

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G206	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/02/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546
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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: 10/02/14</p> <p>Facility Number: 000734 Provider Number: 15G206 AIM Number: 100234100</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 33, Existing 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, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of seven at the time of this survey.</p>	K010000		

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>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 4.16.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/07/14.</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 interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 2 of 2 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate.</p>	K010130	<p><b>K130: NPFA 101 MISCELLANEOUS</b></p> <p><b>Corrective Action: (specific): The Residential Manager will collect the necessary paperwork from Simplex-Grinnell during the monthly visit and file in the appropriate binder. The Environmental Services Manager will also receive an office copy.</b></p> <p><b>How others will be identified: (Systemic): The Residential</b></p>	11/01/2014			

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K01S147	<p>NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 10/02/14 between 10:45 a.m. and 11:15 a.m. during a tour of facility with the Qualified Intellectual Disability Professional (QIDP), there was no documentation on the inspection tags to show the portable fire extinguishers were inspected during August and September of 2014. This deficiency was acknowledged by the QIDP at the time of observations.</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</p>		<p><b>Manager will be in-serviced on collecting the necessary paperwork and filing in the appropriate binder.</b></p> <p><b>Measures to be put in place: The Residential Manager will collect the necessary paperwork from Simplex-Grinnell during the monthly visit and file in the appropriate binder. The Environmental Services Manager will also receive an office copy.</b></p> <p><b>Monitoring of Corrective Action: The Residential Manager will be in-serviced on collecting the necessary paperwork and filing in the appropriate binder.</b></p> <p><b>Completion date: 11.1.14</b></p>				

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	<p>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 6 of 6 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> <p>Based on interview during review of the facility's Fire Assessment of clients on 10/02/14 at 10:00 a.m., the Qualified Intellectual Disability Professional (QIDP) 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</p>	K01S147	<p><b>KS147:</b> 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><b>Corrective Action: (specific):</b> The Residential Manager will conduct a monthly staff meeting which will include an in-service covering the house fire plan and drill schedule instructions. The Clinical Supervisor will review to ensure the staff training is completed each month.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in-serviced on completing the monthly staff training concerning the house fire plan and drill schedule instructions. The Clinical Supervisor will be in-serviced on reviewing the staff training each month.</p>	11/01/2014	

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K01S152	483.470(j)(1)(i)  needed to ensure the safety of any client, however, the QIDP indicated such instructions are not reviewed by the staff every two months, but instead are review only once per year. The facility was lacking written documentation fire drills were performed during the third shift (night) of the fourth quarter of 2013, and the first quarter of 2014.		<p><b>Measures to be put in place:</b> The Residential Manager will conduct a monthly staff meeting which will include an in-service covering the house fire plan and drill schedule instructions. The Clinical Supervisor will review to ensure the staff training is completed each month.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in-serviced on completing the monthly staff training concerning the house fire plan and drill schedule instructions. The Clinical Supervisor will be in-serviced on reviewing the staff training each month.</p> <p><b>Completion date: 11.1.14</b></p>		

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	<p><b>LIFE SAFETY CODE STANDARD</b></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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 1 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's Emergency Drill Book on 10/02/14 at 9:45 a.m. with the Qualified Intellectual</p>	K01S152	<p><b>KS152:</b> 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><b>Corrective Action: (specific): The Residential Manager and staff will be in-serviced on the emergency drill schedule for the home which includes evacuation drills to be conducted on each shift. The Clinical Supervisor will review the</b></p>	11/01/2014

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	Disability Professional (QIDP) present, the facility lacked documentation fire drills were conducted during the third shift (night) of the fourth quarter (October, November, and December) of 2013, and the first quarter (January, February, and March) of 2014. Based on interview at the time of record review, the QIDP said there were no other fire drills performed during the previously mentioned shift and quarters.		<p><b>emergency drill paperwork to ensure these are completed monthly, as required, per the drill schedule.</b></p> <p><b>How others will be identified: (Systemic): The Residential Manager will be in-serviced on the monthly emergency drill schedule. The Clinical Supervisor will be in-serviced on reviewing the emergency drill paperwork to ensure the drills are completed monthly, as required, per the drill schedule.</b></p> <p><b>Measures to be put in place: The Residential Manager and staff will be in-serviced on the emergency drill schedule for the home which includes evacuation drills to be conducted on each shift. The Clinical Supervisor will review the emergency drill paperwork to ensure these are completed monthly, as required, per the drill schedule.</b></p> <p><b>Monitoring of Corrective Action: The Residential Manager will be in-serviced on the monthly emergency drill schedule. The Clinical Supervisor will be in-serviced on reviewing the emergency drill paperwork to</b></p>		

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			<p><b>ensure the drills are completed monthly, as required, per the drill schedule.</b></p> <p><b>Completion date: 11.1.14</b></p>		