

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G492	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/06/2016
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 47TH ST JASPER, IN 47546
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K 0000  Bldg. 02	<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: 01/06/16</p> <p>Facility Number: 001006 Provider Number: 15G492 AIM Number: 100235270</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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) 2000 Edition, 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 corridor, common living areas, and client sleeping rooms. 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</p>	K 0000		

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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K 0130  Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.68.</p> <p>Quality Review completed 01/12/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 battery backup smoke detectors was maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. This deficient practice could affect two clients.</p> <p>Findings include:</p> <p>Based on observation on 01/06/16 between 1:45 p.m. and 2:15 p.m. during a tour of the facility with the Residential Manager, all four client sleeping rooms and the staff office were equipped with hard wired smoke detectors connected to the Fire Alarm Control Panel (FACP), plus hard wired smoke detectors connected to the main electric power supply with battery backup, but not connected to the FACP. The battery</p>	K 0130	<p>K130</p> <p>Staff in the home will be in-serviced on ensuring that the battery backup smoke detectors have good batteries in them and when the battery backup smoke detectors beep that the battery is changed immediately.</p> <p>The maintenance coordinators will inspect the battery backup smoke detectors during home visits to ensure that all battery backup smoke detectors are not beeping and if they are they will change the batteries immediately.</p>	02/05/2016

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K S051 Bldg. 02	<p>backup smoke detector in client sleeping #1 (located nearest the front door) was beeping every 30 seconds indicating the battery was dying or dead. This was acknowledged by the Residential Manager at the time of observation; furthermore, the Residential Manager was unsure how long the smoke detector with battery backup had been beeping.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on observation, interview, and record review, the facility failed to ensure 1 of 3 fire alarm system pull stations actuated the audible fire alarm when tested. LSC 33.2.3.4.1 refers to 9.6. LSC 9.6.3.2 requires occupant notification of the fire alarm system shall be by audible and visible signals. 9.6.3.7 requires the general evacuation alarm signal to operate throughout the entire building. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 01/06/16 at 1:25</p>	K S051	<p>K0051</p> <p>All staff will be in-serviced on completing a visual check of the Fire Alarm Control Panel daily to ensure that it is functioning with in normal limits, that there are no illuminated trouble statements and if there are illuminated trouble statements the maintenance coordinator will be contacted immediately so an inspection of the system can be completed. The vendor who performs routine maintenance will be contacted to complete and inspection of the system and repair as necessary</p> <p>The maintenance coordinator will visually inspect the Fire Alarm</p>	02/05/2016			

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K S152 Bldg. 02	<p>p.m. during a tour of the facility with the Residential Manager, the yellow "trouble" light was illuminated on the Fire Alarm Control Panel (FACP) located near the front door, furthermore, the statement "Fire Bell Has Been Silenced" was also illuminated on the FACP screen. When testing the fire alarm system with the pull station near the front door at 2:10 p.m. the fire alarm system did not activate, however, the other two pull stations did activate the fire alarm when tested. Several attempts were made by the Residential Manager to reset the FACP back to normal without success. This was acknowledged by the Residential Manager at the time of observation and again during fire alarm testing. During review of fire drills at 1:15 p.m. with the Residential Manager present, a most resent fire drill was conducted on 12/08/15 at 4:00 a.m.</p> <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</p>				Control Panel during visits to the home to ensure that it is functioning within normal limits and that there are no illuminated trouble statements. If any problems are noted an inspection will be requested from the vendor.		

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	<p>plans and procedures.</p> <p>The facility must -</p> <ul style="list-style-type: none"> <li>(i) Actually evacuate clients during at least one drill each year on each shift;</li> <li>(ii) Make special provisions for the evacuation of clients with physical disabilities;</li> <li>(iii) File a report and evaluation on each drill;</li> <li>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</li> <li>(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.</li> </ul> <p>Facilities meet the requirements of paragraphs (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 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 01/06/16 at 1:15 p.m. with the Residential Manager present, the facility did have documentation that thirteen fire drills were performed during the past twelve months, however, there was no fire drill conducted during the first shift (day) of the first quarter (January, February and March) and second quarter (April, May, and June) of 2015. Based</p>	K S152	<p>K0152</p> <p>The Residential Manager will be in-serviced on completing fire drills at least quarterly for each shift of personnel on all shifts and ensure that all personnel are trained to perform assigned tasks and ensure that all personnel are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>Quality Assurance will monitor all fire drills weekly to ensure that they are completed at least quarterly for each shift of personnel on all shifts. QA will contact the Residential Manager if any fire drills are not</p>	02/05/2016

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	on interview at the time of record review, the Residential Manager acknowledged the lack of documented fire drills during the first shift of the first and second quarters of 2015.		completed before the end of the month to ensure that they are completed.		