

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G679	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 05/12/2014
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1917 WALNUT ST SOUTH BEND, IN 46616
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 05/12/14</p> <p>Facility Number: 000688 Provider Number: 15G679 AIM Number: 100234470</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Logan Community Resources 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a partial basement was determined to be sprinklered. The facility has a fire alarm system with smoke detection in the sleeping rooms, in common living areas and in the basement. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K020000		
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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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K020130	<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 1.84.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/14.</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 4 of 11 small (E-size) oxygen cylinders were chained or supported by an approved cylinder stand or cart. NFPA 99, Health Care Facilities, in Chapter 13, Other Health Care Facilities, at 13-3.8 requires gas equipment shall conform to the patient equipment requirements of Chapter 8. NFPA 99, 8-3.1.11.2, Storage for nonflammable gases less than 3000 cubic feet at 8.3.1.11.2(h) requires cylinder or container restraint shall meet 4-3.5.2.1(b)27 which requires freestanding cylinders shall be properly</p>	K020130	<p>Additional canister sleeve stands have been ordered and all oxygen E-cylinders are properly supported in a sleeve stand. If the local distributor of the oxygen E-cylinders does not provide a sleeve stand for each canister on delivery, they will be immediately contacted so that this can be corrected immediately and each cylinder is secured in a sleeve stand. The Program Coordinator will complete regular checks to ensure all cylinders are properly secured in canister sleeves. Additionally, a Program Assistant will also be assigned to complete regular checks to ensure all</p>	06/11/2014

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	<p>chained or supported in a proper cylinder stand or cart. The deficient practice could affect two clients in the southeast bedroom.</p> <p>Findings include:</p> <p>Based on observations at 1:22 p.m. on 05/12/14 with the Program Assistant and the Maintenance Technician, four oxygen E-cylinders were standing unsupported inside the closet of the southeast bedroom. Based on interview of the Program Assistant at the time of observation, "The client in that room recently has been using more oxygen than usual."</p>		<p>cylinders are properly secured in canister sleeve stands. The local distributor will be contacted immediately if any sleeve stand is missing so that delivery is made of additional canister sleeve stands. During routine visits and observations, the Program Manager/QIDP and the Director of Quality Assurance will check the oxygen E-cylinders to ensure they are safely secured and supported in canister sleeve stands. Persons Responsible: Program Coordinator, Program Manager/QIDP, Director of Quality Assurance.</p>	