

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G693	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2013
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NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC-ARC AVE (105)	STREET ADDRESS, CITY, STATE, ZIP CODE 2968 E ARC AVE BLDG 105 VINCENNES, IN 47591
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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 Dates: 04/18/13</p> <p>Facility Number: 002937 Provider Number: 15G693 AIM Number: 200333060</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Knox County ARC-Arc Ave 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 monitored fire alarm system with smoke detection in the corridors, in sleeping rooms, and in common living areas. The facility has a capacity of eight and had a census of eight at the time of this survey.</p>	K010000		
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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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Impractical with an E-Score of 6.16.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/19/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 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 8 of 8 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 Safety Plan on 04/18/13 at</p>	K01S147	<p>K0147</p> <p>Plan of Correction: The fire drill schedule will be revised to ensure all drill are scheduled at the correct time for each quarter. The Office Coordinator will implement a Fire Safety Plan Attachment.</p> <p>Preventive Action: All managers and assistant mangers will be retrained on ensuring that all drills are completed on time. All staff will be trained on the Fire Safety Plan Attachment which will explain how the individuals evacuate the home in an emergency</p> <p>Monitoring: Office Coordinator will send out updated reminders to managers to alert them when drills are missed or are upcoming.</p>	05/18/2013	

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	11:15 a.m., the Office Coordinator 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 needed to ensure the safety of any resident, however, the Office Coordinator indicated such instructions are not reviewed by the staff every two months. The facility was lacking written documentation fire drills were performed during the third shift (night) of the fourth quarter of 2012, and first quarter of 2013, a span of at least six months.		Responsible Party: Office Coordinator, Group Home Managers, Date to be completed: May 18, 2013				

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (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>(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: Based on review of the GH #105 Fire Alarm book on 04/18/13 at 11:05 a.m.</p>	K01S152	<p>K152 Plan of Correction: The fire drill schedule will be revised to ensure all drill are scheduled at the correct time for each quarter. The Office Coordinator will implement a Fire Safety Plan Attachment. Preventive Action: All managers and assistant mangers will be retrained on ensuring that all drills are completed on time. All staff will be</p>	05/18/2013			

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	with the Office Coordinator present, the facility lacked documentation fire drills were conducted during the third shift (night) of the fourth quarter (October, November, and December) of 2012, and the first quarter (January, February, and March) of 2013. Based on interview at the time of record review, the Office Coordinator said there were no fire drills performed during the third shift of the fourth quarter of 2012 and the first quarter of 2013.		trained on the Fire Safety Plan Attachment which will explain how the individuals evacuate the home in an emergency Monitoring: Office Coordinator will send out updated reminders to managers to alert them when drills are missed or are upcoming. Responsible Party: Office Coordinator, Group Home Managers, Date to be completed: May 18, 2013		