

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G284	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2016
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 BENTLEY LN SOUTH BEND, IN 46616
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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: 05/02/16</p> <p>Facility Number: 000804 Provider Number: 15G284 AIM Number: 100235020</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 one story facility was not sprinklered. 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 seven and had a census of seven at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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 S043 Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 4.2.</p> <p>Quality Review completed on 05/09/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5. Based on observation, the facility failed to ensure 1 of 2 Front doors was provided with a releasing device having an obvious method of operation and readily operated under all lighting conditions. LSC 33.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4 requires that where a latch or other similar device is provided, the method of operation of its releasing device must be obvious, even in the dark. The intention of this requirement is that the method of release be one that is familiar to the average person. Generally, a two-step release such as a knob and independent dead-bolt is not acceptable. In most occupancies, it is important that a single action unlatch the door. This deficient practice could affect all occupants.</p>	K S043	The two door structure will be converted to a one door structure and will have a single-action latch. In the future, all exit/entry doors from a LOGAN group home will have a single-action lock to unlatch the door. Doors will not contain any additional manual slide closure apparatus or bolts locks. Person(s) Responsible: Director of Maintenance	06/01/2016

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K S046 Bldg. 02	<p>Findings include:</p> <p>Based on observation with the House Manager on 05/02/16 at 9:35 a.m., one of the two front doors contained a door knob with a locking ability. In addition, the same door had a manual slide bolt lock on the door. Based on interview at the time of observation, the House Manager acknowledged the aforementioned condition.</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. 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 all occupants.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 05/02/16 at 9:41 a.m., an extension cord was powering a television,</p>	K S046	<p>The extension cord has been removed that was powering a television, lock and VHS player. Staff have been instructed to never use extension cords as a substitute for fixed wiring of a structure. Additionally, the surge protector has been removed in the laundry room. And, staff have been instructed that appliances such as, but not limited to; a washer, dryer, refrigerator, dishwasher, etc. must be plugged in directly into the electrical outlet and no substitutes are acceptable as a substitute for fixed wiring of a structure. In the future, during house inspections, attention will be paid to appliances and electronic</p>	06/01/2016

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K S051 Bldg. 02	<p>clock, and VHS player in the living room. Based on interview at the time of observation, the House Manager acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment. 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 only.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 05/02/16 at 9:45 a.m., a surge protector was powering a washing machine in the Laundry room. Based on interview at the time of observation, the House Manager acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per</p>		<p>equipment location to ensure all are plugged in directly to an electrical outlet and cords or cables are not being utilized as a substitute for fixed wiring of a structure. Person(s) Responsible: Director of Maintenance; Director of Residential Services; Director of Quality Assurance</p>		

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	<p>floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems components and devices, such as, smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was tested annually. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the House Manager on 05/02/16 at 9:23 a.m., the last annual fire alarm system inspection report was dated 04/06/15. In the last fire alarm report, the report indicated that the "crawl space heat detector" could not be located for testing. No sensitivity test was available for review. Based on interview at the time of record review, the House Manager acknowledged each aforementioned condition.</p>	K S051	<p>The company that completes the annual fire alarm inspections has been scheduled to return to locate and complete and document the results of a sensitivity test for the crawl space heat detector. Additionally, the company will install an automatic smoke protection device in the laundry room. In the future, once the outside company inspection reports are received, the Director of Maintenance will review the reports to ensure all areas are tested and include documentation noting the sensitivity ratings. If incomplete, a follow inspection will be requested of the outside company and documentation will be obtained for any missed areas and/or any missed sensitivity ratings. Additionally, all houses will be re-checked to make sure each space that requires an automatic smoke protection device has a one. Person(s) Responsible: Director of Maintenance</p>	06/01/2016

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	<p>2. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm control panels, located in an area that was not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the House Manager on 05/02/16 at 9:46 a.m., the fire alarm panel in the Laundry room was provided with a heat detector and not automatic smoke protection device.</p>			