

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G469	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/07/2014
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NAME OF PROVIDER OR SUPPLIER  BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 S OAK ST BLUFFTON, IN 46714
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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: 11/07/14</p> <p>Facility Number: 000983 Provider Number: 15G469 AIM Number: 100244850</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bi-County Services 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>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms, common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K010000	<p><b>OakLife Safety Code POC SurveyEvent ID KLVM21 November/December2014</b></p>	
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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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K010130	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.0.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and record review the facility failed to ensure 1 of 1 interior battery powered emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p>	K010130	<p><b>K130</b> Bi-CountyServices, Inc. (BCS) will assure that all interior battery powered emergency lights are tested annually for not less than 1 ½ hours. BCS will also assure that annual written records of visual inspections and tests are kept by the agency and available for review.</p> <p>1. The battery powered emergency light in the back hallway of the Oak Street group home will be inspected &amp; tested per 1 ½ hour requirement by the BCS maintenance department by no later than December 5th 2014. The record of the testing will be kept with the maintenance department and at the group home. In the future this testing will be a part of each group homes annual ADA inspections. The ADA inspection checklist used by BCS will have an addendum to include the annual testing of all interior battery powered emergency lights for 1 ½ hours during the inspection.</p>	12/05/2014			

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K01S147	<p>Findings include:</p> <p>Based on observation with Qualified Intellectual Disabilities Professional (QIDP) on 11/07/14 at 12:00 p.m., there was a battery powered emergency light in the back hallway. Based on record review of an email received from the QIDP on 11/07/14 the facility was made aware of this requirement recently and has never completed an annual test of the battery power light. The annual test is scheduled for 2015.</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 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 the fire</p>	K01S147	<p>These records will be kept for review through the BCS Safety Committee with availability for survey through the Maintenance Supervisor.</p> <p>Person's Responsible: Maintenance Department. Target Completion Date: 12/5/14</p> <p><b>K0147</b> BCS will revise the OAK</p>	12/07/2014			

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	<p>protection plan included the necessary means for evacuating all clients and ensuring their safety during the night shift in the event of fire. This deficient practice affects 3 of 6 clients.</p> <p>Findings include:</p> <p>Based on review of the Oak Evacuation Plan and the F-1 Worksheet(s) for Rating Residents with the Qualified Intellectual Disabilities Professional (QIDP) on 11/07/14 at 11:40 a.m., clients were to be evacuated in the event of fire to a location outside the home. The Oak Evacuation Plan noted clients #1, #2, #3, and #5 "May need awoken". Clients #1 will need "Staff assistance transferring to wheelchair and fully assist throughout the evacuation process". Client #2 "Needs verbal cues to get started &amp; keep moving. May need assistance to the van". Client #3 "Will need verbal cues &amp; physical assistance throughout the evacuation process. Staff to also monitor so she will not wander from designated location". Client #4, "Will need full assistance during the evacuation process. Staff assist with transferring &amp; using walker or wheelchair. Staff fully assists with wheelchair". Client #5 needs "Staff escort by walking beside her to van and provides complete assistance throughout the evacuation process". A review of the</p>		<p>Emergency Action Plan to include the necessary means/additional supports available for evacuating all clients and ensuring their safety during the night shift during any emergency, including fire.</p> <p><b>Plan of Correction Specific to Oak Group Home and all SGL homes operated by BCS:</b></p> <p>1. Oak Emergency Action Plan (EAP) will be revised to include the necessary means/additional supports available for evacuating all consumers safely, especially during the night shift. There are four staff available within a two block radius willing to be part of a team available to assist in safely evacuating consumers. In addition there are 12 staff members available to assist as necessary within a half mile of the group. The EAP will also include an attached contact list of names/numbers. Employee living across the street from the OAK home will be designated Fire Contact for 3rd shift. The revised EAP will be provided to Oak Residential Management Team by 11/24/14 and all staff working with Oak residents will be trained on the revised plan no later than 11/30/14. The EAP as well as the Residential Evacuation Drill(s) Procedure will be kept in the Oak Emergency Information Book at all times to assure that all direct care staff has access as needed. Revisions will be made to the 3rd Shift Fire Contact(s) list as needed.</p>				

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	F-1's, rating resident risk factors, noted client #2 and #5, need limited to full assistance or very slow. It was noted Clients #4 and #6, require supervision. In addition, it was noted Clients #4 would not stay at their designated location upon evacuating and all six clients were unable to choose and complete a back-up strategy. Based on an interview with the QUIP said at the time of record review, only one staff was on duty during sleep hours. When the QUIP was asked if one staff could handle an evacuation, she stated the "backup plan" included a staff member living down the street and around the corner who has agreed to come help and additional staff who live in the city have also volunteered to come help.		2.The week of December 1st, B Secure Alarm Systems, Inc. will be replacing the current fire alarm system in the group home to upgrade to a system that will ring in to the local authority having jurisdiction, Bluffton Fire Department & Wells County Sheriff's Department. 3.An additional ramp has been added to the Oak group home in the north bedroom area allowing with quick access out of the home in case of fire &/or other emergency. Person's Responsible: Oak Residential Management Team, Residential Administrator and Maintenance Department. TargetCompletion Date: 12/7/14		