

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G744	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2016
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2453 S 100 E PERU, IN 46970
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K 0000 Bldg. 01	<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: 05/11/16</p> <p>Facility Number: 006630 Provider Number: 15G744 AIM Number: 200902110</p> <p>At this Life Safety Code survey, Bona Vista Programs 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 was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and none in 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 Score (E-Score) using NFPA 101 A,</p>	K 0000		
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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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K S149 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.1.</p> <p>Quality Review completed on 05/12/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observations and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container for 1 of 1 areas where smoking was permitted. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Group Home Manager on 5/11/16 at 12:50 p.m., the smoking area located on the front porch was not provided with an approved noncombustible container. Cigarette butts were disposed into two open metal bowls. Based on interview at the time of observations, the Group Home Manager acknowledged the lack of an approved receptacle.</p>	K S149	<p>K0149</p> <p>Finding(s):</p> <p>1. "Based on observation and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container for 1 of 1 areas where smoking is permitted."</p> <p>Corrective Action(s):</p> <p>To ensure that all areas where smoking is permitted has a noncombustible container where cigarette butts are deposited into:</p> <p>1. A noncombustible container will be purchased for areas where smoking is permitted for cigarette butts to be deposited into.</p> <p>2. Persons served that reside in the home that smoke and all staff located in the home will be trained on the combustible containers to deposit the cigarette butts in the permitted</p>	06/10/2016

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K S152 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 plans and procedures.</p> <p>The facility must -</p> <ul style="list-style-type: none"> (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>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 conduct third shift fire drills quarterly for 1 of the last 4</p>	K S152	<p>smokingareas. A record of Training will be completed following the training. All record of Trainings will be submitted to the Residential Director for additional monitoring and administrative oversight.</p> <p>-</p> <p>K0152 Finding(s): 1. "Based on record review of the fire drill reports titled</p>	06/10/2016	

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K S154 Bldg. 01	calendar quarters. This deficient practice could affect all clients. Findings include: Based on record review of the fire drill reports titled "Residential Safety Drill" with the Group Home Manager 05/11/16 at 12:26 p.m., documentation of a third shift fire drill for the second quarter of 2015 was not available for review. Based on an interview at the time of record review, the Group Home Manager was unable to confirm the aforementioned fire drill was conducted. 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority		<i>"Residential Safety Drills" with the Group home House Manager 5/11/2016 at 12:26pm, documentation of a third shift fire drill for the second quarter of 2015 was not available for review."</i> CorrectiveAction(s): To ensure that all safety drills are completed and documented accordingly according to the policy. 1. All safety drills are assigned to each shift at the designated time by the Residential House Manager. The Residential House Manager will ensure that all safety drills are completed according to the guidelines. The Residential Assistant Director will do a Periodic Service Review and monitor and ensure that all safety drills are completed in the appropriate time frame. 2. All staff located in the home will be retrained on the procedures for all safety drills. A record of Training will be completed following the training. All record of Trainings will be submitted to the Residential Director for additional monitoring and administrative oversight.		

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	<p>having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of "Fire Watch Policy" documentation with the Group Home manager on 05/11/16 at 12:30 p.m., the facility's written policy and procedure for an impaired automatic sprinkler system did not state that the Indiana State Department of Health would be contacted if system was out for more than four hours. Also, the plan did not include the designated person(s) conducting the Fire Watch will have no other duties during that time, and the plan did not include the designated person(s) conducting the Fire Watch was properly trained. Based on interview at the time of record review, the Group Home acknowledged the</p>	K S154	<p>K0154 Finding(s): 1. "Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period of time."</p> <p>Corrective Action(s): To have the written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period of time located in the home and available for staff to view and follow. 1. The fire watch Policy is in the group home and all staff located in the home were trained on the fire Watch Policy and the procedure. A record of Training will be completed following the training. All record of Trainings will be submitted to the Residential Director for additional monitoring and administrative oversight.</p>	06/10/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	written fire watch policy did not include notification of the Indiana State Department of Health, proper training, or no other duties assigned.				