

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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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: 04/04/13</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Res Care Southeast Indiana 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 32, New 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, client sleeping rooms and common living areas. The facility has a capacity of 4 and had a census of 4 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 Prompt with an E-Score of 0.38.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/11/13.</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 person 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 no 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 periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan not less than every 2 months to protect 4 of 4 clients. A copy of the plan is readily available at all times within the facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review of Emergency Evacuation Drill reports on 04/04/13 at 10:00 a.m. with the home manager, there</p>	K01S147	The administration has put into effect a plan that they will oversee, ensuring that the Operations Manager's East/West SGL, instructs the Residential Manager periodically in the event of fire, so that staff responses are well informed with respect to their duties and responsibilities whenever any resident with unusual needs is admitted to the home. QA will follow up with the Residential Manager/Staff on a monthly basis, ensuring that documentation/drills are done. Also that required documentation is turned in and meets LSC Standards. This will ensure the safety of all 4 clients and staff.	05/04/2013			

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	was no documentation indicating employees were periodically instructed and kept informed with respect to their duties and responsibilities under the plan from 11/30/2012 to 02/26/2013. This was acknowledged by the home manager at the exit conference on 04/04/13 at 11:55 a.m.			

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (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 conduct fire drills at least quarterly on 2 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include: Based on a review of the Emergency Evacuation Drill Reports with the home manager on 04/04/13 at 10:00 a.m., there</p>	K01S152	The Operations Manager East/West SGL have developed and are implementing a process for evaluating all emergency drills under varied conditions. The drills which have been completed by the Residential Manager with input from the home staff and sent to the QA dept. were not kept in the drill book in the home as required. Copies have been attached and also forwarded to the home so their books are	05/04/2013			

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	was no evidence of a third shift drill for the third quarter or fourth quarter of the year 2012 and the first quarter of the year 2013. Based on an interview with the home manager on 04/04/13 at 11:15 a.m., there were no other records available for review to indicate the missed fire drills were conducted. This was acknowledged by the home manager at the exit conference on 04/04/13 at 11:55 a.m.		correct and up to date. Staff is being in-serviced too on proper documentation procedures. This will ensure the safety of all 4 clients and staff in the facility. The Operations Manager East/West SGL will periodically review the home files to ensure the drills and evaluations are completed, to meet the requirements of the NFPA Life Safety Code.	