STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G604	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE DESIGNS INC	339 W JEFFERSON ST SPENCER, IN 47460

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 04/24/12 Facility Number: 001118 Provider Number: 15G604 AIM Number: 100245630 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, Life Designs 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. This one story facility was fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors and common living areas. The facility	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	has a capacity for 6 and had a census of 5 at the time of this survey. 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. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/30/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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	15G604		04/24/2012

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KS147	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 5 of 5 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient	KS147	LifeDesigns is dedicated on ensuring all staff are routinely instructed and kept informed of their duties and given a copy of a plan for protecting persons in the event of a fire. The Program Director (PD) will implement and train the CLMs on the Monthly Quarterly Training Monitoring Schedule by May 19th, 2012. CLM will be responsible to make sure it is completed. Copies of form will be kept in the group home training book. To ensure completion, the PD will monitor through monthly audits. Copy of the Monthly Quarterly Training Monitoring Schedule and training signature sheet will be available at the LifeDesigns office	05/12/2012

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	practice could affect all clients. Findings include: Based on fire Drill Reports review with the program director on 04/24/12 at 12:30 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any record of a fire drill for the 2:00 p.m. to 10:00 p.m. shift during the second quarter of 2011. The program director said at the time of record review, there was no fire drill documentation available for this period. As a result, there was a lapse of four months between March 2011 and the next 2:00 p.m. to 11:00 p.m. shift fire drill conducted 07/31/11. The program director said at the time of record review, there were no records for when the 2:00 p.m. to 11:00 p.m. shift staff completed any other fire safety/evacuation training during the four month period.			

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KS152	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. (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. (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 ensure fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects all occupants. Findings include: Based on review of fire Drill	KS152	K 0152LifeDesigns is dedicated to ensuring evacuation drills are completed in the group home at least quarterly for each shift of personel. To ensure compliance of drill completion, the Program Director (PD) will revise the Drill form to include a checkbox to indicate day, evening, and overnight shift and times corresponding with shift times by May 19th, 2012. The PD will train the CLMs and ACLMs on revised	05/19/2012

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	Reports on 04/24/12 at 12:30 p.m. with the program director, documentation of a fire drill was not found for the 2:00 p.m. to 10:00 p.m. shift during the second quarter of 2011. The program director said at the time of record review, there was no record for the 2:00 p.m. to 10:00 p.m. shift, second quarter of 2011.		drill form and schedule by May 19th, 2012. PD or CLM will review drills monthly to ensure drills are completed according to schedule. A copy of the revised drill form and training signature sheet will be available at the LifeDesigns office.	