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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 11/02/2015 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP CODE 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432 |
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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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| K 0000 Bldg. 01 | <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: 11/02/15</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN 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 was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and common living areas. The facility has a capacity of eight and had a census of six at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p> | K 0000 | | |
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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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| K S152 Bldg. 01 | <p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.32.</p> <p>Quality Review completed 11/12/15 - DA.</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 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 ensure fire drills</p> | | | K S152 | <p>K0152: Corrective Action: (Specific): All staff will be in-serviced on the completion of</p> | | 12/02/2015 |

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| | <p>were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 11/02/15 at 10:15 a.m. with the Group Home Manager present, three of four, first shift (day) fire drills performed during the past twelve months were held between 7:00 a.m. and 8:00 a.m., furthermore, four of four, third shift (night) fire drills performed during the past twelve months were held between 3:00 a.m. and 4:00 a.m. Based on interview at the time of record review the Group Home Manager acknowledged the times the first and third shift fire drills were not varied enough.</p> | | <p>emergency drills at least quarterly for each shift of personnel and under varied conditions. How others will be identified: (Systemic): The Residential Manager will review the fire drill schedule and all completed drills at least weekly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel and under varied conditions. The QA Manger will review and track all drills at least monthly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel.</p> <p>Measures to be put in place: All staff will be in-serviced on the completion of emergency drills at least quarterly for each shift of personnel and under varied conditions. Monitoring of Corrective Action: The Residential Manager will review the fire drill schedule and all completed drills at least weekly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel under varied conditions. The QA Manger will review and track all drills at least monthly to ensure that emergency drills are being completed at least quarterly for all shifts of personnel.</p> <p>Completion date: 12/2/2015</p> | | |