

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G523	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/10/2012
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NAME OF PROVIDER OR SUPPLIER  FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568
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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: 02/10/12</p> <p>Facility Number: 001037 Provider Number: 15G523 AIM Number: 100245070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Four Rivers Resource 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>This one story facility with a basement was not sprinklered. The facility has a fire alarm system</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>with smoke detection on both levels including 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> <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 1.36.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS147	<p>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 duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 8 of 8 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on interview during review</p>	KS147	<p>There was a written evacuation plan in place; however; it was not being reviewed as often as required. Effective and beginning with the monthly house meeting on 2/7/12, the review of this evacuation plan will be done at EACH monthly house meetg and changes/revisions will be made, as needed. This will be the on-going responsibility of the Community Living Coordinator.</p>	02/10/2012			

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	<p>of the facility's Fire Protection Plan on 02/10/12 at 11:55 a.m., the Home Manager indicated employees are instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of any resident, however, the Home Manager indicated such instructions are not reviewed by the staff every two months. The most recent review of the Fire Protection Plan by staff was on 01/20/12, however, previous to that date the only time the Plan was reviewed by staff during the past twelve months was on 09/26/11 and 03/28/11. The facility was lacking written documentation of fire drills for the third shift (nights) during four of four quarters of 2011.</p>			
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KS152	<p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</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.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 1 of 3 shifts during 4 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the Fire Drills book on 02/10/12 at 11:45 a.m. with the Home Manager present,</p>	KS152	The Community Living coordinator is now assigning specific shift staff to complete drills on certain days/months/shifts. She will monitor documentation monthly to assure that these drills are complete, accurate, and timely.	02/10/2012			

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	<p>the facility did have fourteen documented fire drills since January of 2011, however, there were no documented fire drills conducted during the third shift (night) of the first quarter (January, February, and March), second quarter (April, May, and June), third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2011. This was acknowledged by the Home Manager at the time of record review.</p>			
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