

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G523	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/05/2016
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NAME OF PROVIDER OR SUPPLIER  FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568
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K 0000  Bldg. 01	<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: 04/05/16</p> <p>Facility Number: 001037 Provider Number: 15G523 AIM Number: 100245070</p> <p>At this Life Safety Code survey, Four Rivers Resource 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>This one story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on both levels including the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of five at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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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K 0130  Bldg. 01	<p>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 completed on 04/06/16 - DA</p> <p>Based on observation, record review and interview; the facility failed to ensure documentation for the testing of 3 of 3 battery operated emergency lights was maintained, furthermore, the facility failed to ensure 1 of 3 battery operated emergency lights was functioning. 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 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</p>	K 0130	<p>A new form for the testing of the three battery operated emergency lights will be implemented As of April 2016, the Group Home Coordinator will complete monthly inspections of the battery operated emergency lights and will document these inspections on the new FRRS form The completion of this duty will be added to the GH Coordinator's beginning of the month checklist</p>	04/18/2016

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K S152  Bldg. 01	<p>required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observations on 04/05/16 between 12:15 p.m. and 12:45 p.m., the facility had three battery powered emergency light units. Based on review of the facility's fire drills book and fire systems inspection information between 11:30 a.m. and 12:15 p.m., there was a Vanguard report dated 09/09/15 which indicated all three battery operated emergency light sets were tested for 90 minutes, however, there was no documentation available to show the battery operated emergency lights were tested monthly for at least 30 seconds. Furthermore, the battery operated emergency light set in the sleeping room hall did not illuminate when tested. This was acknowledged by the Home Manager at the time of record review and observation.</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 familiar with the use of the facility's emergency and disaster plans and</p>			

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	<p>procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 04/05/16 at 11:45 a.m. with the Home Manager present, the facility did have documentation that thirteen fire drills were performed during the past twelve months, however, there were no fire drills conducted during the first shift (day) of the third quarter (July, August, and September) of 2015, and the third shift (night) of the fourth quarter</p>	K S152	<p>A new quarterly drill schedule will be developed</p> <p>The schedule will include specific times the drills are to be completed, and the schedule will vary the required times for each shift</p> <p>The schedule will include at least one drill for each shift for each quarter</p> <p>Staff will be trained on the new drill schedule</p> <p>The GH Coordinator will monitor the accurate completion of monthly drills</p>	04/18/2016

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	<p>(October, November, and December) of 2015. 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 of 2015.</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 04/05/16 at 11:45 a.m. with the Home Manager present, three of four, third shift (night - 12 am to 8 am) fire drills performed during the past twelve months were held between 5:30 a.m. and 6:00 a.m. Based on interview at the time of record review the Home Manager acknowledged the times of the third shift fire drills were not varied.</p>			