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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 08/21/2013 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN | STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546 |
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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: 08/21/13</p> <p>Facility Number: 000734 Provider Number: 15G206 AIM Number: 100234100</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Alternatives SW 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in sleeping rooms, and in common living areas. The facility has a capacity of eight and had a census of seven 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 0.56.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/28/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | |

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| 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>Based on record review and interview, the facility failed to ensure there was a complete fire safety plan in place, furthermore, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review on 08/21/13 at</p> | K01S147 | K0147 The administration has put together a plan with the QA team to oversee, ensuring that the Program Manager will instruct the Residential Manager periodically in the event of a fire, so that staff responses are well informed with respect to their duties and responsibilities whenever any resident with unusual needs is admitted to the home. QA will follow with the Residential Manager and staff on a monthly basis, ensuring that documentation/drills are completed. In addition, required documentation is turned in and meets Life Safety Code Standards. This will ensure clients are safe. | 09/20/2013 | | | |

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| | 10:55 a.m. with Staff Associate # 1 present, there was a monthly "Inservice Sign-in Sheet" which included listed items such as Monthly Training on Drills and Fire Plans, Fire Watch, and Fire Evacuation Plans which staff did sign each month, however, the facility's "Fire Safety Procedures" did not include staff responsibilities to be followed during scheduled fire drills. Furthermore, Staff Associate # 1 said employees are not instructed and kept informed with respect to their duties and responsibilities under the plan to be followed during scheduled fire drills. The facility was lacking written documentation of fire drills for the second shift (evening) and third shift (night) during the third quarter of 2012. | | | | |

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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 ensure fire drills were conducted quarterly on 2 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on review of the facility's Fire Drill book on 08/21/13 at 10:45 a.m. with Staff</p> | K01S152 | K0152 The Program Manager will develop and implement a process for evaluating all emergency drills under varied conditions. The drills will be completed by the staff, kept in the file in the home and sent to the Quality Assurance Office. The Program Manager will periodically review the drills in the home to ensure that drills and evacuations are completed to meet Life Safety Code | 09/20/2013 | | | |

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| | Associate # 1 present, the facility lacked documentation fire drills were conducted during the second shift (evening) and third shift (night) of the third quarter (July, August, and September) of 2012. Based on interview at the time of record review, Staff Associate # 1 said there were no fire drills performed during the second and third shifts of the third quarter of 2012. | | Requirements | |