

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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. 02	<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: 05/19/15</p> <p>Facility Number: 000810 Provider Number: 15G291 AIM Number: 100249070</p> <p>At this Life Safety Code survey, Logan Community Resources 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 partial basement was determined to be sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including in the sleeping rooms and in 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>	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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 S040 Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.8.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors or paths of travel to means of escape are not less than 32 inches.</p> <p>Exception No. 1: Bathroom doors are not less than 24 inches.</p> <p>Exception No. 2: In conversions (see 32.1.1.3), 28 inch doors are permitted to continue in use.</p> <p>Based on observation and interview, the facility failed to ensure the path of travel to a means of escape was not less than 28 inches for 1 of 4 bedrooms. This deficient practice could affect four of eight clients.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance/Housekeeping and Director of Quality Assurance on 05/19/15 at 12:22 p.m., the southwest bedroom each lacked a path of travel to the exit door that was at least 28 inches wide. The southwest bedroom had two beds which were too close to each other, leaving an 18 inch aisle between the two</p>	K S040	<p>In the northwest bedroom, the large plastic tub of the client's items has been removed and the path to the exterior exit door is not blocked and the path is at least 28 inches wide. In the southwest bedroom, the furniture has been rearranged so that it allows for at least a 28 inch wide aisle/path to the exterior exit door. Staff will receive training that addresses the requirement that exterior exit doors cannot be blocked and the aisle/path, particularly between beds, to the exterior exit door must be at least 28 inches wide.</p> <p>In the future, announced and unannounced visits by the QIDP/Program Manager, Director of Residential Services and Director of Quality Assurance will include spot</p>	06/18/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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 S046 Bldg. 02	<p>beds leading to the exit door from the room to the outside. The northwest bedroom had a large plastic tub of the clients items stored in front of their bed and blocked the exterior exit door. Based on interview at the times of observation, the Director of Maintenance/Housekeeping and Director of Quality Assurance acknowledged the storage should not block the exterior exit door.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to maintain an electrical outlet near the entrance to office. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice affects all clients. Findings include: Based on observation with the Director of Maintenance/Housekeeping and Director of Quality Assurance on 05/19/15 at 12:15 p.m., an electric receptacle near the</p>	K S046	<p>checks to bedrooms in effort to prevent any items blocking the exterior exit door and ensuring aisle/paths to the exterior exit doors are at least 28 inches wide.</p> <p>Persons Responsible: Program Coordinator, QIDP/Program Manager, Director of Residential Services, and Director of Quality Assurance</p> <p>The cracked and partially uncovered electrical receptacle has been repaired.</p> <p>In the future, the Program Coordinator will utilize the electronic Sys-Aid system and report maintenance issues in a timely manner so that the repairs can be made in a timely manner. This would include but not be limited to cracked and uncovered electrical receptacles.</p> <p>Additionally, announced and unannounced visits by the QIDP/Program Manager, Director of</p>	06/18/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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 S053 Bldg. 02	<p>entrance to the office was cracked and partially uncovered. The Director of Maintenance/Housekeeping and Director of Quality Assurance acknowledged at the time of observation, the wiring should have been protected by a face plate.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review and interview, the facility failed to ensure 13 of 13 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked</p>	K S053	<p>Residential Services and Director of Quality Assurance will include, but not be limited to spot checks of electrical outlets to ensure in good working order and covered. Routine maintenance inspections will include checks of electrical receptacles in effort to provide any needed repairs in a timely manner</p> <p>Persons Responsible: Program Coordinator, QIDP/Program Manager, Director of Residential Services, Director of Quality Assurance, and Director of Maintenance and Housekeeping</p> <p>The inspection report has been revised to include sensitivity range values for each detector.</p> <p>In the future, the inspection report will include the sensitivity range values for each detector. If it does not, the company will be contacted</p>	06/18/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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
	<p>within 1 year after installation and every alternate year thereafter. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Director of Maintenance/Housekeeping and Director of Quality Assurance on 05/19/15 at 11:34 a.m., the most recent documentation of a smoke detector sensitivity test was completed by SCI Alarm dated 04/21/15. The sensitivity</p>		<p>in a timely manner and will be required to provide this information on each inspection report.</p> <p>Persons Responsible: Director of Maintenance and Housekeeping</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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 S056 Bldg. 02	<p>report provided testing values for each detector but did not include each smoke detector listed and marked sensitivity range values. Based on an interview with Director of Maintenance/Housekeeping and Director of Quality Assurance at the time of record review, they acknowledged the lack of information provided.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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
	<p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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
	<p>habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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
--------------------	--	---------------	---	----------------------

	<p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation and interview, the facility failed to replace 22 of 23 corroded sprinklers in the basement. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted,</p>	K S056	<p>1. The twenty-two automatic sprinklers in the basement have been replaced.</p> <p>In the future, Director of Maintenance and Housekeeping and maintenance staff will complete routine inspection visits and include a check of the sprinkler heads. Any sprinklers with a corrosion substance will be replaced in a</p>	06/18/2015
--	--	--------	--	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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
	<p>corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance/Housekeeping and Director of Quality Assurance on 05/19/15 at 12:35 p.m., twenty two of twenty three automatic sprinklers in the basement were corroded with a green substance. Based on interview at the time of the observation, the Director of Maintenance/Housekeeping and Director of Quality Assurance acknowledged the condition of the sprinkler heads.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and clients.</p>		<p>timely manner.</p> <p>Person Responsible: Director of Maintenance and Housekeeping</p> <p>2. The sprinkler pressure gauge has been replaced.</p> <p>In the future, the sprinkler pressure gauge will be replaced every 5 years. The Director of Maintenance and Housekeeping will track the sprinkler pressure gauge replacement in conjunction with the fire protection company that inspects and services the sprinkler systems in effort to ensure timely replacement and/or appropriate tested calibration.</p> <p>Person Responsible: Director of Maintenance and Housekeeping</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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 S154 Bldg. 02	<p>Findings include:</p> <p>Based on observation with the Director of Maintenance/Housekeeping and Director of Quality Assurance at 12:36 p.m. on 05/19/2015, the sprinkler system located in the sprinkler riser closet had a pressure gauge with a date indicating the gauge was manufactured in 2009. Based on interview at the time of observation, the Director of Maintenance/Housekeeping and Director of Quality Assurance acknowledged the gauge was manufactured in 2009.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 8 of 8 clients by providing a written policy containing procedures to be followed in the event the sprinkler system has to be placed out of service for 4 hours or more in a 24</p>	K S154	<p>K0154</p> <p>The "Failure of Automatic Sprinkler System" policy will be revised to contain the information that the local fire department will be</p>	06/18/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/19/2015
NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601		
(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 S155 Bldg. 02	<p>hour period in accordance with LSC, Section 9.7.6.1. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Failure of Automatic Sprinkler System" with the Director of Maintenance/Housekeeping and Director of Quality Assurance on 05/19/2015 at 11:37 a.m., the facility had a written policy and procedure for an impaired sprinkler system. The policy did not include notifying the local fire department. Based on interview with the Director of Maintenance/Housekeeping and Director of Quality Assurance at the time of record review, they acknowledged the procedure did not indicate the facility shall contact the local fire department.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to protect 8 of 8 clients by providing a written policy containing</p>	K S155	<p>contacted if the sprinkler system becomes impaired.</p> <p>In the future, the "Failure of the Automatic Sprinkler System" policy will be kept up to date and current with all necessary components including, but not limited to notifying the authorities that have jurisdiction pertaining to impaired sprinkler systems.</p> <p>Person Responsible: Director of Quality Assurance</p> <p>The "Failure of Fire Alarm System" policy will be revised to contain the information that the local fire</p>	06/18/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
---	--

(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
	<p>procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Failure of Fire Alarm System" with the Director of Maintenance/Housekeeping and Director of Quality Assurance on 05/19/2015 at 11:37 a.m., the facility had a written policy and procedure for an impaired fire alarm system. The policy did not include notifying the local fire department. Based on interview with the Director of Maintenance/Housekeeping and Director of Quality Assurance at the time of record review, she acknowledged the procedure did not indicate the facility shall contact the local fire department.</p>		<p>department will be contacted if the Fire Alarm system becomes impaired.</p> <p>In the future, the "Failure of the Fire Alarm System" policy will be kept up to date and current with all necessary components including, but not limited to notifying the authorities that have jurisdiction pertaining to impaired Fire Alarm systems.</p> <p>Person Responsible: Director of Quality Assurance</p>	