

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G581	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/21/2014
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NAME OF PROVIDER OR SUPPLIER  CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1703 LAUREL DR MARION, IN 46953
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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: 01/21/14</p> <p>Facility Number: 001095 Provider Number: 15G581 AIM Number: 100245560</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Carey 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>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 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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	<p>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 1.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S152	<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 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. 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.</p> <p>Findings include:  Based on review of the "Fire/Tornado Evacuation Drill Record" with the</p>	K01S152	K0152 Life Safety Code Standard This item outlines that the agency failed to provide documentation of drills and evacuations during the Life Safety Code Revisit. On this particular day, the manager and the QDDP were not available to accompany the Life Safety Code surveyor at the home. A DSP was assigned to this task. This DSP was consequently not aware of where	02/20/2014			

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	Direct Support Professional (DSP) on 01/21/14 at 12:20 p.m., a third shift fire drill for the second quarter of 2013 was not available for review. Based on an interview with the DSP at the time of record review, he was unable to provide documentation to show this fire drill had been conducted.		the drills were located to provide this information to the surveyor at the time of the revisit. The cited drills were completed, see attached documents as evidence of drill completion. All DSPs will be trained to identify where drills are kept to be able to communicate this information to a surveyor. This training will be completed no later than 2/20/2014. DSPs will be verbally tested or quizzed on this process every 2 months, the initial test will occur on or before 2/20/2014.		