

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G581	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/16/2014
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NAME OF PROVIDER OR SUPPLIER  CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1703 LAUREL DR MARION, IN 46953
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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: 12/16/14</p> <p>Facility Number: 001095 Provider Number: 15G581 AIM Number: 100245560</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist; Thomas Forbes, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Carey Services Inc. 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>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K010130	<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 3.56.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/23/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers were located in areas where they were readily accessible. LSC 4.5.6 requires any fire protection system, building service equipment, feature of protection or safe guard provided for life safety shall be designed, installed and approved in accordance with applicable NFPA standards. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1-6.3 requires extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Preferably they shall be located along normal paths of travel, including exits from an area. This deficient practice affects all clients.</p>	K010130	<p><b>K130 NFPA101 MISCELLANEOUS</b> This item indicates that the facility failed to ensure 1 of 3 portable fire extinguishers were located in areas where they were readily accessible. Fire Extinguisher was permanently relocated to be in compliance on 12/28/2014. Addendum Requested: The fire extinguisher was permanently relocated to be in compliance on 12/28/2014. During monthly fire extinguisher checks, the residential manager or designee will assure that all fire extinguishers (in the home and in the assigned vehicles(s)) are not obstructed. This form is signed off on by the applicable employee and is then submitted to QDDP for review. A</p>	01/14/2015

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K01S147	<p>Findings include:</p> <p>Based on observation with the Residential Manager on 12/16/14 at 3:30 p.m., the fire extinguisher in the staff office was behind the office door. Based on interview at the time of observation, the Residential Manager acknowledged the fire extinguisher was obstructed by the open office door.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their</p>	K01S147	<p>copy is kept at the home as well as in atthe main agency for reference. The formspecifies 'I have checked and verified that all the fire extinguishersinspections in the group home and vans have been completed with initials anddate of person completing inspections. Iconfirm that no fire extinguisher is obstructed. I have reported any concerns to immediatesupervisor' the employee signs after completion.</p> <p><b>K147 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>This item outlines that the facility</p>	01/14/2015			

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K01S152	<p>duties and responsibilities under the written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review and interview with the Residential Manager on 12/16/14 at 3:01 p.m., the facility failed to provide training records to show second shift employees have been instructed of their duties and responsibilities, at least every two months, according to the written fire safety plan. Based on record review with the Residential Manager at the time the facility did not conduct a second shift fire drill for the third quarter of 2014 creating a two month gap in training.</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</p>		<p>failed to ensure allemployees are periodically instructed and kept informed with respect to theirduties and responsibilities under the written fire safety plan. Suchinstruction is reviewed by the staff not less than every 2 months. Thisdeficient practice affects all clients in the facility.</p> <p>QDDP sent drill calendar on 11/26/2014for the entire 2015 calendar year to assure no gaps in training. QDDP will continue to send annual drill calendarthat will assure compliance for future calendar years. QDDP will assure all drills are received andthis will also be monitored with Safety Committee at Carey Services. Previouslyimplemented Monthly Audit Checklist addressed drills as well and is monitoredby QDDP and Chief Operations Officer Monthly.</p> <p>The Drill Calendar developedby the QDDP will be attached as an uploaded document to this plan ofcorrection.</p>		

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	<p>procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) 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>(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 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Fire/Tornado Evacuation Drill Record" with the Residential Manager on 12/17/14 at 3:00 p.m., a Second shift fire drill for the third quarter of 2014 was not available for review. Based on an interview with the Residential Manager at the time of record review, she was unable to provide documentation to show this fire drill had been conducted.</p>	K01S152	<p><b>K152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>This item identifies that the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>QDDP sent drill calendar on 11/26/2014 for the entire 2015 calendar year to assure no gaps in training. QDDP will continue to send annual drill calendar that will assure compliance for future calendar years. QDDP will assure all drills are received and this will also be monitored with Safety Committee at Carey Services. Previously implemented Monthly</p>	01/14/2015

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			Audit Checklist addressed drills as well and is monitored by QDDP and Chief Operations Officer Monthly.		