

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G132	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/26/2012
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 423 WIND RIDGE TR BERNE, IN 46711
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	<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: 04/26/12</p> <p>Facility Number: 000669 Provider Number: 15G132 AIM Number: 100234280</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bi-County 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>The one story facility with a basement was fully sprinklered. The facility has a fire alarm system</p>	K0000		

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>with smoke detection on all levels including the basement, in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Impractical with an E-Score of 5.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/30/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0130	<p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 3 portable fire extinguishers. NFPA 101, Section 4.5.7 states any device, equipment, or system required for compliance with the Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect any occupants near the laundry room.</p> <p>Findings include:</p> <p>Based on observation of the fire</p>	K0130	<p>Wind Ridge Life Safety Code POC May 2012</p> <p>K 130 Bi-County Services, Inc. (BCS) will assure that the residential group home(s) have documented monthly fire extinguisher inspections required for compliance with the Life Safety Code (LSC) standard(s). BCS was found to be deficient in that one of three portable fire extinguishers at the Wind Ridge (WR) group home did not have documentation to show that the laundry room fire extinguisher received a monthly inspection from November 2011 through date of survey on 4/26/12. Upon investigation into the lack of documentation for the laundry room extinguisher being inspected, it was found that the Maintenance Department "Monthly Inspection Checklist" listed just two extinguishers to be inspected rather than the three units. The following corrective action has been completed to assure that the all residents of the WR group home are safe.</p> <p>1. On 5/2/12 the BCS Maintenance Crew Leader discovered that just two of the three fire extinguishers at the WR home were listed on the Monthly Maintenance Checklist. The Checklist was revised</p>	05/03/2012	

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	extinguisher inspection/maintenance tag with the Residential Trainer, Program Manager and the House Manager on 04/26/12 at 2:35 p.m., there was no documentation on the tag to show the laundry room fire extinguisher received a monthly inspection since November 2011. This was acknowledged by Residential Trainer, Program Manager and the House Manager at the time of observation.		immediately to include the third extinguisher in the laundry room. At the same time the Checklist was reviewed to assure that all group homes had the accurate number of fire extinguishers to be checked per home. No other revisions to the Checklist were required. 2. On 5/3/12, a Maintenance Technician inspected all three of the designated fire extinguishers at the WR group home to assure that each extinguisher was available and operable. 3. BCS will meet the LSC standard(s) of assuring documentation monthly for each extinguisher including date of inspection as well as the initials of the inspector assuring that each required extinguisher is available and operable. Documentation will be provided on each fire extinguishers inspection/maintenance tag. 4. BCS has safeguards in place to address life safety issues. The Maintenance Department's Monthly Inspection Checklist of all group homes includes a wide variety of compliance to code issues, including but not limited to alarm system operable/smoke heads testing, sprinkler systems & water pressure check, portable fire extinguishers meeting inspection and maintenance schedules, etc. This very thorough monthly inspection demonstrates ways that BCS is committed to the		

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			<p>health and safety of the consumers living in our group homes. Residential Managers (RM) and/or Residential Management Teams (RMT) can contact the Maintenance Department at any time for needs as it relates to safety including environmental and structural.</p> <p>Persons Responsible: Maintenance Department, Residential Management Team (RMT) and Residential Administrator.</p> <p>TCD 5/3/12</p>		