

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G139	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 6611 CHESHIRE DR NEWBURGH, IN 47630
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 02/01/12</p> <p>Facility Number: 000676 Provider Number: 15G139 AIM Number: 100234450</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Alternatives SW IN was found 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</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>detection in the corridors, 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> <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 0.28.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/04/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<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 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>Based on observation, interview, and record review; the facility failed to ensure 1 of 1 fire alarm systems actuated when tested. LSC 9.6.3.2 requires occupant notification of the fire alarm system shall be by audible and visible signals. 9.6.3.7 requires the general evacuation alarm signal to operate throughout the entire building. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/01/13 at 11:50 a.m. with staff person # 1 and staff person # 2, the fire alarm system control panel had the following indicator</p>	KS051	<p>KS051: Life Safety Code Standard</p> <ul style="list-style-type: none"> - Staff will be retrained on resetting the alarm system after drills to ensure safety in the home for all clients, employees, and visitors - Program Coordinator will be retrained on ensuring that the alarm system has been reset after every drill. They will monitor via weekly visits. - Operations Manager will be retrained on ensuring that the alarm system has been reset in the home. They will monitor via monthly visits. <p>Persons Responsible: Program Coordinator, Operations Manager</p>	03/03/2013			

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	lights illuminated: Zone 3 (red), System Alarm (red), and Alarm Silenced (yellow). When testing the fire alarm system with the pull station near the garage door, the alarm system did not actuate, furthermore, the pull station near the front door had already been pulled. This was acknowledged by staff persons # 1 and # 2. When the pull station at the front door was reset and the fire alarm control panel was reset the system was returned to normal with only a green power light illuminated. During review of fire drills at 11:15 a.m. with staff persons # 1 and # 2 present, a fire drill was conducted on 02/01/13 at 5:00 a.m.			