

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2013
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NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC	STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842
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K010000	<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: 10/04/13</p> <p>Facility Number: 000714 Provider Number: 15G181 AIM Number: 100234680</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Child Adult Resource 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 two story facility with a basement was determined to be nonsprinklered. The facility has a monitored fire alarm system with hard wired smoke detection on all levels including in corridors and in living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p>	K010000		
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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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	<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 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/09/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 multitap adapters was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment be in compliance with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the lead staff on 10/04/13 at 11:10 a.m., a multitap outlet adapter was used to provide power to the television and other equipment in the ground floor living room. The lead staff said at the time of observation, she did not know adapters were not permitted.</p>	K01S046	<p>October 8, 2013 – The multitap outlet adapter that was used to provide power to the television and other equipment in the ground floor living room was taken out by Carrie Litz (Senior Residential Manager) and replaced by a surge protector. Senior Residential Manager also completed a walk-thru of the entire house to ensure no other outlet adapters needed to be replaced. Effective October 8, 2013 – C.A.R.S. Maintenance will continue to perform a monthly safety/maintenance walk-thru of the Clinton House to ensure electrical wiring and equipment is in compliance with current standards. Quality Assurance Coordinator will continue to perform a monthly walk-thru to ensure the House is safe and well maintained. Senior Residential Manager will continue to complete a weekly walk-thru to ensure the House is safe and well maintained. Any safety or maintenance issues found by the QA or SRM will be reported by following the the C.A.R.S. Work Order procedure.</p>	10/21/2013	

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K01S147	<p>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</p> <p>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 fire protection plan to ensure the safety for 6 of 6 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the Emergency Plan-Fire with the lead staff on 10/04/13 at 12:00 p.m., in the event of fire, and as</p>	K01S147	October 8, 2013 – Carrie Litz (Senior Residential Manager) held a scheduled staff meeting with Clinton House staff. During this staff meeting – Senior Residential Manager re-trained Clinton House staff on how to correctly complete a Life Safety Fire Drill. This training included: (1) Calling the Alarm System Company and placing the House on “test mode” (2) Locating a pull station within the house – Lifting the tamper proof cover of a pull station – Pulling the pull station / it was also discussed with staff to choose a different pull station for each drill and not use the same pull station for every drill (3) Discussing with staff how to	10/21/2013			

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	<p>part of the regular fire drill training, manual fire alarm pull stations were to be activated and clients evacuated to a designated meeting area. The Drill Form for a fire drill conducted on 09/11/13 at 9:00 p.m. by staff # 1, noted sections for specific fire system procedures addressed including, but not limited to "pull station addressed." At 11:30 a.m. on 10/4/13 the lead staff was asked to demonstrate the function and activation of the fire alarm system. She removed the alarmed tamper cover from the manual pull station in the living room and declared the alarm system in operation. She did not realize the fire alarm had not actually been activated. She said she and staff # 1 had conducted all drills in this manner after calling the fire system monitoring station to notify them a test was being done. She said the alarm monitoring company was never called to confirm receipt of the alarm signal and they had never called back to notify the facility a signal had not been received.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 manual fire alarm pull stations was reset following activation. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.5.2.3 requires all apparatus requiring</p>		<p>appropriately prompt & assist all 6 clients out of the house to the designated meeting place (4) Resetting the pull station (5) Resetting the alarm system (6) Calling the Alarm System Company a second time to ensure they received the signal and for the Alarm Company to take the House off "test mode"(7) Reviewing with staff how to correctly complete the Drill Form ensuring to place the name of the Alarm Company Representative on the Drill Form. Effective October 8, 2013 – Senior Residential Manager and Quality Assurance Coordinator will continue to review all completed drill forms to ensure drills are being completed at least quarterly for each shift of personnel and under varied conditions. SRM & QA will investigate all issues with evacuation drills to ensure the safety of all 6 clients. Senior Residential Manager will continue to review Life Safety Policy & Procedures along with staff responsibilities during monthly House Staff meetings. Senior Residential Manager will re-train staff as deemed necessary. To evaluate the need for training and the effectiveness of prior training, Senior Residential Manager along with other members of the Adult Management Team will will oversee direct care staff to ensure direct care staff is able to demonstrate continuous competency in completing various</p>				

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	<p>resetting to be kept in normal operating condition. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation on 10/04/13 at 11:35 a.m., the lead staff demonstrated annunciation of the fire alarm system using the manual pull station located in the kitchen. Upon activation, the alarm was annunciated and the lead staff reset the pull station. The alarm continued to sound. She said at the time, she did not know why the alarm continued to sound. Upon interview at the time, she was unaware she had to reset the FACP to silence and reset the fire alarm system. She said she was never instructed to use anything but the tamper cover to perform fire drills. After pointing out the fire alarm system and directions posted adjacent to it, she was able to reset the alarm.</p>		<p>Life Safety Drills and to assess direct care staff's ongoing training needs in regards to running Life Safety Drills. Overseeing may include but is not limited to...(a) Direct observation of direct care staff while they are performing active treatment and/or running a Life Safety Drill (b) Conducting a review of all drill forms / incident reports that have been submitted by direct care staff (c) Interviewing direct care staff to analyze their knowledge in regards to running Life Safety Drills. Based on what information the Senior Residential Manager and other members of the Adult Management Team has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in Life Safety Drills.</p>		

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K01S152	<p>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.</p> <p>(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.</p> <p>(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. Based on record review and interview, the facility failed to insure fire drills for the protection of 6 of 6 clients included the transmission of a fire alarm signal in fire drills conducted between 6:00 a.m. and 9:00 p.m. Fire exit drills are required to include the transmission of a fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00</p>	K01S152	October 8, 2013 – Carrie Litz (Senior Residential Manager) held a scheduled staff meeting with Clinton House staff. During this staff meeting – Senior Residential Manager re-trained Clinton House staff on how to correctly complete a Life Safety Fire Drill. This training included: (1) Calling the Alarm System Company and placing the House on “test mode” (2) Locating a pull	10/21/2013			

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	<p>a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of Drill Form monthly fire drill reports with the lead staff on 10/4/13 at 12:00 p.m., all fire drill reports noted the activation of the fire alarm system. However, at 11:30 a.m. on 10/4/13 the lead staff was asked to demonstrate the function and activation of the fire alarm system. She removed the alarmed tamper cover from the manual pull station in the living room and declared the alarm system in operation. She did not realize the fire alarm had not actually been activated. She said she and staff # 1 had conducted all drills in this manner after calling the fire system monitoring station to notify them a test was being done. She said the alarm monitoring company was never called to confirm receipt of the alarm signal and they had never called back to notify the facility a signal had not been received.</p>		<p>station within the house – Lifting the tamper proof cover of a pull station – Pulling the pull station / it was also discussed with staff to choose a different pull station for each drill and not use the same pull station for every drill (3) Discussing with staff how to appropriately prompt & assist all 6 clients out of the house to the designated meeting place (4) Resetting the pull station (5) Resetting the alarm system (6) Calling the Alarm System Company a second time to ensure they received the signal and for the Alarm Company to take the House off “test mode”(7) Reviewing with staff how to correctly complete the Drill Form ensuring to place the name of the Alarm Company Representative on the Drill Form. Effective October 8, 2013 – Senior Residential Manager and Quality Assurance Coordinator will continue to review all completed drill forms to ensure drills are being completed at least quarterly for each shift of personnel and under varied conditions. SRM & QA will investigate all issues with evacuation drills to ensure the safety of all 6 clients. Senior Residential Manager will continue to review Life Safety Policy & Procedures along with staff responsibilities during monthly House Staff meetings. Senior Residential Manager will re-train staff as deemed necessary. To evaluate the need for training and</p>		

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			<p>the effectiveness of prior training, Senior Residential Manager along with other members of the Adult Management Team will will oversee direct care staff to ensure direct care staff is able to demonstrate continuous competency in completing various Life Safety Drills and to assess direct care staff's ongoing training needs in regards to running Life Safety Drills. Overseeing may include but is not limited to...(a) Direct observation of direct care staff while they are performing active treatment and/or running a Life Safety Drill (b) Conducting a review of all drill forms / incident reports that have been submitted by direct care staff (c) Interviewing direct care staff to analyze their knowledge in regards to running Life Safety Drills. Based on what information the Senior Residential Manager and other members of the Adult Management Team has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in Life Safety Drills.</p>		