

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2015
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NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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K 0000 Bldg. 02	<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: 07/08/15</p> <p>Facility Number: 000948 Provider Number: 15G434 AIM Number: 100244700</p> <p>At this Life Safety Code survey, Jay-Randolph Developmental Services 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>This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p>	K 0000		

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 0130 Bldg. 02	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.4.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted for 30 seconds at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p>	K 0130	K130 Now, and in the future, the Maintenance staff or Home Manager will perform a 30 second test each month and an annual 1.5 hour duration test for the battery powered lights in all group homes. Both the Home Managers, and the Maintenance staff will schedule and perform the testing. To ensure that the testing is done monthly and annually, scheduling and reports will be sent to the Home Lead Manager upon completion. Home Lead Manager, Home Managers and Maintenance staff responsible.	08/05/2015

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K S147 Bldg. 02	<p>Findings include:</p> <p>Based on observation during a tour of the facility with the Acting Residential Manager on 07/08/15 from 1:45 p.m. to 2:31 p.m., four battery powered emergency lights were located throughout the facility. Based on interview at the time of observations, the Acting Residential Manager stated only a quick monthly test is conducted and the facility does not perform or document a monthly 30 second or an annual 1 ½ hour duration test for the battery powered lights.</p> <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>			
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K S152 Bldg. 02	<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 written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Acting Residential Manager on 07/08/15 at 2:00 p.m., the facility failed to provide training records to show first shift employees have been instructed of their duties and responsibilities at least every two months. The facility did not conduct a first shift fire drills for the third quarter of 2014, leaving a seven month gap in training. Based on interview during record review, the Acting Residential Manager conformed no drills or training were held during the aforementioned times.</p> <p>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</p>	K S147	<p>K0147</p> <p>Now, and in the future, the facility will ensure evacuation procedures and fire safety plans are review at least every 2 months.</p> <p>Now, and in the future, the facility will ensure that the written fire safety plan addresses activation of the fire alarm in the event of a fire emergency. Home Lead Manager, QIDP and Home Manager responsible.</p>	08/05/2015

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	<p>familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(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.</p> <p>(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 conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the fire drill reports titled "Evacuation drill report" with Acting Residential Manager on 07/08/15 at 2:00 p.m., documentation of a first shift fire drill for the third quarter of 2014 was not available for review. Based on an interview at the time of record review, the Acting Residential</p>	K S152	<p>Now and inthe future, the facility will hold evacuation drills at least quarterly for each shift of personnel. The Evacuation Drill Schedule is currently being followed to ensure compliance. Evacuation Drill reports are reviewed by the Home Manager and submitted monthly to the QIDP. Staff were trained and will be retrained on a routine basis Group Home Staff, Home Manager, QIDP and Home Lead Manager responsible</p>	07/21/2015			

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	Manager confirmed a fire drill was not conducted for the aforementioned time period.				