

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G268	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2012
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2709 IDA LN BLOOMINGTON, IN 47401
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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: 04/05/12</p> <p>Facility Number: 000788 Provider Number: 15G268 AIM Number: 100243600</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Design 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 one story facility with a lower level was not sprinklered. The facility has a fire alarm system with smoke detection on both</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>levels including the corridors, some sleeping rooms, and in common living areas. The facility has a capacity of six and had a census of five 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 Slow with an E-Score of 2.28.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS147	<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 administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 5 of 5 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	KS147	<p>K 0147 LifeDesigns is dedicated on ensuring all staff are routinely instructed and kept informed of their duties and given a copy of a plan for protecting persons in the event of a fire. The Program Director (PD) will implement and train the CLM's on the Monthly Quarterly Training Monitoring Schedule by May 5, 2012. CLM will be responsible to make sure completed. Copies of form will be kept in the group home training book. To ensure completion, the PD will monitor through monthly audits. Copy of the Monthly Quarterly Training Monitoring Schedule and training signature sheet will be available at the LifeDesigns office.</p>	05/05/2012	

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	Based on interview during review of the facility's Emergency Procedures on 04/05/12 at 10:30 a.m., the Home Manager indicated employees are instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of any resident, however, the Home Manager indicated such instructions are not reviewed by the staff every two months. The facility was lacking written documentation of fire drills for the first shift (day) during the second quarter of 2011 and first quarter of 2012, also, the second shift (evening) during the fourth quarter of 2011.				

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's</p>	KS152	K 0152 Life Designs is dedicated to ensuring evacuation drills are completed in the group home at least quarterly for each shift of personnel. To ensure compliance of drill completion, the Program Director (PD) will revise the Drill form to include a checkbox to indicate day, evening, and overnight shift and times corresponding with shift times by May 5, 2012. The PD will train the	05/05/2012			

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	<p>Monthly Drills book on 04/05/12 at 10:15 a.m. with the Home Manager present, the facility lacked documentation fire drills were conducted during the following shifts and quarters:</p> <p>a. First shift (day) of the second quarter (April, May, and June) of 2011, and first quarter (January, February, and March) of 2012.</p> <p>b. Second shift (evening) of the fourth quarter (October, November, and December) of 2011.</p> <p>Based on interview at the time of record review, the Home Manager said there were no documented fire drills available during the first shift of the second quarter of 2011 and first quarter of 2012, or for the second shift of the fourth quarter of 2011.</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>		<p>CLM's and ACLM's on the revised Drill form and schedule by May 5, 2012. PD or CLM will review drills monthly to ensure drills are completed according to schedule. A copy of the revised Drill form and training signature sheet will be available at the Life Designs office.</p>		

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	Based on review of the facility's Monthly Drills book on 04/05/12 at 10:15 a.m. with the Home Manager present, three of three of four third shift (night) fire drills performed since April of 2011 were held between 6:00 a.m. and 6:35 a.m. Based on interview at the time of record review the Home Manager acknowledged the times of the third shift fire drills were not varied.			