

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G138	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4555 ELM ST NEWBURGH, IN 47630
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W 000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey</p> <p>Survey dates: April 27, 28 and 29, 2015.</p> <p>Provider Number: 15G138 AIMS Number: 100234400 Facility Number: 000675</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 000		
W 450  Bldg. 00	<p>483.470(i)(2)(v) EVACUATION DRILLS</p> <p>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>Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility failed to conduct evacuation drills under varied conditions by always using the exit door to the back patio. This failure potentially affected the safety of all clients due to the lack of an egress route from the patio to a safe area</p>	W 450	<p>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>-Currently getting estimates to install a path from the back patio to a safe area.</p> <p>- Staff will be retrained on using another egress route of the ramp into the garage and exiting out</p>	06/02/2015

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>away from the home and by conducting evacuation drills using only one of the home's exits.</p> <p>Findings include:</p> <p>The facility's reports of evacuation drills were reviewed on 4/28/15 beginning at 5:50 AM. Although the facility conducted multiple drills on all shifts during all quarters, there was no documented evidence that actual evacuation of the facility was done other than by instructing clients (#1, #2, #3, #4, #5, #6, #7, and #8) to exit the sliding glass door adjacent to the dining room onto a concrete patio. The concrete patio was 18 feet by 16 feet in size and there was no sidewalk or walkway leading from the patio which allowed clients who used walkers and/or wheelchairs to move away from the residence. Client #5 ambulates with a wheelchair at all times. Client #6 ambulates with a walker and utilizes a wheelchair at other times when walking becomes difficult. There was a four to five inch step down from the patio to the yard. In order to reach the gate leading from the back yard, clients would be required to walk through a grassy yard which sloped downward then upward.</p> <p>The Home Manager was interviewed at</p>		<p>the front garage door to a safe area outside in case of an emergency.</p> <p>-Currently getting estimates for a wheelchair accessibility ramp for the front entrance of the home.</p> <p>Persons Responsible: Property Manager and Executive Director.</p>				

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	6:35 AM on 4/28/15. The Home Manager indicated all clients were instructed to exit the residence through the sliding glass doors adjacent to the dining room during all evacuation drills. The Home Manager indicated the front entrance to the residence was not used because there was a five inch step-down immediately upon exiting the front door, then a ten inch step-down in order to reach the sidewalk in front of the house. When asked if clients were ever instructed to exit the home through the door leading to the garage, the Home Manager indicated exiting through that door would require clients to walk by the clothes dryer, the home's heating unit and the hot water heater. Staff felt it was safer to teach the clients to exit to the back patio. The Home Manager stated the patio was considered "the safe area." When asked if clients would be able to walk through the sloping back yard, the Home Manager indicated one client (client #6) required the use of a walker at all times and a wheelchair for transport. Due to advanced age and/or neurological challenges, at least five of the eight clients (#1, #3, #4, #5, #6) who lived at the residence, would require significant support and time to move away from the home in an emergency. The Home Manager indicated the client (client #5) recently admitted to the facility used a			

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	<p>wheelchair at all times and would not be able to safely exit farther than the back patio. The Home Manager indicated there had been discussions with administrative staff about the need to install a walkway leading from the back patio to the fence for emergency use as well as for making the home's back yard assessable to clients living there. The Home Manager was not sure what steps had been taken.</p> <p>On 4/28/15 at 1:40 PM, the Executive Director (ED) indicated there had been discussions about the need to install a sidewalk to the back patio to provide an egress route for people who lived at the residence. No action had been taken to get bids for the project. When asked if there were plans to make the front entrance wheelchair accessible since there were clients who lived at the residence who used wheelchairs and/or walkers for mobility (clients #5 and #6), the ED indicated the company would need to evaluate that. When asked if the exit from the home into the garage used by clients daily was ADA (Americans with Disabilities Act) compliant since the step down was 6.25 inches and the existing concrete ramp was 3.5 feet in length, the ED indicated the company would need to evaluate that exit and evaluate whether or not it was actually an egress route to be used in case of an</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	emergency.  9-3-7(a)				