

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G229	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 307 JOSEPHINE ST MILAN, IN 47031
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K0000	<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: 02/04/13</p> <p>Facility Number: 000753 Provider Number: 15G229 AIM Number: 100243350</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all client sleeping rooms and common living areas. The facility has a capacity of 7 and had a census of 5 at the time of this survey.</p>	K0000		
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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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	<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 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/05/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure annual inspections were performed for 1 of 1 fire alarm systems including 10 photo electric smoke detectors, 2 horn/strobe devices, 3 fire alarm boxes, and fire alarm control equipment. LSC 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the Fire Alarm System Annual Inspection Report on 02/04/13 at 12:20 p.m. with the home manager, the most recent annual inspection report available for review was</p>	KS051	<p>PROVIDER'S PLAN OF CORRECTION</p> <p>K0051: Simplex Grinnell technician has completed Annual Fire Alarm inspection (Attachment A). This will ensure the safety of all consumers at the site and will also comply with the NFPA Life Safety Code.</p> <p>Completion Date: 2-11-2013</p>	02/11/2013	

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	dated 01/25/12, which was a period of over one year since the last inspection date. This was acknowledged by the home manager at the time of record review. Furthermore, the fire alarm system main electrical panel located in the home manager office had an inspection tag with the most recent inspection date of 01/25/12 written on the tag.			

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KS152	<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 conduct fire drills at least quarterly on 2 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include: Based on a review of the Emergency Evacuation Drill Reports with the home</p>	KS152	K0152: Clinical Supervisor has been inserviced on timely completion and monitoring of fire drills for completion and compliance (Attachment B). This will ensure the safety of all consumers at the site and will also comply with the NFPA Life Safety Code.	02/14/2013			

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	manager on 02/04/13 at 12:15 p.m., there was no evidence of a second shift fire drill for the fourth quarter of the year 2012 or third shift fire drills for the second quarter and third quarter of the year 2012. Based on a review of the Emergency Evacuation Drill Reports by the home manager and interview on 02/04/13 at 12:35 p.m., it was confirmed there was no other evidence available for review to indicate the missed fire drills were conducted.		Completion Date: 2-14-2013	