

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 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 525 S SKYVIEW DR JASPER, IN 47546
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K020000	<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: 000945 Provider Number: 15G431 AIM Number: 100235210</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 32, New 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 common living areas, and in client sleeping rooms. The facility has a capacity of eight and had a census of seven at the time of this survey.</p>	K020000		

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 0.36.</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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K02S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure the door to 1 of 4 sleeping rooms was maintained so it would close and latch easily and could be opened without more than normal force. This deficient practice could affect 2 of 7 clients in the facility if they could not open the door during a fire or other emergency requiring them to exit the room.</p> <p>Findings include:</p> <p>Based on observation on 08/21/13 at 12:45 p.m. during a tour of the facility with Staff Associate # 1, the wood door frame to client sleeping room # 1 located near the staff office was damaged. The wood was split near the latching device. When the door was closed it was very difficult to open. Staff Associate # 1 had to lift the door, applying much force to</p>	K02S018	K0018 The Program Manager scheduled and removed doors that were not in correct working condition. A new door has been installed that meets Life Safety Code requirements. This will ensure that all clients are safe and comfortable.	09/20/2013			

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	open it. This was acknowledged by Staff Associate # 1 at the time of observation.			

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K02S147	<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 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>	K02S147	<p>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.</p>	09/20/2013	

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	12:10 p.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 first shift (day) of the fourth quarter of 2012 and first quarter of 2013; second shift (evening) of the third quarter of 2012; and third shift (night) of the third quarter 2012 and first quarter of 2013.			

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K02S152	<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 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 3 of 3 shifts during 3 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 12:00 p.m. with Staff Associate # 1 present, the facility lacked</p>	K02S152	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 Requirements	09/20/2013			

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	<p>documentation fire drills were conducted during the following shifts and quarters:</p> <p>a. First shift (day) of the fourth quarter (October, November, and December) of 2012 and first quarter (January, February, and March) of 2013.</p> <p>b. Second shift (evening) of the third quarter (July, August, and September) of 2012.</p> <p>c. Third shift (night) of the third quarter (July, August, and September) of 2012 and first quarter (January, February, and March) of 2013.</p> <p>Based on interview at the time of record review, Staff Associate # 1 said there were no fire drills performed during the previously mentioned shifts and quarters.</p>				