

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  10/02/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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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: 10/02/14</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</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, common living areas, and client sleeping rooms. The facility has a capacity of eight and had a census of seven 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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K020130	<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 0.48.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/07/14.</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 OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 2 of 2 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate.</p>	K020130	<p><b>K130: NPFA 101 MISCELLANEOUS</b></p> <p><b>Corrective Action: (specific): The Residential Manager will collect the necessary paperwork from Simplex-Grinnell during the monthly visit and file in the appropriate binder. The Environmental Services Manager will also receive an office copy.</b></p> <p><b>How others will be identified: (Systemic): The Residential</b></p>	11/01/2014

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	<p>NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 10/02/14 between 12:30 p.m. and 1:00 p.m. during a tour of facility with the Residential Manager, there was no documentation on the inspection tags to show the portable fire extinguishers were inspected since March of 2014. This deficiency was acknowledged by the Residential Manager at the time of observations.</p>		<p><b>Manager will be in-serviced on collecting the necessary paperwork and filing in the appropriate binder.</b></p> <p><b>Measures to be put in place: The Residential Manager will collect the necessary paperwork from Simplex-Grinnell during the monthly visit and file in the appropriate binder. The Environmental Services Manager will also receive an office copy.</b></p> <p><b>Monitoring of Corrective Action: The Residential Manager will be in-serviced on collecting the necessary paperwork and filing in the appropriate binder.</b></p> <p><b>Completion date: 11.1.14</b></p>		

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K02S152	<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 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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K02S152	<p><b>KS152: 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p><b>Corrective Action: (specific): The Residential Manager and staff will be in-serviced on the emergency drill schedule for the home which</b></p>	11/01/2014

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	Based on review of the facility's fire drills in the Emergency Drill Book on 10/02/14 at 12:00 p.m. with the Residential Manager present, the facility did have documentation that twelve fire drills were performed during the past twelve months, however, there were no fire drills conducted during the first (day) and third (night) shifts of the fourth quarter of 2013. 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 quarter.		<p><b>includes evacuation drills to be conducted on each shift. The Clinical Supervisor will review the emergency drill paperwork to ensure these are completed monthly, as required, per the drill schedule.</b></p> <p><b>How others will be identified: (Systemic): The Residential Manager will be in-serviced on the monthly emergency drill schedule. The Clinical Supervisor will be in-serviced on reviewing the emergency drill paperwork to ensure the drills are completed monthly, as required, per the drill schedule.</b></p> <p><b>Measures to be put in place: The Residential Manager and staff will be in-serviced on the emergency drill schedule for the home which includes evacuation drills to be conducted on each shift. The Clinical Supervisor will review the emergency drill paperwork to ensure these are completed monthly, as required, per the drill schedule.</b></p> <p><b>Monitoring of Corrective Action: The Residential Manager will be in-serviced on the monthly emergency drill schedule. The</b></p>		

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			<p><b>Clinical Supervisor will be in-serviced on reviewing the emergency drill paperwork to ensure the drills are completed monthly, as required, per the drill schedule.</b></p> <p><b>Completion date: 11.1.14</b></p>		