

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G492	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 47TH ST JASPER, IN 47546
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K0000	<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: 10/02/12</p> <p>Facility Number: 001006 Provider Number: 15G492 AIM Number: 100235270</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Alternatives SW IN was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) 2000 Edition, Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridor, common</p>	K0000		

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>living areas, and client sleeping rooms. The facility has a capacity of eight and had a census of seven at the time of this survey.</p> <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 1.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/03/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS147	<p>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 person 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 no 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 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 7 of 7 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	KS147	The Administration has put into effect a plan that the QA Team is overseeing. Ensuring that the Operations Manager SGL, instructs the Program Coordinator periodically in the event of fire, so that staff responses are well informed with respect to their duties and responsibilities whenever any resident with unusual needs is admitted to the home. QA will follow up with the Program Coordinator / staff on a monthly basis, ensuring that documentation / drills are done. Also that required documentation is turned in and meets Life Safety Code Standards. This will ensure the safety of 7 of 7 clients and all staff. Attached is the Admin. In	11/01/2012	

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	Based on interview during review of the facility's Fire Drill Plan on 10/02/12 at 1:55 p.m., the Home Manager indicated employees are 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 any resident, however, the Home Manager indicated such instructions are not reviewed by the staff every two months. The facility was lacking written documentation fire drills were performed during the second shift (evening) of the third quarter of 2012, and the third shift (night) of the first and second quarters of 2012, both periods of more than two months.		Service Training Sheets for Documentation.		

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on review of the facility's</p>	KS152	The Operations Manager SGL: Will ensure that the Program Coordinator develops and follows a schedule conducting fire drills at least quarterly for each shift of personnel and under varied conditions. This will ensure that all personnel on all shifts are trained to perform assigned tasks and are familiar with the use of the facility's emergency and disaster plans and procedures. The Program Coordinator will	11/01/2012	

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	<p>fire drills in the Fire Drills book on 10/02/12 at 1:45 p.m. with the Home Manager present, the facility lacked documentation fire drills were conducted during the following shifts and quarters:</p> <p>a. Second shift (evening) of the third quarter (July, August, and September) of 2012.</p> <p>b. Third shift (night) of the first quarter (January, February, and March), and second quarter (April, May, and June) of 2012.</p> <p>Based on interview at the time of record review, the Home Manager acknowledged the lack of documented fire drills during the previously mentioned shifts and quarters.</p>		<p>submit copies of fire drills performed to the Quality Assurance Team for review. The Quality Assurance Team will ensure the schedule for fire drills is in compliance with Life Safety Code Standards. Attached are two drills that got overlooked during the survey, accounting for the third shift (night) of the first and second quarters of 2012 for both periods.</p>		