

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G309	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/09/2013
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2107 E POWELL AVE EVANSVILLE, IN 47714
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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: 10/09/13</p> <p>Facility Number: 000828 Provider Number: 15G309 AIM Number: 100239660</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, in sleeping rooms, and in common living areas. The facility has a capacity of seven and had a census of six 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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	<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 3.36.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 9 smoke detectors were installed in a location that would allow each smoke detector to function to its fullest capability. LSC Section 9.6.2.10 requires compliance with</p>	K01S053	The deficiency is being resolved by maintenance removing the exhaust fan. The exhaust fan is not utilized, nor needed in the group home. Therefore, the exhaust fan will no longer interfere with the functioning of the smoke detector. The area	11/07/2013

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	<p>NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 10/09/13 at 11:30 a.m. during a tour of the facility with the Home Manager, the smoke detector in the Med Room, where the fire alarm control panel was located, was installed within one foot of a ceiling mounted exhaust fan, furthermore, the exhaust fan was off, but did work at the time of observation. This was acknowledged by the Home Manager at the time of observation.</p>		<p>where the exhaust fan was located will be replaced with drywall. Preventatively, maintenance is aware that smoke detectors cannot function to their fullest capability when located near air handling systems to ensure that this will not reoccur.</p>		

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K01S152	<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 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 ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:  Based on review of the facility's Fire</p>	K01S152	To prevent future occurrence of fire drill times not being varied, Powell group home management along with the direct care staff, were retrained to ensure fire drills are conducted at varying times on each shift. Preventatively, all professional staff in all nine of our group homes were retrained on the policy of ensuring fire drills are ran at varying times on each shift. To ensure the preventative	11/07/2013	

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	Drills folder on 10/09/13 at 11:00 a.m. with the Home Manager present, three of four first shift (day) fire drills performed during the past twelve months were held between 6:00 a.m. and 6:30 a.m. Based on interview at the time of record review, the Home Manager acknowledged the times of the first shift fire drills were not varied.		measures correct the problem, the Residential Coordinators who oversee the nine group homes, will review the quarterly drills to ensure they are being done at varying times. This will ensure that the drill times vary and it will also allow for instructional correction if necessary prior to the next quarter's drills being done.	