

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G469	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2012
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 S OAK ST BLUFFTON, IN 46714
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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: 09/21/12</p> <p>Facility Number: 000983 Provider Number: 15G469 AIM Number: 100244850</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bi-County 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 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility was sprinklered. The facility has a fire alarm system with smoke</p>	K0000	<p>Oak Life Safety Code POC</p> <p>October 2012</p>	
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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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	<p>detection in the corridors, sleeping rooms, and common living areas. The facility has a capacity of 6 and had a census of 6 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 3.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/01/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 sleeping room doors would latch into the door frame. This deficient practice could affect 2 of 7 clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager on 09/21/12 at 12:34 p.m., the northeast sleeping room door would not latch into the door frame. This was acknowledged by the Resident Manager at the time of observation.</p>	KS018	<p>K0018</p> <p>Bi-County Services, Inc. (BCS) will assure that all doors are provided with latches suitable for keeping the doors closed, in this case a bedroom door for two of six consumers residing at the Oak group home.</p> <p>1. Upon receipt of the deficiencies (10/4/12) at the Oak group home during a Life Safety Code (LSC) survey conducted on 9/21/12, the agency Program Director (PD) notified the Maintenance Crew Leader of the problem with the door to the northeast bedroom at the group home failing to latch. The Maintenance Crew Leader &/or Maintenance Technician will assess the faulty door/latch and correct the problem to assure the</p>	10/21/2012	

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			<p>safety of the ladies living in the home. The Maintenance Department will have this safety concern corrected prior to the 10/21/12 target completion date for the POC due to our priority of consumer safety.</p> <p>Person's Responsible: Maintenance Department, PD and Residential Administrator (RA).</p> <p>Target Completion Date: 10/21/12</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 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</p> <p>Based on record review and interview, the facility administration failed to ensure the written emergency action plan addressed fire safety procedures to protect 6 of 6 clients. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>During the record review process with the Residential Manager on 09/21/12 at 12:15 p.m., the facility failed to include a written fire safety plan in the "Emergency</p>	KS147	<p>K0147</p> <p>Bi-County Services, Inc. (BCS), does have in effect and available to all supervisory and Direct Care Staff (DCS) personnel written copies of plan(s) for protecting all consumers in the event of fire, for keeping persons in place, for evacuating consumers to areas of refuge, and for evacuating consumers from the building when necessary. The Oak group home Emergency Action Plan and Residential Evacuation Drill(s) Procedure meet all criteria</p>	10/21/2012	

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	Action Plan." This was confirmed by the Residential Manager at the time of record review.		<p>identified in the comments section of this Life Safety Code Standard K0147.</p> <p>It is felt that a copy of the Oak Emergency Action Plan (EAP) and Residential Evacuation Drill(s) Procedure were not provided to the surveyor at the time of the survey and that the Residential Manager (RM) should have been aware that these priority plans/procedures needed to be located in the designated Emergency Information Book at the Oak group home as directed by agency administration at the time of the LSC survey. A copy of the Oak Emergency Action Plan, as well as the Residential Evacuation Drill(s) Procedure are two priority plans that MUST BE in the Emergency Information Book and available for all DCS to access as needed. Both the Residential Evacuation Drill Procedure and the Emergency Action plan are required to be reviewed with DCS every other month as per standard(s).</p> <p>Plan of Correction Specific to Oak Group Home and all SGL homes operated by BCS:</p> <p>1.Oak Emergency Action Plan (EAP) will be located in the Oak Emergency Information Book</p>		

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			<p>effective 10/8/12</p> <p>2.The EAP was revised in April of 2012 by the PD to address special needs/assistance for one of the residents as part of the evacuation procedure component. This resident was out of the group home from July 25 th through September 5 th 2012 due to knee replacement surgery and then rehabilitation. She was re-admitted to the group home on 9/6/12. The PD should have reviewed &/or revised the Oak EAP at the time of the re-admission, especially the evacuation procedure component addressing special needs/assistance for residents to assure that the plan was still appropriate as written. On October 4 th 2012, the EAP was reviewed for appropriateness as it relates to all the ladies living in the home, not just the consumer re-admitted and found no revisions at this time. A copy of the reviewed EAP (noting Reviewed 10/12) will be provided to the RM on 10/8/12 and placed in the Emergency Information Book.</p> <p>3.The Residential Evacuation Drill(s) Procedure will be re-provided to the Oak Residential Management Team (RMT) on October 8 th 2012 and the Residential Administrator will assure that both the procedure and the EAP are available in the Oak Emergency Information Book. The RMT had been</p>		

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			<p>re-trained on revisions to the Residential Evacuation Drill(s) Procedure on 9/12/12 as part of a LSC plan of correction (POC) with all SGL RMT members.</p> <p>4.Oak DCS and RMT will be re-trained on revisions to the Residential Drill(s) Procedure and their reviewed EAP no later than 10/17/12 to assure that the plan and procedure are understood completely and that training requirements of reviewing both plans every other month during group home staff meetings are stressed for consumer and staff safety.</p> <p>5.All SGL RMT members will complete competency testing on the LSC standards related to EAP's and Residential Drill(s) Procedure by 10/21/12.</p> <p>6.The Residential Evacuation Drill(s) Procedure is included as part of this POC (see below)</p> <p>Person's Responsible: RM's & RMT's, Residential Administrator (RA), Administrative Assistant for Quality Assurance (AAQA) and Program Director.</p> <p>Target Completion Date: 10/21/12</p> <p>Residential Evacuation Drill(s) Procedure</p>		

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			<p>Bi-County Services, Inc. will assure that the residential group homes are in compliance with the regulations regarding evacuation drills as evidenced by the following procedures.</p> <p>1. BCS residences' hold evacuation drills at least quarterly for each shift of personnel and under varied conditions:</p> <p>A. Each group home has a regular rotation of drills by shift, per quarter for the current year with the Residential Manager (RM) assuming the responsibility of monitoring and documenting that this occurs. The RM will also assure that drills utilize all group home egresses so that staff and consumers are knowledgeable of safety and protection safeguards under varied conditions. The rotation drill schedule is updated annually to assure that fire drills are conducted quarterly on each shift at all group homes during a calendar year. The RM's in conjunction with the Administrative Assistant for Quality Assurance (AAQA) are responsible for developing this emergency drill rotation schedule annually as a team.</p> <p>The drill rotation schedule & any designated assignments will be posted either on the calendar or in the logbook, depending on the group home.</p>		

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			<p>Any updates or changes will be the responsibility of the RM to communicate to Residential Trainers.</p> <ul style="list-style-type: none"> · The RM or designee will check off that the drills have been completed by the 25th of each month. This is documented on the RM Monthly Check Off list. The RM Monthly Check Off List is forwarded to the Program Director by the 10th of the following month for review of all identified RM responsibilities. · RM does a fire alarm check weekly and the maintenance department completes the check on a monthly basis. · Evacuation training, including each group homes EAP & Emergency Drill(s) Procedure, for DCS staff occurs as part of the regular agenda item(s) at house meetings bi-monthly (every other month). This is to assure that all personnel on all shifts are familiar with the use of alarms, emergency and disaster plans, special needs and assistance for residents, as well as impaired fire alarm and/or sprinkler system procedure ("fire watch" monitoring). · RM's (or designee) provide group home orientation for new staff and/or relief employees that address specific "Emergency Issues". The Emergency Issues 		

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			<p>include, but are not limited to emergency telephone numbers, how to operate the fire alarm system, where consumers should go, explanation of drills and how to do them, location of fuse box and training on the EAP for that house.</p> <p>B. All evacuation drills will be recorded on the Residential Drill Reports and left for the RM to review and complete all management documentation requirements prior to copying & forwarding to the AAQA and then filing with other Life Safety Code (LSC) paperwork for the group home.</p> <p>C. The Residential Drill Reports will also indicate when and who were evacuated during any actual evacuation drills.</p> <p>D. In addition, BCS has an Emergency Action Plan (EAP) for each site location. Site locations include all group homes, Day Services settings and sheltered workshops. The EAP notes purpose, evacuation procedure, staffing needs and alternative refuge locations. Provisions are in place for evacuation drills and EAP's for individuals with physical disabilities. Pertinent telephone numbers for contact is also part of this EAP.</p> <p>E. Actual Evacuation Drills (with residents evacuated from the</p>		

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			<p>home) will occur at least once a year on each shift. During actual evacuation(s) consumers may be evacuated to a safe area in other agency or community facilities certified under the Health Care Occupancies Chapter of the LSC</p> <p>F. In order to assure that all staff on all shifts is trained to perform assigned tasks as they relate to evacuation drills, new employees will be checked off during group home orientation/training and documented on a training list that RM maintains files on. A designee may complete training of staff, but documentation stills requires RM review and sign-off.</p> <p>2. All Residential Management Teams (RMT's) will be retrained annually at the regularly scheduled November RMT meeting on the mandatory requirement of assuring that fire drills are conducted quarterly on each shift for all four calendar quarters. This re-training will also stress our commitment to Project "Be Safe/Be Prepared" which involves consumer and staff training involvement in increasing awareness for safety, readiness for emergency action, and EAP follow through. The drill process is a priority for the safety of consumers.</p> <p>3. Every November the RM's and AAQA will develop the</p>		

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			<p>annual drill rotation schedule for the upcoming year for each group home assuring that they meet the requirements of conducting drills quarterly per shift for all four calendar quarters. This team will be in agreement regarding the annual drill rotation schedule prior to posting and training direct care staff (DCS) to ALERT them of the new drill rotation for the upcoming year at each group home(s) December house meetings.</p> <p>4. The AAQA will provide RMT's with "ALERT" notice one week prior to the next drill scheduled in the rotation, thus providing an additional safeguard to assure compliance with LSC regulations regarding evacuation drills.</p>		