

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G222	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2015
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 ORKNEY DR SOUTH BEND, IN 46614
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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: 08/14/15</p> <p>Facility Number: 000746 Provider Number: 15G222 AIM Number: 100234830</p> <p>At this Life Safety Code survey, Logan Community Resources 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 partial basement was not sprinklered. The facility has a monitored fire alarm system with smoke detection at ground level and the second floor including in the sleeping rooms, in corridors and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</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 S046 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 0.6</p> <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 5 of 5 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and all residents.</p> <p>Findings include:</p> <p>Based on observation with the Program Coordinator on 08/14/15 between 1:05 p.m. to 1:12 p.m. the following was discovered:</p> <p>a) An extension cord powering a television, a cable box, and a radio in the Back Suite.</p> <p>b) An extension cord powering a television and cable box in the Back Suite</p> <p>c) A surge protector was powering a</p>	K S046	<p>The extension cords that were being used as a substitute for fixed wiring have been removed from the home. The surge protector that was powering another surge protector in the upstairs suite has also been removed. The staff have been trained that extension cords cannot be used to in place of fixed wiring. In the future, extension cords will not be allowed in the home. Additionally, the Program Coordinator and QIDP will monitor and routinely check the use of electrical devices to ensure they are plugged directly into an outlet. Persons Responsible: Program Coordinator and QIDP</p>	09/13/2015

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K S150 Bldg. 01	<p>surge protector in the 2nd floor Single Suite</p> <p>d) An extension cord powering a television, a DVD player, and a cable box in the living room</p> <p>Based on interview at the time of observation, the Program Coordinator acknowledged each aforementioned condition.</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 new draperies and curtains in 1 of 1 living room and 1 of 1 laundry room 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>Findings include:</p> <p>Based on observations with the Program Coordinator on 08/14/15 at 1:15 p.m. then again at 1:16 p.m. curtains were</p>	K S150	<p>A fire retardant spray for fabric (BanFire) has been purchased and will be applied to all curtains and fabric window treatments. Documentation will be obtained for reference to confirm that the fabric window treatments have been treated with a flame retardant spray that meets NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. In the future, fabric window treatments will be treated with a fire retardant spray/treatment. Documentation confirming this will be kept and available for review upon request. Persons Responsible: Program Coordinator, Administrative Assistant and Director of Maintenance</p>	09/13/2015

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K S152 Bldg. 01	<p>hung at the windows in the Living Room then again in the Laundry Room. Based on an interview with the Program Coordinator at the time of each observation, no documentation was available to confirm the curtains were flame resistant.</p> <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,</p>	K S152		09/13/2015

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	<p>the facility failed to vary fire drills quarterly on third shift for 4 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review and interview of the fire drill reports titled "Logan Community Living New Drill Report" on 08/14/15 at 12:42 p.m., the Program Coordinator acknowledged the third shift drills were all conducted between 2:46 a.m. and 3:45 a.m.</p>		<p>The facility will ensure that fire drills are conducted at least quarterly on every shift. This includes varying the times of third shift drills outside of the 2:45-3:45 AM time frame. Currently there is an internal system in which the administrative assistant tracks the drills that are completed and turned in. This information is compiled into a form and given to the Program Coordinator as a reference to which drills still need to be completed.</p> <p>In the future, the QIDP/Program Manager will receive the drills first before turning them over to the administrative assistant. The Program Manager will monitor the times that the drills are completed and prompt the Program Coordinator and staff, in a timely manner, of changes that need to occur in the times that the drills are run to ensure the run times vary during all shifts, including but not limited to the third shift.</p> <p>Persons Responsible: Program Coordinator, QIDP/Program Manager, Administrative Assistant.</p>		