

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G611	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2016
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 281 MCGRAIN ST CORYDON, IN 47112
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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: 04/11/16</p> <p>Facility Number: 001162 Provider Number: 15G611 AIM Number: 100385630</p> <p>At this Life Safety Code survey, Blue River 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>This one story facility was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight 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 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.32.</p> <p>Quality Review completed on 04/12/16 - DA</p> <p>Based on observation, record review and interview; the facility failed to ensure documentation for the testing of 5 of 5 battery operated emergency lights was 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 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>	K 0130	K130 The monthly emergency lights inspection was completed at the McGrain home. The date and initials of the person performing the inspection was charted. All other emergency lights, at the other homes, will be checked by Mangers, to ensure that monthly inspections have been completed. The emergency lights will be checked monthly, dated, initialed, and recorded by the Manager. The record of these inspections will be kept. This inspection will be stated as that on the monthly maintenance checklist. The maintenance checklist will be sent to the Residential Director for review each month. Responsible parties: Home Manager and Residential Director. Correction date May 11, 2016	05/11/2016			

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	<p>Findings include:</p> <p>Based on observations on 04/11/16 between 11:30 a.m. and 12:00 p.m. with the Residential Manager, the facility had five battery powered emergency light units. Based on review of the facility's fire drills book and fire systems inspection information between 10:30 a.m. and 11:30 a.m., there was a Vanguard report dated 08/24/15 which indicated all five battery powered emergency light sets were tested for 90 minutes, however, there was no documentation available to show the battery powered emergency lights were tested monthly for at least 30 seconds. This was acknowledged by the Residential Manager at the time of record review and observation.</p>				