

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G535	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2015
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NAME OF PROVIDER OR SUPPLIER  BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 W GOLDEN HILLS DR PERU, IN 46970
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K020000	<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: 01/16/15</p> <p>Facility Number: 001049 Provider Number: 15G535 AIM Number: 100245300</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bona Vista Programs 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 sprinklered. The facility has a fire alarm system with smoke detection on all levels as well as in the corridors, in common living areas and with hard wired smoke detectors in resident rooms. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K020000		
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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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K020130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of .06.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 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 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</p>	K020130	1) Theagency Safety and Maintenance Department will revise the <i>Facility Inspection Checklist</i> to include requirements for monthlyand annual inspections of all emergency lighting systems within the grouphomes.	02/15/2015			

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K02S046	<p>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> <p>Findings include:</p> <p>Based on observation with Residential House Manager on 01/06/15 from 11:15 a.m. to 11:45 a.m., three battery powered emergency lights were located throughout the facility. Based on interview with Residential House Manager at the time of observations, she was unable to provide documentation to confirm the facility does a monthly function test and stated the facility does not perform an annual 1 ½ hour duration test for the battery powered lights.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical switches observed was maintained in a safe operating condition. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This</p>	K02S046	<p>1) The Safety and Maintenance staff will conduct a safety tour of the facility, note all unsafe or non-compliant areas, and begin necessary repairs to noted deficiencies. The Safety and Maintenance staff will also ensure that all electrical switches found within the</p>	02/15/2015			

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K02S147	<p>deficient practice was not in a client care area but could affect staff.</p> <p>Findings include:</p> <p>Based on observation and interview on 01/16/15 at 11:45 a.m., the Residential House Manager acknowledged there was an electrical switch on the wall in the basement sprinkler riser room without a cover.</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> <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</p>	K02S147	<p>home are appropriately covered by approved,compatible covers.</p> <p>1) Allstaff located at 1901 West Golden Hills (Golden Hills Group home) will beretrained on the agency</p>	02/15/2015			

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K02S152	<p>duties and responsibilities under 1 of 1 written fire safety plans. 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 Residential House Manager on 01/16/15 at 11:00 a.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, according to the written fire safety plan. Based on interview with the Residential House Manager at the time of record review, the facility did not conduct a first shift fire drill for the second and third quarters of 2014.</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 procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift;</p>		<p>policies and procedures for conducting required emergency drills within the group home.</p> <p>2) The Residential House Manager will review emergency drill documentation on a monthly basis to ensure that all drills are being completed as per outlined in state and federal regulations as well as per the Emergency Drill schedule developed by the Residential Services Department.</p>		

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	<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. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Residential Safety Drill Report" with Residential House Manager on 01/16/15 at 11:00 a.m., documentation of a first shift fire drill for the second and third quarters of 2014 were not available for review. Based on an interview with Residential House Manager at the time of record review, no other documentation was available for review.</p>	K02S152	<p>1) Allstaff located at 1901 West Golden Hills (Golden Hills Group home) will beretrained on the agency policies and procedures for conducting requiredemergency drills within the group home.</p> <p>2) TheResidential House Manager will review emergency drill documentation on amonthly basis to ensure that all drills are being completed as per outlined instate and federal regulations as well as per the Emergency Drill scheduleddeveloped by the Residential Services Department.</p>	02/15/2015			

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K02S154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 8 of 8 clients by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Residential Fire Watch Policy" with the Residential House Manager on 01/16/15 at 11:21 p.m., the facility did have a written policy and procedure for an impaired sprinkler system. Based on an interview with the Residential House Manager at the time of record review, she acknowledged the procedure did not</p>	K02S154	<p>1) TheSafety and Maintenance Department will develop protocol that instructs staff onthe requirements of a fire watch in the event of the fire alarm and/orsprinkler system within the facility becoming completely or partially inactive.</p> <p>2) TheSafety and Maintenance Department will develop tracking sheets for staff todocument the status of fire watches in the event that one occurs. The firewatch logs will be maintained in the facility.</p> <p>3) Allstaff located at 1901 West Golden Hills Drive (Golden Hills group home) will betrained on the fire watch</p>	02/15/2015
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K02S155	<p>indicate the individual conducting the fire watch shall be trained in the duties and responsibilities of a fire watch, the individual shall document the 15 minute fire safety checks, and the facility shall contact the Indiana State Department of Health.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 Based on record review and interview, the facility failed to protect 8 of 8 clients by providing a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients.</p> <p>Findings include:  Based on record review of the "Residential Fire Watch Policy" with the Residential House Manager on 01/16/15 at 11:21 p.m., the facility did have a</p>			K02S155	<p>policies and procedures. Record of training formswill be completed as the trainings are finalized.</p> <p>1) TheSafety and Maintenance Department will develop protocol that instructs staff onthe requirements of a fire watch in the event of the fire alarm and/orsprinkler system within the facility becoming completely or partially inactive. 2) TheSafety and Maintenance Department will develop tracking sheets for staff todocument the status of fire watches in the event that one occurs. The firewatch logs will be maintained in the</p>		02/15/2015

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	written policy and procedure for an impaired fire alarm system. Based on an interview with the Residential House Manager at the time of record review, she acknowledged the procedure did not indicate the individual conducting the fire watch shall be trained in the duties and responsibilities of a fire watch, the individual shall document the 15 minute fire safety checks, and the facility shall contact the Indiana State Department of Health.		facility. 3) Allstaff located at 1901 West Golden Hills Drive (Golden Hills group home) will be trained on the fire watch policies and procedures. Record of training forms will be completed as the trainings are finalized.		