

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G448	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 907 COTTAGE GROVE SOUTH BEND, IN 46628
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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: 000962 Provider Number: 15G448 AIM Number: 100249360</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 two story facility with a partial basement was sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including the sleeping rooms, corridors and common living areas. The facility has a capacity of 7 and had a census of 6 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 0.55.</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 3 of 3 fire extinguishers observed were inspected monthly. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires fire extinguishers be inspected at approximately 30 day intervals. 4.-2.1 defines "Inspection" as a quick check a fire extinguisher is available and will operate. This is done by verifying it is in its designated place that it has not been actuated or tampered with, and there is no obvious or physical damage or condition to prevent its operation. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of the inspection tags on the three fire extinguishers observed between 3:39 p.m. and 3:45 p.m. on 08/30/12 with the Director of Group Living, there was no</p>	K0130	<p>The three fire extinguishers were inspected with documentation noted on the fire extinguisher tags for the month of August and will be inspected on an ongoing monthly basis. For the future, maintenance has included this monthly inspection into their monthly routine in effort to stay current with the checks and to prevent missed inspections and to ensure that the extinguishers are charged properly.</p> <p>During regular and unannounced visits, the Director of Group Living will check the tags to make sure monthly inspections and documentation is completed on the three fire extinguishers. Any problems or missed inspections will be addressed immediately.</p> <p>Persons Responsible: Director of Group Living Director of Maintenance</p>	09/27/2012			

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	documentation of monthly inspections since the last annual inspection in March of 2012. Based on interview with the Director of Group Living at the time of observation, this was just missed in the move from the old facility into the new one.			

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (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 a fire drill on one shift during 4 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Logan Community Living Fire Drill Reports on 08/28/12 from 1:30 p.m. to 2:59 p.m. with</p>	KS152	In fact, a fire drill had been completed on 8-10-12 during the 10 pm-6 am shift. However, it was located at the group home, unknown to the Director of Group Living, and was unavailable for review at the time of the Life Safety Code Survey. The home has a Drill Schedule to be followed and this will continue to be implemented by staff. Fire Drill reports will be completed each time a drill is conducted for	09/27/2012	

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	the Director of Group Living, a drill had not been conducted during the 10:00 p.m. to 6:00 a.m. shift during the third quarter of 2011. When the Director of Group Living was asked if there might be any other records of fire drills for this period, after checking, she said she could find nothing else.		any shift and turned into the office so that the drills are available to be reviewed at the time of request during a Life Safety Code Survey. The 8-10-12 drill is now available for review. Persons Responsible: Program Assistants Program Coordinator Director of Group Living	