STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 03/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREY SERVICES INC	615 E NORTH ST HARTFORD CITY, IN 47348

(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
K020000	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: 03/22/13 Facility Number: 000644 Provider Number: 15G107 AIM Number: 100234170 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Carey 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 32, New Residential Board and Care Occupancies. This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.	K020000	Initial Comments Section	

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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	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Slow with an E-Score of 4.2. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/25/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K02S147	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 Based on record review and interview, the facility administration failed to ensure all employees are periodically 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 5 of 5 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients. Findings include: Based on review of "Residential Safety Drill Report" documentation with the	K02S147	**K0147 Life Safety Code Standard** This item outlines that the agency failed to produce documentation for a Fire Drill for the second shift during the third quarter of 2012. The plan of correction for this tag is as follows: · Two Fire Drills were performed during the second shift and third quarter of 2012. Please see supplemental documentation for proof. ·The Manager of the home, who was present during the Life Safety Code inspection, is new to her position and she was not aware as to where she needed to access all documentation to provide to the surveyor.	04/12/2013

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	Group Home Manager on 03/22/13 at 11:40 a.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any training or Fire Drill record for the 4:00 p.m. to 11:00 p.m. shift during the third quarter of 2012. The Group Home Manager said at the time of record review, there was no other Fire Drill or other training documentation for this period.		·The Manager will be trained on where documentation is kept as related to Fire Drills and other relevant Life Safety code items. For future surveys, this Manager will be able to provide the documentation as requested. This training will occur on Friday, April 12, 2013 at 9:00AM and the In-Service/Staff Training Verification form that will be used is attached to the supplemental documentation for this survey.	

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K02S152	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. 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. Facilities meet the requirements of paragraphs (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 1 of the last 4 calendar quarters. This deficient practice could affect all clients. Findings include: Based on review of the "Fire/Tornado Evacuation Drill Record" with the Group Home Manager on 03/22/13 at 11:21	K02S152	**K0152 Life Safety Code Standard** This item outlines that the agency failed to produce documentation for a Fire Drill for the second shift during the third quarter of 2012. The plan of correction for this tag is as follows:	04/12/2013

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	a.m., fire drill documentation for the second shift of the third quarter of 2012 was not available for review. Additionally, both of the first and third shift fire drills for the third quarter of 2012 were conducted on 09/27/12. Based on an interview with the Group Home Manager at the time of record review, she was not the Group Home Manager at that time and could not provide information as to why the second shift fire drill was not conducted.		·Two Fire Drills were performed during the second shift and third quarter of 2012. Please see supplemental documentation for proof. ·The Manager of the home, who was present during the Life Safety Code inspection, is new to her position and she was not aware as to where she needed to access all documentation to provide to the surveyor. ·The Manager will be trained on where documentation is kept as related to Fire Drills and other relevant Life Safety code items. For future surveys, this Manager will be able to provide the documentation as requested. This training will occur on Friday, April 12, 2013 at 9:00AM and the In-Service/Staff Training Verification form that will be used is attached to the supplemental documentation for this survey.	

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K02S154	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 Based on record review and interview, the facility failed to protect 5 of 5 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. Findings include: Based on review of the "Fire Watch for ICF/MR Group Homes" documentation with the Group Home Manager on 03/22/13 at 11:13 a.m., the facility did have a written policy and procedure for an impaired sprinkler system but the policy did not indicate the individual conducting the fire watch should be properly trained. This was acknowledged by the Group Home Manager at the time of record review.	K02S154	**K0154 Life Safety Code Standard** This item outlines that the agency did not indicate the individual conducting the fire watch should be properly trained. The plan of correction for this tag is as follows: · Policy has been updated and approved. Please find a copy of the policy in supplemental documentation for this survey event. Carey Services, Inc. Fiscal Management Policy 7.2.1: (2) (b)	04/05/2013

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K02S155	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 5 of 5 residents by providing a complete 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. Findings include: Based on review of the "Fire Watch for ICF/MR Group Homes" documentation with the Group Home Manager on 03/22/13 at 11:13 a.m., the facility did have a written policy and procedure for an impaired fire alarm system but the policy did not indicate the individual conducting the fire watch should be properly trained. This was acknowledged by the Group Home Manager at the time of record review.	K02S155	**K0155 Life Safety Code Standard** This item outlines that the agency did not indicate the individual conducting the fire watch should be properly trained. The plan of correction for this tag is as follows: · Policy has been updated and approved. Please find a copy of the policy in supplemental documentation for this survey event. Carey Services, Inc. Fiscal Management Policy 7.2.1: (2) (b)	04/05/2013

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