

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
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K 0000 Bldg. 02	<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: 10/16/15</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 6 and had a census of 6 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 S147 Bldg. 02	<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 5.04.</p> <p>Quality Review completed on 10/23/15 - DA</p> <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 person 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 no 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>Based on record review and interview, the facility administration failed to periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan not less than every 2 months to protect 6 of 6 clients. A copy of the plan is readily available at all times</p>	K S147	<p>K0147:</p> <p>Corrective Action: (Specific): All staff will be in-serviced on the written emergency plan for the home to inform them of their duties and</p>	11/15/2015

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	<p>within the facility. This deficient practice would affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review of the Emergency Evacuation Drill Reports on 10/16/15 at 10:40 a.m. with the home manager, the only documentation indicating employees were periodically instructed and kept informed with respect to their duties and responsibilities were the Emergency Evacuation Drill Reports. Based on a review of the past year's Emergency Evacuation Drill Reports with the home manager on 10/16/15 at 10:40 a.m., there was a period of seven months between October 2014 where no fire drills were conducted over the fourth quarter of 2014 and the fire drill conducted on 06/17/15. Based on an interview with the home manager on 10/16/15 at 10:55 a.m., the home manager indicated there was no other documentation available for review to indicate employees were periodically instructed and kept informed with respect to their duties and responsibilities between the seven month period dating from October 2014 and the fire drill report dated 06/17/15. The lack of two month updates for employees during the period between October 2014 and the fire drill conducted on 06/17/15 was acknowledged by the home manager at</p>				<p>responsibilities of that plan to protect all clients in the home.</p> <p>How others will be identified: (Systemic): The Residential Manager will review the written emergency plan at least monthly at their monthly staff meetings to ensure that all staff understands their duties and responsibilities of the plan to protect all clients. The QIDP will visit the home weekly to ensure the plan is being reviewed with staff at least monthly and that the plan is readily available at all times.</p> <p>Measures to be put in place: All staff will be in-serviced on the written emergency plan for the home to inform them of their duties and responsibilities of that plan to protect all clients in the home.</p> <p>Monitoring of Corrective Action: The Residential Manager will review the written emergency plan at least monthly at their monthly staff meetings to ensure that all staff understands their duties and responsibilities of the plan to protect all clients. The QIDP will visit the home weekly to ensure the plan is being reviewed with staff at least monthly and that the plan is readily available at all times.</p>		

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K S152 Bldg. 02	<p>the exit conference on 10/16/15 at 11:45 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any</p>		<p>Completion date: 11/15/2015</p>	

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	<p>live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters and 3 of 3 shifts over the past year. This deficient practice affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on a review of Emergency Evacuation Drill Reports on 10/16/15 with the home manager at 10:40 a.m., there was no record of a fire drill conducted on first, second, and third shift for the fourth quarter of the year 2014, first, second and third shift for the first quarter of the year 2015, and second and third shift for the second quarter of the year 2015. Based on an interview with the home manager at the time of record review, there were no other records available for review to indicate the missed fire drills were conducted. This was acknowledged by the home manager at the exit conference on 10/16/15 at 11:45 a.m.</p>	K S152	<p>K0152:</p> <p>Corrective Action: (Specific): All staff will be in-serviced on the completion of emergency drills at least quarterly for each shift of personnel and under varied conditions.</p> <p>How others will be identified: (Systemic): The Residential Manager will review the fire drill schedule and all completed drills at least weekly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel. The QA Manger will review and track all drills at least monthly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel.</p> <p>Measures to be put in place: All staff will be in-serviced on the completion of emergency drills at least quarterly for each shift of personnel and under varied conditions.</p> <p>Monitoring of Corrective Action: The Residential Manager will review</p>	11/15/2015	

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			<p>the fire drill schedule and all completed drills at least weekly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel. The QA Manger will review and track all drills at least monthly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel.</p> <p>Completion date: 11/15/2015</p>	