

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G523	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2015
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NAME OF PROVIDER OR SUPPLIER FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568
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K010000	<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: 02/12/15</p> <p>Facility Number: 001037 Provider Number: 15G523 AIM Number: 100245070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Four Rivers Resource 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.</p> <p>This one story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on both levels including the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of five at the time of this survey.</p>	K010000		
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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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K01S046	<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 1.3.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/13/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical junction boxes observed was maintained in a safe operating condition. LSC 19.5.1 requires utilities LSC Section 32.2.5.1 refers to 9.1.2. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect all clients, as well as staff and visitors.</p>	K01S046	The junction box now has a cover compatible with the box. The Group Home Coordinator will check this monthly as a routine part of home safety inspection. Receipt for purchase of cover is attachment #1	02/24/2015

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K01S152	<p>Findings include:</p> <p>Based on observation on 02/12/15 at 2:10 p.m. during a tour of the facility with the Residential Manager, the ceramic junction box in the storage room within the basement (located in the ceiling/floor joists near the white PVC sewer pipe) was missing the cover plate exposing wires. This was acknowledged by the Residential Manager at the time of observation.</p> <p>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.</p> <p>(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</p>			

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	<p>of the Life Safety Code.</p> <p>(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.</p> <p>1. 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 02/12/15 at 1:15 p.m. with the Residential Manager present, the facility did have documentation that sixteen fire drills were performed during the past twelve months, however, there were no fire drills conducted during the first shift (day) of the first and second quarters of 2014. Based 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 2014.</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>	K01S152	<p>The facility will post a drill schedule checklist in the home to be followed to help assure that all evacuation drills are completed on a quarterly basis as required, by staff. See attachment #1 The Group Home Coordinator will be responsible for re-training staff and for assuring that required evacuation drills are completed, documented, and on file in a timely manner. See attachment #2 The make-up Night Shift drill report is included as attachment #3</p>	02/24/2015			

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	Based on review of the facility's fire drill reports on 02/12/15 at 1:15 p.m. with the Residential Manager present, six of seven, third shift (night - 12 am to 8 am) fire drills performed during the past twelve months were held between 6:15 a.m. and 7:30 a.m. Based on interview at the time of record review the Residential Manager acknowledged the times of the third shift fire drills were not varied.						