

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G576	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2016
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N THIRD ST DECATUR, IN 46733
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(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
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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: 01/25/16</p> <p>Facility Number: 001090 Provider Number: 15G576 AIM Number: 100245540</p> <p>At this Life Safety Code survey, Bi-County 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>The one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</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 S150 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.9.</p> <p>Quality Review on 01/25/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure 11 of 11 sets of new draperies and curtains were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects all clients.</p> <p>Finding include:</p> <p>Based on observations with Maintenance Supervisor and the Residential Manager on 01/25/16 from 10:00 a.m. to 10:30 a.m., curtains hung at the following windows and/or closets were not flame retardant:</p> <p>a. two sets on the kitchen windows. b. one set on the office windows.</p>	K S150	<p>Third Street Life Safety Code (LSC) POC Survey Event IDBE4E21 March 2016</p> <p>K0150</p> <p>BCS could not demonstrate/provide assurance that 11 sets of curtains hung in the 3rd Street group homewere flame resistant. The Maintenance Supervisor ordered Fire Block FireRetardant from ColdFireDirect.com on March 4th 2016 and the curtainswill be sprayed per product directions by the maintenance department as soon asit is shipped, but no later than March 24th.</p>	03/24/2016

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	<p>c. one set on the kitchen windows. d. one set on the medication office windows. e. one set on the main bathroom windows. f. one set on each of the five client's bedroom closets.</p> <p>Based on an interview at the time of observations, the Maintenance Supervisor stated the curtains were put in the facility within the last year, have not been sprayed with flame protection, and no documentation was available to confirm the curtains were flame resistant.</p>		<p>Per the request of the LSC surveyor at the time of this survey, the following steps will be taken to assure that we are meeting criteria:</p> <ol style="list-style-type: none"> 1) Photograph of the Fire Block Fire Retardant product and product directions. 2) Photographs with dates that each specific set of curtains identified in the K01509 citation as a-f were sprayed. 3) The same process will be repeated should curtains be washed. <p>We will continue to pursue finding curtains that meet the standards in the future to assure that they meet the flame resistant standards.</p> <p>Person's responsible: Maintenance Supervisor & crew.</p> <p>Target Completion Date: 3/24/16</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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