

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G516	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2014
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2606 S ROTHERWOOD EVANSVILLE, IN 47714
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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
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: 09/11/14</p> <p>Facility Number: 001030 Provider Number: 15G516 AIM Number: 100245190</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rehabilitation Center Developmental Services 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 sprinklered. The facility has a monitored 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 seven 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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K01S043	<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 7.2.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 09/12/14.</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 No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 egress door with a magnetic locking device connected to the fire alarm system, automatically unlocked when the fire alarm system was activated. LSC 7.2.1.6.2(d) requires activation of the building fire protection signaling system, if provided, shall automatically unlock the doors in the direction of egress, and the doors shall remain unlocked until the fire protective</p>	K01S043	<p>Management immediately notified the RCDS maintenancedepartment after the occurrence with the egress door not releasing correctlywhen the fire panel was activated. Vanguard was then contacted and was able to come to the group home on9-12-2014 to correct the issue. Allinterior and exterior doors are now working properly.</p> <p>To prevent future occurrence, the form utilizedfor fire drills and</p>	10/01/2014

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	<p>signaling system has been manually reset. This deficient practice could affect 7 clients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 09/11/14 at 10:55 a.m. while testing the fire alarm system during a tour of the facility with Specialized Residential Assistant (SRA) #1, and the Residential Manager, the north exit door from the client sleeping room corridor, was locked against egress and equipped with a magnetic lock at the top of the door which was connected to the fire alarm system. The only way to exit this door was to actuate the fire alarm system or by use with a key device located in the staff office, however, when the fire alarm system was activated by a pull station and then a smoke detector, the door did not release from the magnetic lock automatically. This was acknowledged by the SRA #1 and the Residential Manager at the time of observation.</p>		<p>emergency evacuations was updated to include staff specifically checking all egress doors while the panel is activated to ensure they release when pushed. This form is utilized in all nine group homes, and all management staff and group home staff will be in-serviced on the change to the form and the procedure for how the egress doors are to be checked. Fire drills are done routinely throughout the year in all homes, so adding this preventative measure of checking each egress door during every fire drill should ensure prompt awareness of any issue, allowing the issue to be fixed in a timely manner, and eliminating further issues with the egress doors malfunctioning moving forward.</p>		