

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 07/06/2015
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
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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
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K 0000 Bldg. 02	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/19/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/06/15</p> <p>Facility Number: 000810 Provider Number: 15G291 AIM Number: 100249070</p> <p>At this PSR survey, Logan Community Resources Inc. was found in substantial 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>	K 0000		
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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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K S040 Bldg. 02	<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 one of four bedrooms This deficient practice could affect four of eight clients.</p> <p>Findings include:</p> <p>Based on observations with the Director of Residential Services and Maintenance Technician on 07/06/15 at 11:45 a.m., the southwest bedroom had a large tub of the clients items stored in front of the exterior bedroom exit door preventing the door from being opened. Stored items such as a chair and clothes were piled in front of the door not providing 28 inches of access. Based on interview at the times of observation, the Director of Residential Services and Maintenance Technician acknowledged the storage should not block the exterior exit door.</p>	K S040	<p>K S040</p> <p>In the southwest bedroom, the chair and piled clothes have been removed and the path to the exterior exit door is not blocked. This allows for an accessible path that is at least 28 inches wide. Staff received training 7/16/15 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>Staff will also be required to complete documented checks of all exterior doors at the change of every shift. If there are any items in the path of the exterior door, they will be removed immediately to ensure aisle/paths to the exterior doors are at least 28 inches wide.</p> <p>In the future, announced and unannounced visits by the QIDP/Program Manager, Director of</p>	08/05/2015

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			Residential Services and Director of Quality Assurance will include spot 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. Persons Responsible: Program Coordinator, QIDP/Program Manager, Director of Residential Services, and Director of Quality Assurance		