire alarm system, where consumers should go, explanation of drills and how to do them, location of fuse box and training on the EAP for that house. All evacuation drills will be recorded on the Residential Drill Reports and left for the RM to review and complete all management documentation requirements prior to copying & forwarding to the AAQA and then filing with other Life Safety Code (LSC) paperwork for the group home. The Residential Drill Reports will also indicate when and who were evacuated during any actual evacuation drills. In addition, BCS has an Emergency Action Plan (EAP) for each site location. Site locations include all group homes, Day Services settings and sheltered workshops. The EAP notes purpose, evacuation procedure, staffing needs and alternative refuge locations. Provisions are in place for evacuation drills and EAP's for individuals with physical disabilities. Pertinent telephone numbers for contact is also part</p>		

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			of this EAP. Actual Evacuation Drills (with residents evacuated from the home) will occur at least once a year on each shift. During actual evacuation(s) consumers may be evacuated to a safe area in other agency or community facilities certified under the Health Care Occupancies Chapter of the LSCIn order to assure that all staff on all shifts is trained to perform assigned tasks as they relate to evacuation drills, new employees will be checked off during group home orientation/training and documented on a training list that RM maintains files on. A designee may complete training of staff, but documentation stills requires RM review and sign-off. All Residential Management Teams (RMT's) will be retrained on the mandatory requirement of assuring that fire drills are conducted quarterly on each shift for all four calendar quarters. This re-training will also stress our commitment to Project "Be Safe/Be Prepared" which involves consumer and staff training involvement in increasing awareness for safety, readiness for emergency action, and EAP follow through. The drill process is a priority for the safety of consumers. Every November the RM's and AAQA will develop the annual drill rotation schedule for the upcoming year for each group home assuring that they meet the requirements of conducting drills		

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			<p>quarterly per shift for all four calendar quarters. This team will be in agreement regarding the annual drill rotation schedule prior to posting and training direct care staff (DCS) to ALERT them of the new drill rotation for the upcoming year at each group home(s) December house meetings. The AAQA will provide RMT's with "ALERT" notice two weeks prior to the next drill scheduled in the rotation, thus providing an additional safeguard to assure compliance with LSC regulations regarding evacuation drills. All RMT members will be retrained on the Residential Evacuation Drill(s) Procedure to assure the safety of all group home consumers and to support the staff in assuring that they can competently complete this important safety component as per regulations. Person's Responsible: RM's & RMT's, PD, RA, and AAQA. TCD 11/15/13</p>		