

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G702	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2012
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7891 E 296TH ST ATLANTA, IN 46031
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR Subpart 483.470(j).</p> <p>Survey Date: 06/04/12</p> <p>Facility Number: 003179 Provider Number: 15G702 AIM Number: 200403780</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Carey 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>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p>	K0000		
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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 7.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/05/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS152	<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.</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions for 2 of 3 shifts for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include: Based on review of "Fire/Tornado Evacuation Drill Record" documentation</p>	KS152	<p>K152 The facility failed to conduct fire drills under varied conditions for 2 of 3 shifts for 3 of 4 quarters. The deficient practice affects all clients, staff and visitors. Specifically, second shift fire drills conducted in the fourth quarter of 2011 and in the first and second quarter of 2012 on 10/28/11, 11/22/11, 02/23/12 and 05/24/12 were conducted between 3:25 p.m. and 4:00 p.m. Also, third</p>	06/19/2012			

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	<p>with the Residential Manager during record review from 1:30 p.m. to 2:25 p.m. on 06/04/12, the following was noted:</p> <p>a. second shift fire drills conducted in the fourth quarter of 2011 and in the first and second quarter of 2012 on 10/28/11, 11/22/11, 02/23/12 and 05/24/12 were conducted between 3:25 p.m. and 4:00 p.m.</p> <p>b. third shift fire drills conducted in the second and fourth quarter of 2011 and in the first quarter of 2012 on 06/13/11, 12/15/11 and 03/08/12 were conducted between 10:00 p.m. and 10:56 p.m.</p> <p>Based on interview at the time of record review, the Residential Manager acknowledged second and third shift fire drills for the aforementioned quarters were not conducted under varied conditions.</p>		<p>shift fire drills conducted in the second and fourth quarter of 2011 and in the first quarter of 2012 on 06/13/11, 12/15/11 and 03/08/12 were conducted between 10:00 p.m. and 10:56 p.m.</p> <p>Correction: Staff training will be held with the Residential Manager on 6/19/12 in regards to ensuring that fire drills are completed under varied conditions for all 3 shifts in each quarter.</p> <p>Prevention: The Director of Group Homes/QMRP will notify the Residential Managers on a monthly basis at to what shift a fire drill is needed each month, along with a specific time period for the drill to be conducted. The Residential Manager will ensure that the scheduled drill each month is completed for the proper shift and specified time. See enclosed sample of monthly scheduled drills, inspections and Fire Watch trainings for June 2012. All preventative measures were implemented on 6/12/12.</p> <p>Monitoring: The Director of Group Homes/QMRP will track monthly fire drills to ensure that they are completed during the specified time each month. Monitoring</p>		

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			began on 6/12/12.	