

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G302	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2015
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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374
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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: 12/17/15</p> <p>Facility Number: 000821 Provider Number: 15G302 AIM Number: 100243750</p> <p>At this Life Safety Code survey, Mcsherr Inc - Backmeyer 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 not sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, the basement and battery operated smoke detectors in all client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K 0000		

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 S014 Bldg. 01	<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 1.50.</p> <p>Quality Review completed 12/22/15 - DA.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 6 basement rooms was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 12/17/15 at 10:30 a.m. with the team lead, the basement fire alarm system panel room south wall had a seven foot by foot foot area with missing drywall and wooden studs exposed and a four foot by four foot</p>	K S014	<p>Name and Address of Provider: McSherr, Inc., 3101 Backmeyer Road, Richmond, IN</p> <p>Date Survey Completed: 12/17/15</p> <p>Provider Identification Number: 15G302</p> <p>Survey Event ID: CUVQ21</p> <p>Finding: W0014– the facility failed to ensure the interior finish in 1 of 6 basement rooms was rated Class A, Class B or Class C for a Prompt rated facility.</p> <p>What corrective action(s) will be</p>	01/16/2016

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	area under the stairway with missing drywall and wooden studs exposed. Based on an interview with the team lead on 12/17/15 at 10:40 a.m., the fire alarm system panel room drywall had some water damage a few weeks ago and the drywall was cut out and is in the process of being replaced. The basement fire alarm system panel room two areas missing drywall was verified by the team lead at the time of observation and interview and acknowledged at the exit conference on 12/15/15 at 10:50 a.m.		<p>accomplished for these residents found to have been affected by this finding?</p> <ul style="list-style-type: none"> ·ChuckBlevins of CB Home Maintenance has been contracted to complete the installation of drywall in the basement fire alarm system panel room with a Class A, Class Bor Class C interior finish. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·Allconsumers at Backmeyer Group Home have the potential to be affected <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·ChuckBlevins of CB Home Maintenance has been contracted to complete the installation of drywall in the basement fire alarm system panel room with a Class A, Class Bor Class C interior finish. <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> ·HouseManager, or designee will monitor for interior finishes that are not Class A, Class B, or 		

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			<p>Class C</p> <p>Residential Administrator will monitor monthly during environmental inspection for interior finishes that are not Class A, Class B, or Class C</p> <p>What is the date by which the systemic changes will be completed? 01/16/16</p> <p>Respectfully Submitted, Rosemary Taylor, Residential Administrator</p>		