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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G503 | X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____ | X3) DATE SURVEY COMPLETED 04/24/2014 |
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| NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 293 SUMMIT VIEW DRIVE CORYDON, IN 47112 |
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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 |
|--------------------|---|---------------|---|----------------------|
| K020000 | <p>A Life Safety Code Certification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/24/14</p> <p>Facility Number: 001017 Provider Number: 15G503 AIM Number: 100385650</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Blue River 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in sleeping rooms, and in common living areas. The facility has a capacity of seven and had a census of seven at the time of this survey.</p> | K020000 | | |

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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| K02S051 | <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/28/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system's components and devices such as smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all</p> | K02S051 | <p>-An inspection was completed at the facility and included all documentation on the inspection of the fire alarm system devices including the fire alarm system's components and devices such as smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment.</p> <p>-To Protect Other Clients and Prevent Recurrence: A complete annual inspection will be done at all facilities. This inspection will include documentation on the fire alarm system's components and devices such as smoke detectors, horn/strobe devices, fire alarm</p> | 05/24/2014 | | | |

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| | <p>clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system annual inspection reports in the Emergency Drill Book on 04/24/14 at 10:45 a.m. with the Residential Manager present, the annual fire alarm system inspection report dated 04/01/14 did not include an itemized check list of all devices tested, including location, type of device, visual/functional test, and pass/fail result. This was acknowledged by the Residential Manager at the time of record review.</p> | | <p>boxes, and fire alarmcontrol equipment.</p> <p>·Quality Assurance: The Properties Manager andthe Residential Director will check that the annual inspection has beencompleted. Documentation of the inspection will be located at each residentialfacility and at the Residential Director's office.</p> <p>·Responsible Parties: Properties Manager andResidential Director</p> | | |