

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/23/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031
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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: 05/23/14</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Res Care Community Alternatives South Central 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 not sprinkled. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p>	K010000		

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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K01S152	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 4.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/02/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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</p>			

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	<p>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. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters for 2 of 3 shifts. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Emergency Evacuation Drills on 05/23/14 with the home manager at 12:20 p.m., there was no record of a fire drill conducted on the second shift for the second quarter of the year 2013 or 2014, or a first shift fire drill for the third quarter of 2013. This was verified by the home manager at the time of record review and acknowledged at the exit conference on 05/23/14 at 1:25 p.m.</p>	K01S152	<p><b>PROVIDER IDENTIFICATION</b> #: 15G080 <b>NAME OF PROVIDER:</b> <b>RESCARE COMMUNITY ALT., SOUTH CENTRAL</b> <b>ADDRESS: 725 Carr Street Milan, Indiana 47031</b> <b>SURVEY EVENT ID #: 05Q021</b> <b>DATE SURVEY COMPLETED:</b> <b>05/23/2014</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION</b></p> <p>-</p> <p>-</p> <p><b><u>K0152: (1) The facility holds evacuation drills at least quarterly for each shift of personnel under varied conditions to</u></b></p> <p style="text-align: center;">i.</p> <p><b><u>Ensure that all personnel on all shifts are trained to perform assigned tasks;</u></b></p> <p style="text-align: center;">ii.</p> <p><b><u>Ensure that all personnel on all shifts are familiar with the use of the facilities emergency and disaster plans and procedures.</u></b> <b><u>K0152: (2) The facility must</u></b> 1. Actually evacuate clients during at least one drill each year</p>	06/22/2014			

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			<p>on each shift.</p> <p>2. Make special provisions for the evacuation of clients with physical disabilities.</p> <p>3. File a report and evaluation on each drill:</p> <p>4. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>5. 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><b><u>K0152: (3) Facilities must meet ((i) (1) and (2) of this section for any live in and relief staff they utilize.</u></b></p> <p>-</p> <p>· The facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters during 2 of 3 shifts.</p> <p>· Based on a review of Emergency Evacuation Drills on 05/14/14 with support associate # 1 at 10:10 a.m., there was no record of a fire drill conducted on the second shift and third shift for the first quarter of the 2014.</p> <p><b>Corrective Action:</b></p> <p>· Residential Manager inserviced on fire drill procedures and requirements (Attachment A)</p> <p><b>How we will identify others:</b></p> <p>· Residential Manager will review</p>		

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			<p>drills, and any plans of correction with staff at monthly meeting. (Attachment B)</p> <ul style="list-style-type: none"> <li>Residential Manager will schedule drills to account for each staff each shift each quarter, and review at monthly meeting. (Attachment A,B )</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Drill schedule will be assessed monthly. (Attachment A)</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <p>Residential Manager will review monthly drills to ensure all issues have been investigated and plan of correction completed. Clinical Supervisor and or appropriate parties will perform periodic service reviews to ensure that drills are being conducted, documented, and reviewed following Life Safety Code Standards.</p> <p><b>Completion Date: 06/22/2014</b></p>		