STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G248	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	2804 CORPUS CHRISTI DR SOUTH BEND, IN 46617

(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
K020000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 10/10/13 Facility Number: 000770 Provider Number: 15G248 AIM Number: 100234910 Surveyor: W. Chris Greeney, Life Safety Code Specialist 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. This tri-level facility was determined to be sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including in the sleeping rooms, in corridors and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.	K020000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	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 0.4. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/15/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K02S041	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2. Based on observation and interview, the facility failed to ensure a safe primary means of egress from a lower level bedroom included a safe path to the outside. This could affect residents, visitors and staff present in that room during a fire. Findings include: During observation 10/10/13 at 11:40 a.m. with the Director of Quality Assurance (DQA), a door inside the downstairs southeast bedroom was found to lead to the garage where another door led directly to an outside patio. During the observation the door to the outside patio could not be opened fully as bags of cement covered a plastic tarp on the patio, and one of the bags was positioned directly in front of the door. Interview with the DQA during the observation indicated the door was the primary means	K02S041	All material blocking the outside patio door has been removed and is no longer blocking this primary egress. In the future, material that could block this door will not be placed in front of this door or egress. Staff will be reminded to keep this door way unblocked and open and free of any debris or materials.Persons Responsible:Director of Maintenance and Maintenance staffProgram Coordiantor	11/09/2013

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	of egress for that bedroom.			

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K02S046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and electrical equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect two residents occupying the upstairs southeast bedroom. Findings include: Based on observation with the Director of Quality Assurance (DQA) on 10/10/13 at 11:40 a.m., an extension cord was found plugged into a wall outlet with another electrical device plugged into the extension cords outlet. This was observed in the upstairs southeast bedroom of the group home. The residents of the room were not in the room during the observation. The DQA indicated during the observation the facility was unaware extension cords could not be used in group homes.	K02S046	Extension cords will be removed and, as needed replaced with power strips that meet national electrical code. Extension codes will not be utilized in the future.Staff and clients will be made aware that extension cords are not to be utilized in the home. Persons Responsible:Program CoordinatorProgram Manager.QIDP	11/09/2013

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K02S149	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 Based on observation and interview, the facility failed to provided noncombustible safety type receptacles for discarded smoking materials. This deficiency could affect all clients, staff and visitors in the home. Findings include: During observation in the home 10/10/13 at 11:45 a.m. a coffee can with a plastic lid was found on the back patio. The plastic lid had a large hole cut out of the center and discarded cigarette butts were observed in the bottom of the can. There was an ashtray of unknown material also sitting on the deck which had ashes and discarded smoking material in the ashtray. The ashtray was not covered. Interview with the Director of Quality Assurance during the observation indicated there were no noncombustible receptacles or ashtrays available.	K02S149	A noncombustible receptacle will replace the current items that are being used for discarded cigarette butts and smoking materials. In the future only noncombustible receptacles will be utilized to discard cigarette butts and smoking materials. Staff and clients, as appropriate, will be trained to only use noncombustible receptacles to dispose cigarette butts and smoking materials.Persons Responsible:Program CoordinatorProgram Manager/QIDPDIrector of Maintenance	11/09/2013