

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G138	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2015
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 0000 Bldg. 02	<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: 06/03/15</p> <p>Facility Number: 000675 Provider Number: 15G138 AIM Number: 100234400</p> <p>At this Life Safety Code survey, Community Alternatives SW IN was found in not 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 sprinklered. The facility has a 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		
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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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K 0130 Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.32.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 means of egress were continuously maintained for full instant use in case of fire or other emergencies. NFPA 101 at 7.1.10.1 requires means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergencies. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation and interview on 06/03/15 between 3:00 p.m. and 3:30 p.m., Care Giver #1 said the back patio exit was the primary exit all clients use when fire drills are performed. The back patio was a concrete area that ended at a grassy area. The back yard was completely fenced in with a gate at the side yard. For clients to exit the back patio to a safe area they would need to traverse a sloped and uneven back yard over 100 feet to the front driveway.</p>			K 0130	<p>-Currently getting estimates to install a path from the back patio to a safe area -Staff will be retrained on using another egress route of the ramp into the garage and exiting out the front garage door to a safe area outside in case of an emergency -Currently getting estimates for a wheelchair accessibility ramp for the front entrance of the home. Persons Responsible: Executive Director, Property Manager</p>		07/03/2015

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	Furthermore, Care Giver #1 said the front door exit was used as an alternative exit during fire drills. The front door exit had two steps down, the first step was five inches high and the second step was ten inches high. Care Giver #1 said the facility has one client that uses a wheelchair on a daily basis and another that uses a wheelchair on occasions, furthermore, she said one other client has trouble walking. She also said these same clients either have difficulty or can not traverse these two exits on their own.				