STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G576	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 08/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BI-COUNTY SERVICES INC	503 N THIRD ST DECATUR, IN 46733

(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
K0000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 08/20/12 Facility Number: 001090 Provider Number: 15G576 AIM Number: 100245540 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Bi-County 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. The one story facility with a basement was not sprinklered. The facility has a fire alarm system	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	with smoke detection on all levels including in the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey. 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 1.7. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/23/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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KS152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) 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. (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. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients. Findings include:	KS152	Third Street Life Safety Code POC September 2012 K0152 Bi-County Services, Inc. will assure that the residential group homes are in compliance with the regulations regarding evacuation drills as evidenced by the following procedures. 1. BCS residences hold evacuation drills at least quarterly for each shift of personnel and under varied conditions: A. Each group home	09/19/2012

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	Based on review of the "Residential Fire Drill Report" with the Residential Manager on 08/20/12 at 12:48 p.m., a first shift fire drill was not conducted for the first quarter of 2012. Based on an interview with the Residential Manager at the time of record review, no other documentation was available to verify this drill was conducted.		has a regular rotation of drills by shift, per quarter for the current year with the Residential Manager (RM) assuming the responsibility of monitoring and documenting that this occurs. The rotation drill schedule is updated annually to assure that fire drills are conducted quarterly on each shift at all group homes during a calendar year. The RM's in conjunction with the Administrative Assistant for Quality Assurance (AAQA) are responsible for developing this emergency drill rotation schedule annually as a team. * The drill rotation schedule & any designated assignments will be posted either on the calendar or in the logbook, depending on the group home. Any updates or changes will be the responsibility of the RM to communicate to Residential Trainers. * The RM or designee will check off that the drills have been completed by the 25th of each month. This is documented on the RM Monthly Check Off list. * RM does a fire alarm check weekly and the maintenance department completes the check on a monthly basis. * Evacuation training for staff occurs as part of the regular agenda item(s) at house meetings bi-monthly (every other month). This is to assure that all personnel on all shifts are familiar with the use of alarms, emergency and disaster plans, special needs and assistance for	

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			residents, as well as impaired fire alarm and/or sprinkler system procedure ("fire watch" monitoring). * RM's (or designee) provide group home orientation for new staff and/or relief employees that address specific "Emergency Issues". The Emergency Issues include, but are not limited to emergency telephone numbers, how to operate the fire alarm system, where consumers should go, explanation of drills and how to do them, location of fuse box and training on the EAP for that house. B. All evacuation drills will be recorded on the Residential Drill Reports and left for the RM to review and complete all management documentation requirements prior to copying & forwarding to the AAQA and then filing with other Life Safety Code (LSC) paperwork for the group home. C. The Residential Drill Reports will also indicate when and who were evacuated during any actual evacuation drills. D. In addition, BCS has an Emergency Action Plan (EAP) for each site location. Site locations include all group homes, Day Services settings and sheltered workshops. The EAP notes purpose, evacuation procedure, staffing needs and alternative refuge locations. Provisions are in place for evacuation drills and EAP's for individuals with physical disabilities. Pertinent telephone	

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			numbers for contact is also part of this EAP. E. Actual Evacuation Drills (with residents evacuated from the home) will occur at least once a year on each shift. During actual evacuation(s) consumers may be evacuated to a safe area in other agency or community facilities certified under the Health Care Occupancies Chapter of the LSC F. In order to assure that all staff on all shifts are trained to perform assigned tasks as they relate to evacuation drills, new employees will be checked off during group home orientation/training and documented on a training list that RM maintains files on. A designee may complete training of staff, but documentation still requires RM review and sign-off. 2. All Residential Management Teams (RMT's) will be retrained on the mandatory requirement of assuring that fire drills are conducted quarterly on each shift for all four calendar quarters. This re-training will also stress our commitment to Project "Be Safe/Be Prepared" which involves consumer and staff training involvement in increasing awareness for safety, readiness for emergency action, and EAP follow through. The drill process is a priority for the safety of consumers. 3. Every November the RM's and AAQA will develop the annual drill rotation schedule for the upcoming year for each group home assuring that they	

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			meet the requirements of conducting drills quarterly per shift for all four calendar quarters. This team will be in agreement regarding the annual drill rotation schedule prior to posting and training direct care staff (DCS) to ALERT them of the new drill rotation for the upcoming year at each group home(s) December house meetings. 4. The AAQA will provide RMT's with "ALERT" notice two weeks prior to the next drill scheduled in the rotation, thus providing an additional safeguard to assure compliance with LSC regulations regarding evacuation drills. Person's Responsible: RM's & RMT's, Program Director, Residential Administrator, and AAQA. TCD 9/19/12	