

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G424	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2015
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1999 BELL RD CHANDLER, IN 47610
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K 0000 Bldg. 01	<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: 10/07/15</p> <p>Facility Number: 000938 Provider Number: 15G424 AIM Number: 100239680</p> <p>At this Life Safety Code survey, Rehabilitation Center Developmental Services 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 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 eight at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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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K 0130 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 4.12.</p> <p>Quality Review completed 10/08/15 - DA.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 interior battery powered emergency lights were 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 a functional test be conducted at 30 day intervals and 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> <p>Findings include:</p>	K 0130	<p>The battery operated lights in the dining room and livingroom were older units. Therefore, afterthey did not activate upon inspection, the units were replaced with new LEDunits. The battery life will continue tobe checked monthly per policy; however, the placement of new units shouldensure more efficient battery life and the use of the LED lights does not drainthe battery as quickly.</p> <p>All RCDS group homes are in the process of having the newLED units installed in the living room and dining room areas to prevent futureissues with the lights malfunctioning.</p>	11/06/2015

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K S152 Bldg. 01	<p>Based on observations on 10/07/15 between 1:00 p.m. and 1:15 p.m., the battery powered emergency lights in the dining room and living room failed to illuminate when tested. At the time of observation, the Group Home Manager said the batter powered emergency lights were tested on a monthly basis, but, was not aware that the two light units were not functioning.</p> <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</p>			

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	<p>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 held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 10/07/15 at 12:30 p.m. with the Group Home Manager present, four of five, first shift (day) fire drills performed during the past twelve months were held between 7:06 a.m. and 7:45 a.m. Based on interview at the time of record review the Group Home Manager acknowledged the times the first shift fire drills were not varied enough.</p>	K S152	<p>To ensure that drills are ran at varied times, the FireDrill Quarterly schedule utilized by all group homes, will be revised to include specific times for the 1st shift and 2nd shift fire drills. Due to issues with third shift drills being run at the same times, historically, the form had already been updated to include times for third shift fire drills to be run and this has effectively corrected the issue to ensure varied times for third shift drills.</p> <p>All group home management will be trained on the changes made to the Fire Drill Quarterly schedule. This form is utilized when fire drills are assigned for the quarter. As noted, the schedule will now designate times for all drills to be completed which should prevent further issue with the drills not being run at varied times per regulations.</p>	11/06/2015
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