

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G448	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 10/10/2013
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 907 COTTAGE GROVE SOUTH BEND, IN 46628
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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: 10/10/13</p> <p>Facility Number: 000962 Provider Number: 15G448 AIM Number: 100249360</p> <p>Surveyor: W. Chris Greeney, 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 two story facility with a partial basement was sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including in the sleeping rooms, in corridors and in common living areas. The facility has a capacity of 7 and had a census of 6 at the time of this survey.</p>	K020000		

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 0.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K02S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <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 person 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 no 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 administration failed to ensure all employees working the overnight shift were periodically instructed and kept informed with respect to their duties and responsibilities under a plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all six clients.</p> <p>Findings include:</p> <p>During review of the facility's fire</p>	K02S147	Overnight staff do routinely perform overnight evacuation drills. Unfortunately, documented evidence was lacking to indicate the overnight drills had been completed in the third quarter. Overnight evacuation drills will be completed and documented beginning in the fourth quarter and will continue for each quarter going forward. In the future, the schedule and tracking of overnight evacuation drills will continue and include documented evidence that the drills were completed. A copy of the drills will be made and filed, as appropriate, in effort to retain documented evidence that the overnight drills were completed	11/09/2013	

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	<p>evacuation drill records on 10/10/13 at 10:45 a.m. with the Administrative Assistant, the facility lacked documentation a fire drill was conducted during the overnight shift (10:00 p.m. to 6:00 a.m.) of the third quarter (July, August, and September) of 2013. Interview with the Administrative Assistant at 10:50 a.m. on 10/10/13 indicated a record for an overnight shift drill for the third quarter could not be located. The most recent drill recorded for that shift was dated June 5, 2013. There was no other evidence of periodic training to indicate overnight staff received the required periodic instruction during that three month period.</p>		<p>each quarter. Persons Responsible: Program Coordinator Program Manager/QIDP</p>		

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K02S152	<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 plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (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 ensure fire drills were conducted quarterly on 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect 6 clients residing in the home.</p> <p>Findings include: Based on review of the facility's fire evacuation drill records from October</p>	K02S152	Overnight staff do routinely perform overnight evacuation drills. Unfortunately, documented evidence was lacking to indicate the overnight drills had been completed in the third quarter. Overnight evacuation drills will be completed and documented beginning in the fourth quarter and will continue for each quarter going forward. In the future, the schedule and tracking of overnight evacuation drills will	11/09/2013	

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	2012 through September 2013 on 10/10/13 at 10:45 a.m. with the Administrative Assistant, the facility lacked documentation a fire drill was conducted during the overnight shift (10:00 p.m. to 6:00 a.m.) of the third quarter (July, August, and September) of 2013. Interview with the Administrative Assistant at 10:50 a.m. on 10/10/13 indicated a record for an overnight shift drill for the third quarter could not be located.		continue and include documented evidence that overnight drills were completed. A copy of these drills will be made and filed, as appropriate, in effort to retain documented evidence that the overnight drills were completed each quarter. Persons Responsible: Program Coordinator Program Manager/QIDP		