

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G248	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2012
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2804 CORPUS CHRISTI DR SOUTH BEND, IN 46617
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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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K0000	<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: 08/28/12</p> <p>Facility Number: 000770 Provider Number: 15G248 AIM Number: 100234910</p> <p>Surveyor: Robert Booher, 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 tri-level facility was determined to be sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including in the sleeping rooms, corridors and common living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K0000		
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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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	<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 0.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 08/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<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 1 of 3 upper level corridor doors closed upon activation of the fire alarm system. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by this Code, shall be either maintained or removed. This deficient practice could affect residents in the three upper level sleeping rooms.</p> <p>Findings include:</p> <p>Based on observation at 3:16 p.m. on 08/28/12 with the Director of Group Living after the fire alarm system was activated, the door separating the dining room from the upper level bedroom corridor did not close because it drags on the floor leaving the doorway wide open. At the time of observation, the Director of Group Living agreed the door should close.</p>	K0130	<p>The door separating the dining room from the upper level bedroom corridor has been repaired so that it closes properly. The door responds correctly by closing when the fire alarm system is activated. All the doors were rechecked and respond correctly by closing when the fire alarm system is activated.</p> <p>In the future, the group home staff and/or whoever is running the drill will notify management either verbally or in writing on the fire drill form if there are any doors that are not closing properly during a fire drill when the fire alarm system is activated. Maintenance will be notified immediately and make necessary repairs.</p> <p>Persons responsible: Program Assistants Program Coordinator Director of Group Living Director of Maintenance</p>	09/27/2012	