

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G748	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/03/2012
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NAME OF PROVIDER OR SUPPLIER  SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929
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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: 05/03/12</p> <p>Facility Number: 011602 Provider Number: 15G748 AIM Number: 200903760</p> <p>Surveyor: Bridget Brown, LSC Specialist</p> <p>At this Life Safety Code survey, Spectrum Community Services of Indiana, LLC 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, Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels,</p>	K0000		
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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>in common living areas except the dining room, and in all client sleeping rooms. The facility has the capacity for 4 and had a census of 3 at the time of this survey.</p> <p>Calculation of the evacuation Difficulty Score (E-Score) using NFPA 101, 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 05/09/12.</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 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 3 of 3 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	KS147	This issue has been presented before. Fire drills are now scheduled by the house manager, house manager and program coordinator followup the proceeding day to ensure that fire drill was completed.	05/04/2012	

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	Based on review of Emergency Drill Reports with the house manager on 05/03/12 at 1:30 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any training or Fire Drill records for the 10:00 p.m. to 6:00 a.m. shift between 04/27/11 and 11/23/11, a lapse of seven months for staff training. The house manager said at the time of record review, there were no other Fire Drills or other training documentation for this period.				

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KS148	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1</p> <p>Based on observation, interview, and record review; the facility failed to enforce the facility smoking policy and ensure 1 of 2 designated smoking areas was provided with a self closing metal container for ashtray waste disposal or closed noncombustible tower as required by the facility smoking policy. This deficient practice affects staff, visitors, and 3 clients.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 05/03/12 at 1:25 p.m., a designated smoking area on the wooden back deck had two noncombustible ashtrays half full of cigarette butts. A plastic waste can lined with a plastic bag stood on the deck under the roof eave. The can contained cigarette butts, paper and plastic material. The house manager confirmed at the time of observation, the ash trays had been emptied into the can and confirmed there was no</p>	KS148	A "smoking post" has been purchased and is in place for custoemrs to use.	05/04/2012			

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	metal container with a self closing lid into which ash trays could be emptied. A review of the facility smoking policy with the house manger on 05/03/12 at 2:00 p.m. indicated, "Customers should put finished cigarette into cigarette tower." There was no cigarette tower on the deck. The house manager said at the time of record review, the clients had "taken the tower apart looking for half finished cigarettes" and damaged the tower which had been discarded. The second designated smoking area outside the office had a tower for butt disposal.			

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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 and evacuation drills were conducted for each shift for 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of fire drills with the house manager on 05/03/12</p>	KS152	This issue has been presented before. Fire drills are now scheduled by the house manager, house manager and program coordinator followup the proceeding day to ensure that fire drill was completed.	05/04/2012			

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	at 1:30 p.m., a fire drill record was not found for the 10:00 p.m. to 6:00 a.m. shift during the third quarter of 2011. The house manager reviewed the fire drill records for a second time and confirmed the drill was missing.				