

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G241	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH 100 EAST WASHINGTON, IN 47501
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K020000	<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: 02/25/15</p> <p>Facility Number: 000764 Provider Number: 15G241 AIM Number: 100234870</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Alternatives SW IN 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 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>	K020000		

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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K02S152	<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 1.8.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15.</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 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</p>						

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	<p>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.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Drills Book on 02/25/15 at 12:45 p.m. with the Residential Manager present, the facility did have documentation that fourteen fire drills were performed during the past twelve months, however, there were no fire drills conducted during the first (day) shift of the fourth quarter of 2014 and the third (night) shift of the third quarter of 2014. Based on interview at the time of record review, the Residential Manager acknowledged the lack of documented fire drills during the previously mentioned shifts and quarters.</p>	K02S152	<p>PROVIDER IDENTIFICATION #: 15G241</p> <p>NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL</p> <p>ADDRESS: 651 South 100 East Washington, IN 47501</p> <p>SURVEY EVENT ID #: OVQF21</p> <p>DATE SURVEY COMPLETED: 02/25/2015</p> <p>PROVIDER'S PLAN OF CORRECTION</p> <p><u>K0152 LIFE SAFETY CODE STANDARD</u></p> <p>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</p>	03/13/2015

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			<p>facility's emergency and disaster plans and procedures.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> ·Residential Manager will be in-serviced on Life Safety Code Standard K152. (ATTACHMENT A) ·Direct Care Staff will be in-serviced on Life Safety Code Standard K152. (ATTACHMENT B) <p>How we will identify others:</p> <ul style="list-style-type: none"> ·Residential Manager will maintain a calendar of staff's participation in all drills. (ATTACHMENT C) ·Residential Manager will train with staff on drill schedule. (ATTACHMENT B) ·Residential Manager will conduct monthly house meetings and review drills and drill schedules. (ATTACHMENT D) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> ·Residential Manager will maintain a calendar of staff's 	

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			<p>participation in all drills. (ATTACHMENT C)</p> <ul style="list-style-type: none"> -Residential Manager will train with staff on drill schedule. (ATTACHMENT B) -Residential Manager will conduct monthly house meetings and review drills and drill schedules. (ATTACHMENT D) -All drills will be sent to Clinical Supervisor to catalogue and review. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> -Clinical Supervisor will review all monthly house meeting agendas to ensure compliance. -Clinical Supervisor will maintain a drill database to ensure compliance of drill completion. -Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. -Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up 		

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			to 5, be reviewed quarterly Completion Date: 03/13/2015		