

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G201	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 305 NE THIRD ST LOOGOOTEE, IN 47553
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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: 09/11/15</p> <p>Facility Number: 000731 Provider Number: 15G201 AIM Number: 100243220</p> <p>At this Life Safety Code survey, Community Alternatives SW 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels including the corridors, sleeping rooms, and common living areas. The facility has a capacity of seven and had a census of seven at the time of this survey.</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 0130 Bldg. 01	<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 0.28.</p> <p>Quality Review completed 09/15/15 - DA.</p> <p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 3 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. 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 clients, staff and visitors in the facility.</p>	K 0130	<p>PROVIDER IDENTIFICATION #: 15G201 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 305 NETHird Street Loogootee, IN 47553 SURVEY EVENT ID #: YRD321 DATE SURVEY COMPLETED: 9/11/2015</p> <p>PROVIDER'S PLAN OFCORRECTION</p> <p><u>K130: NFPA 101 MISCELLANEOUS</u> -</p> <p>Correctiveaction: ·In-service given to all staff concerning inspectiontag documentation. (ATTACHMENT A)</p> <p>How wewill identify others: ·Monthly inspection documentation will be</p>	10/01/2015

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	<p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 09/11/15 between 10:00 a.m. and 10:30 a.m. during a tour of facility with the Team Lead, there was no documentation on the inspection tag on the portable fire extinguisher in the basement that it was inspected during August of 2015. This was acknowledged by the Team Lead at the time of observation.</p>		<p>completed by Residential Manager or Team Lead to include verification of inspection tag documentation. (ATTACHMENT B)</p> <ul style="list-style-type: none"> Monthly inspections will be sent to Clinical Supervisor and reviewed for completion by safety committee. <p>Measure to be put in place:</p> <ul style="list-style-type: none"> Monthly inspections will be sent to Clinical Supervisor and reviewed for completion by safety committee. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Clinical Supervisor Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written. Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. <p>Completion Date: 10/11/2015</p>	

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K S148 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on interview and record review, the facility failed to provide a written smoking policy. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on interview on 09/11/15 at 10:00 a.m., the Team Lead said the area outside the back door was a designated smoking area. At the time of documentation review, the Team Lead stated she was not aware of a written smoking policy available for review.</p>	K S148	<p><u>K148: LIFE SAFETY CODE STANDARD</u> Smoking regulations are adopted bythe administration of board and care occupancies. Correctiveaction: ·In-service given to all staff concerning ResCare,and Loogootee Group Home Smoking Policy. (ATTACHMENT A)</p> <p>How wewill identify others: ·Monthly staff trainings will be completed by Residential Manager orTeam Lead to include review of issues of concern including violation ofpolicies. (ATTACHMENT C) ·Monthly trainings will be sent to ClinicalSupervisor for review and storage..</p> <p>Measuresto be put in place: ·Monthly trainings will be sent to ClinicalSupervisor for review and storage..</p> <p>Monitoringof Corrective Action: ·Clinical Supervisor Program Manager, ExecutiveDirector, QIDP, Human Resources Specialist, Nursing Manager or Business Managerwill perform Best in Class Audits to ensure that all ResCare policies</p>	10/01/2015	

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K S149 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to provide a noncombustible container which cigarette butts can be disposed of for 2 of 2 areas where smoking occurs. This deficient practice could affect clients and staff while around the front and back porch areas where smoking occurs.</p> <p>Findings include:</p> <p>Based on observations on 09/11/15 between 10:00 a.m. and 10:30 a.m. during a tour of the facility with the</p>	K S149	<p>and procedures are being implemented as written.</p> <ul style="list-style-type: none"> Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. <p>Completion Date: 10/11/2015</p> <p><u>K149: LIFE SAFETY CODE STANDARD</u> Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. Corrective action:</p> <ul style="list-style-type: none"> In-service given to all staff concerning ResCare, and Loogootee Group Home Smoking Policy. (ATTACHMENT A) Smoking tower cigarette extinguishers are being purchased for designated smoking areas. (ATTACHMENT D) <p>How we will identify others:</p> <ul style="list-style-type: none"> Monthly staff trainings will be completed by Residential Manager or Team Lead to include 	10/01/2015

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K S152 Bldg. 01	Team Lead, there was an open metal ashtray with over 25 cigarette butts at the front porch. The Team Lead said that the back porch area was the only designated smoking area. At the time of observation, there was no smoke tower or cigarette butt container located at the back porch area. 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		review of issues of concern including violation of policies. (ATTACHMENT C) ·Monthly trainings will be sent to Clinical Supervisor for review and storage.. Measure to be put in place: ·Monthly trainings will be sent to Clinical Supervisor for review and storage.. Monitoring of Corrective Action: ·Clinical Supervisor Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written. ·Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. ·Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. Completion Date: 10/11/2015	

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	<p>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 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: Based on review of the facility's fire drill reports on 09/11/15 at 10:25 a.m. with the Team Lead present, four 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. Based</p>	K S152	<p><u>K152: LIFE SAFETY CODE STANDARD</u></p> <p>(1) The facility holdsevacuation drills at least quarterly for each shift of personnel and under variedconditions to - (i) Ensure that all personnel on all shifts are trained to performassigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use ofthe facility's emergency and disaster plansand procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on eachshift;</p>	10/01/2015

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	on interview at the time of record review the Team Lead acknowledged the times of the first shift fire drills were not varied enough.		<p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · In-service given to all staff concerning Fire Drill schedule. (ATTACHMENT A) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Monthly staff trainings will be completed by Residential Manager or Team Lead to include review of Fire Drills. (ATTACHMENT C) · Monthly trainings will be sent to Clinical Supervisor for review and storage.. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Monthly trainings will be sent to Clinical Supervisor for review and storage.. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Clinical Supervisor Program 	

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			<p>Manager, ExecutiveDirector, QIDP, Human Resources Specialist, Nursing Manager or Business Managerwill perform Best in Class Audits to ensure that all ResCare policies andprocedures are being implemented as written.</p> <ul style="list-style-type: none"> Clinical Supervisor, Program Manager, ExecutiveDirector, QIDP, Human Resources Specialist, Nursing Manager or Business Managerwill perform Best in Class Audits to ensure that all regulations are beingadhered to in accordance with state law. Per ResCare policy Best in Class standards dictatethat a review of 10% of ICF homes, up to 5, be reviewed quarterly. <p>CompletionDate: 10/11/2015</p>		