STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G523	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR RIVERS RESOURCE SERVICES	655 SECOND ST PLAINVILLE, IN 47568

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/14/14 Facility Number: 001037 Provider Number: 15G523 AIM Number: 100245070 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Four Rivers Resource 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. 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 in the corridors, in sleeping rooms, and in common living areas except the dining room and pantry. The facility has a capacity of eight and had a census of	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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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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	seven at the time of this survey. 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 4.24. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/18/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K01S018	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 Doors are self-closing or automatic closing in accordance with 7.2.1.8 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. Based on observation and interview, the facility failed to ensure 5 of 6 client sleeping room doors would close and latch, and were smoke resistant, and not restricted from closing manually or automatically. This deficient practice could affect all clients in the facility. Findings include: Based on observations on 03/14/14 between 11:30 a.m. and 1:00 p.m. during a tour of the facility with the Community Living Coordinator Assistant (CLCA), the following client sleeping room doors did not close completely, latch, or were restricted from closing manually or automatically: 1. the door to client sleeping room # 1 (located on south side of house on left) would not close completely and latch automatically when tested, there was a	K01S018	The Community Living Coordinator has contacted a Contractor who will be comingearly next week to work on doors to the doorway in the Living Room. TheCommunity Living Coordinator will also be checking periodically to assure nostaff are utilizing door stops. She will routinely check the bedroom doors toassure that they are closing automatically…She is in the home multiple timeseach week. Ahouse meeting was held on 4/2/2014 and staff were reminded to not prop doorsopen and to report any problems with closures.	04/13/2014

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	one fourth inch gap along the entire length of the door when closed. 2. the door to client sleeping room # 2 (located on south side of house on right) was held wide open with a rubber door wedge against the bottom of the door which kept the door from closing manually or automatically with the fire alarm. 3. the door to client sleeping room # 3 (located on north side of house, first room on left) would not close completely and latch automatically when tested, there was a one fourth inch gap along the entire length of the door when tested. 4. the door to client sleeping room # 4 (located on north side of house, second room on left) did not latch into the door frame. 5. the door to client sleeping room # 6 (located on north side of house, first room on right) was held wide open with a rubber door wedge at the bottom of the door which kept the door from closing manually or automatically with the fire alarm. During an interview at the time of each observation, the CLCA acknowledged the deficiencies with the client sleeping room doors.			

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K01S032	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens. Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2.2 Based on observation and interview, this nonsprinklered slow rated facility failed to ensure the primary means of escape for 5 of 6 client sleeping rooms was not exposed to common living areas such as the living room and dining room areas. This deficient practice could affect 5 of 7 clients. Findings include: Based on observations on 03/14/14 between 11:30 a.m. and 1:00 p.m. during a tour of the facility with the Community Living Coordinator Assistant (CLCA), all four client sleeping rooms on the north side of the house were provided with an exit corridor with two exits, one to the west (rear) of the house and one to the east (front). This exit corridor was not separated from the living room and dining room areas with a door or wall at the east (front) side. Furthermore, clients in the right side sleeping room on the	K01S032	Thedoor for the Living Room doorway to the front (east side) will be installednext week by a contractor. The Community Living Coordinator trained staff on4/2/2014 at a house meeting about the importance of doors latching and notbeing propped open. She will monitor this when she is in the Group Homemultiple times weekly.	04/13/2014

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	south side of the house would have to exit through the left side client sleeping room, which had an outside exit door, to exit the house without being exposed to the living room and dining room areas, however, the door which separated the two south side client sleeping rooms from the living room and dining room areas was held wide open with a rubber door wedge. This was acknowledged by the CLCA at the time of observations.			

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K01S046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure all electric receptacles were provide with covers in 1 of over 20 rooms. LSC 9.1.2 refers to NFPA 70, National Electrical Code. NFPA 70, 1999 Edition, Article 370-25, Covers and Canopies, states "in completed installations each box shall have a cover, faceplate or fixture canopy." This deficient practice could affect mostly staff and visitors while in the furnace room. Findings include: Based on observation on 03/14/14 at 12:15 p.m. during a tour of the facility with the Community Living Coordinator Assistant (CLCA), the electric receptacle on the wall next to the furnace was missing the cover plate. This was acknowledged by the CLCA at the time of observation.	K01S046	The cover plate on the receptacle next to the furnacewas replaced shortly after the survey by the Community Living Coordinator. She will check the house at least monthly to assurethat all receptacle cover plates are in place and has requested that staffreport any problems of this nature to her immediately.	03/18/2014

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K01S053	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on observation and interview, the facility failed to ensure a smoke detector was provided in all common living areas, such as a dining room and pantry room area. This deficient practice could affect all clients during time spent in the living	K01S053	The Fire Alarm Contractor we utilize (Vanguard) hasbeen contacted and will be installing required detectors next week. TheCommunity Living Coordinator will check these detectors monthly to assure thatthey are in good working	04/13/2014

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	room, dining room, kitchen and pantry room area. Findings include: Based on observations on 03/14/14 between 11:55 a.m. and 12:00 p.m. during a tour of the facility with the Community Living Coordinator Assistant (CLCA), the dining room and pantry room area were not provided with smoke detectors, only heat detectors. This was acknowledged by the CLCA at the time of each observation.		order.	

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K01S147	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 Based on record review and interview, the facility failed to ensure there was a complete fire safety plan in place to ensure the safety of 7 of 7 clients. This deficient practice could affect all clients, as well as staff and visitors. Findings include: Based on record review on 03/14/14 at 11:00 a.m. with the Community Living Coordinator Assistant present, the facility's Fire Protection Plan was not a complete plan. The Fire Protection Plan did not address the use of the pull stations to activate the alarm to notify all	K01S147	The Community Living Coordinator and our FRRS Healthand Safety Coordinator met with Fire Chief of the Plainville Volunteer FireDepartment in March 2014. The Fire Department is working on revising our planwith all of the necessary components listed. It is supposed to be completed andreturned to us early next week. The Community Living Coordinator has alreadyimplemented some of their suggestions and trained staff on these changes at ahouse meeting on 4/2/2014. (See Attachment A) Once the new plan is delivered,	04/13/2014

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	occupants in the event of a fire, or the use of fire extinguishers by staff. This was acknowledged by the Community Living Coordinator Assistant at the time of record review.		staff will be trainedon it. If changes occur in our consumer's conditions, they will assist us withrevising our plan. This plan will be reviewed by the staff at each housemeeting as a regular agenda item. The Community Living Coordinator and the Health andSafety Coordinator also met with Daviess County Emergency Management Directoron 3/24/2014 and they gave suggestions and offered assistance too.	

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K01S152	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. (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. (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. 1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all clients. Findings include: Based on review of the facility's Fire Drills book on 03/14/14 at 11:10 a.m.	K01S152	The Plainville Fire Department will also be doingtraining with our staff and coming to our Group Home and getting to know ourconsumers so they can assist them better. The Community Living Coordinator will monitor firedrill forms for various times and to assure that all required drills arecompleted on a monthly basis. She re-trained staff at a house	04/02/2014

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	with the Community Living Coordinator Assistant (CLCA) present, the facility performed twelve fire drills during the past twelve months, however, they lacked documentation fire drills were conducted during the first shift (days) of the first quarter (January, February, and March), second quarter (April, May, and June), and fourth quarter (October, November, and December) of 2013, and the third shift (night) of the first quarter (January, February, and March) of 2013. Based on interview at the time of record review, the CLCA said there were no other fire drills performed during the previously mentioned shifts and quarters. 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 4 of 4 quarters. This deficient practice could affect all clients in the facility. Findings include: Based on review of the facility's Fire Drills book on 03/14/14 at 11:10 a.m. with the Community Living Coordinator Assistant (CLCA) present, seven of eight second shift (evening) fire drills performed during the past twelve months were held between 3:45 p.m. and 5:00 p.m. Based on interview at the time of		meeting on4/2/2014. (See Attachment A)	

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	record review the CLCA acknowledged the times of the second shift fire drills were not varied.			