

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 04/16/2018	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/16/18</p> <p>Facility Number: 000849 Provider Number: 15G331 AIM Number: 100243820</p> <p>At this Emergency Preparedness survey, Paladin, Inc was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 5.</p> <p>Quality Review completed on 04/18/18 - DA</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>			E 0000			
E 0018 Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include a system to track the location of on-duty staff and sheltered clients in the ICF/IID facility's care during and after an emergency. If on-duty staff and sheltered clients are relocated during the emergency, the ICF/IID facility must document the specific name and</p>			E 0018	<p>E-018—Tracking Procedures The facility has developed a means to track Participants and on-duty staff in the facility's care during an emergency even. In the event Participants and staff are relocated, the facility will document the specific name and</p>		05/31/2018

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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>location of the receiving facility or other location in accordance with 42 CFR 483.475(b)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no policies and procedures which include a system to track the location of on-duty staff and sheltered clients in the ICF/IID facility's care during and after an emergency was available to review. Based on interview at the time of record review, the Maintenance Supervisor confirmed no such documentation was available to review.</p>		<p>location of the receiving facility. Below are documents that will be used in the tracking procedures for Participants and staff.</p> <p>PARTICIPANT EVACUATION TRACKING FORM</p> <p>Sending Facility:</p> <p>_____</p> <p>_____</p> <p>—</p> <p>Receiving Facility:</p> <p>_____</p> <p>_____</p> <p>—</p> <p>Participant Name: (PRINT)</p> <p>_____</p> <p>_____</p> <p>Date of Birth: ____</p> <p>/____/____</p> <p>Gender: "Male "Female</p> <p>Transport Method:</p> <p>"Ambulatory "Wheelchair</p> <p>Emergency Contact:</p> <p>_____</p> <p>Telephone # _____</p> <p>Notified of Transfer? "YES</p> <p>"NO</p> <p>Attending Physician:</p> <p>_____</p> <p>Notified of Transfer: "YES</p> <p>"NO</p>		

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			Primary Diagnosis: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ MASTER PARTICIPANT EVACUATION TRACKING LOG INCIDENT NAME OPERATIONAL PERIOD DATE: FROM: TO: TIME: FROM: TO: PARTICIPANT EVACUATION INFORMATION PARTICIPANT NAME MED RECORD SENT YES NO		

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			DISPOSITION MODE OF TRANSPORT ACCEPTING FACILITY NAME & CONTACT INFO TIME FACILITY CONTACTED & REPORT GIVEN TRANSFER INITIATED (TIME/ TRANSPORT CO.) MEDICATION SENT YES NO MD/FAMILY NOTIFIED YES NO HOME FACILITY TRANSFER TEMP. SHELTER ARRIVAL CONFIRMED YES NO PARTICIPANT NAME MED RECORD SENT YES NO DISPOSITION MODE OF TRANSPORT ACCEPTING FACILITY NAME & CONTACT INFO TIME FACILITY CONTACTED & REPORT GIVEN TRANSFER INITIATED (TIME/ TRANSPORT CO.) MEDICATION SENT		

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			YES NO MD/FAMILY NOTIFIED YES NO HOME FACILITY TRANSFER TEMP. SHELTER ARRIVAL CONFIRMED YES NO PARTICIPANT NAME MED RECORD SENT YES NO DISPOSITION MODE OF TRANSPORT ACCEPTING FACILITY NAME & CONTACT INFO TIME FACILITY CONTACTED & REPORT GIVEN TRANSFER INITIATED (TIME/ TRANSPORT CO.) MEDICATION SENT YES NO MD/FAMILY NOTIFIED YES NO HOME FACILITY TRANSFER TEMP. SHELTER		

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			<p>ARRIVAL CONFIRMED YES NO PREPARED BY PRINT NAME:</p> <p>SIGNATURE:</p> <p>DATE/TIME:</p> <p>FACILITY:</p> <p>ON-DUTY STAFF EVACUATION TRACKING LOG STAFF NAME DESTINATION DATE & TIME DEPARTED ARRIVAL CONFIRMED</p>		

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E 0020 Bldg. --	Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include information for safe evacuation from the ICF/IID facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance in accordance with 42 CFR 483.475(b) (3). This deficient practice could affect all occupants. Findings include:	E 0020	E-020—Evacuation Plan This evacuation procedure is written so that there are clear guidelines for providing client and staff safety in the event of a disaster. At the time of a disaster, it is imperative that the Administrator be contacted in order to give staff proper direction. It is important to know that each situation is going to be different, and that a situation may not allow for the following procedure to be implemented in this specific order.	05/31/2018	

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E 0022 Bldg. --	Based on record review and interview on 04/16/18 between 1:10 p.m. and 1:26 p.m., the Maintenance Supervisor confirmed no policies and procedures which include information for safe evacuation from the ICF/IID facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance was available for review.				<p>In the event of an emergency, 911 shall immediately be called. After calling 911, the Program Manager should be called to give further instructions. If there is loss of power, staff will use their cell phones as an alternate source for communication.</p> <p>When evacuating, the Red Binder must accompany the staff. This binder includes the face sheet and risk plans for each participant as well as copies of the tracking logs.</p> <p><u>Transportation</u> This facility is equipped with a transportation van capable of transporting clients. If additional transportation is needed, Paladin has a transportation department with vans that are equipped to handle those who are in wheelchairs. The Transportation Coordinator will be contacted, informed of the emergency, and assistance will be given.</p> <p><u>Participant Tracking</u> The Participant Evacuation Tracking log (see above) will be used to identify the location of each participant. As a means for alternate communication, cell phones will be available whether it may be staff's personal cell phones, or company cell phones that have been distributed to each DSM (Direct Support Mentor).</p>		

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	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include a means to shelter in place for clients, staff, and volunteers who remain in the ICF/IID facility in accordance with 42 CFR 483.475(b)(4). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review and interview on 04/16/18 between 1:10 p.m. and 1:26 p.m., the Maintenance Supervisor confirmed no policies and procedures which include information about a means to shelter in place for clients, staff, and volunteers who remain in the ICF/IID facility was available for review.</p>			E 0022	<p>E-022—Sheltering in Place Plan</p> <p>Sheltering in place is when you choose to stay in your facility to wait out a disaster. Sometimes, your facility is the safest place to be. This is a precaution aimed to keep you safe while remaining indoors. (This is not the same thing as going to a shelter in case of a storm). Shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there.</p> <ul style="list-style-type: none"> · Close and lock all windows and exterior doors. · If you are told there is danger of explosion, close the window shades, blinds, or curtains. · Quickly locate supplies you may need such as food, water, radio, etc. · Go to the interior room without windows that is above ground level. In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed. · It is ideal to have a hard-wired telephone in the room you select. Call your emergency contact and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency. · Keep listening to your radio 		05/31/2018

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			<p>or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.</p> <p><i>In Your Vehicle:</i></p> <p>If you are driving a vehicle and hear advice to "shelter-in-place" on the radio, take these steps:</p> <ul style="list-style-type: none"> · If you are very close to home, your office, or a public building, go there immediately and go inside. Follow the shelter-in-place recommendations for the place you pick described above. · If you are unable to get to a home or building quickly and safely, then pull over to the side of the road. Stop your vehicle in the safest place possible. If it is sunny outside, it is preferable to stop under a bridge or in a shady spot, to avoid being overheated. · Turn off the engine, and close windows and vents. · If possible, seal the heating/air conditioning vents with duct tape. · Listen to the radio regularly for updated advice and instructions. · Stay where you are until you are told it is safe to get back on the road. Be aware that some roads may be closed or traffic detoured. Follow the directions of law enforcement officials. <p>Local officials on the scene are the best source of information for your particular situation.</p>		

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E 0024 Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency in accordance with 42 CFR 483.73(b)(6). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no policies and procedures which include the use of volunteers in an emergency or other emergency staffing strategies was available for review. Based on interview at the time of record review, the Maintenance Supervisor confirmed no such documentation was available for review.</p>			E 0024	<p>Following their instructions during and after emergencies regarding sheltering, food, water, and clean-up methods is your safest choice.</p> <p>Remember that instructions to shelter-in-place are usually provided for durations of a few hours, not days or weeks. There is little danger that the room in which you are taking shelter will run out of oxygen and you will suffocate.</p> <p>E-024—Use of Volunteers</p> <p>During an emergency, the facility may need to accept volunteer support from individuals with varying levels of skills and training. In the event that this does occur, volunteers will be paired with staff from the facility. Non-medical volunteers would perform non-medical tasks. Volunteers will sign in and they will be tracked during the emergency as the Participants and staff will be.</p>		05/31/2018

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E 0026 Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials in accordance with 42 CFR 483.475(b)(8). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no policies and procedures which include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act was available for review. Based on interview at the time of record review, the Maintenance Supervisor confirmed no such documentation was available for review.</p>		E 0026	<p>E-026—Role under Section 1135 During an emergency, the facility may need to relocate to an alternate site set forth by an emergency official. The facility will continue to give care, eliciting the help of others, while still meeting the waiver requirements of the Participants. If this facility were deemed as the alternate site, either the CEO, Vice President of Participant services, and/or the Corporate Compliance Officer would be available 24 hours a day to ensure the minimal disruption to regulations, policies and procedures of the agency. The role of this facility will be to pair up and work in conjunction with a particular person who meets the waiver criteria to ensure each person continues to receive the care needed/</p>		05/31/2018	
E 0032 Bldg. --	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes (3) Primary and alternate means for communicating with the following: (i) ICF/IID facility's staff (ii) Federal, State, tribal, regional, or local emergency management agencies in accordance with 42 CFR 483.475(c)(3). This deficient practice could affect all occupants.</p>		E 0032	<p>E-029 through E-035—Communication Plan Disasters can occur at any given time. All employees listed below will be all hands on deck. A disaster requires the assistance of all Group Home staff and administration. The President/CEO will assume responsibility for coordinating</p>		05/31/2018	

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PRINTED: 05/02/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/16/2018
NAME OF PROVIDER OR SUPPLIER PALADIN, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
			<p>9. Brittany Latchford—Direct Support Mentor, Brittany.Latchford@paladin.care</p> <p>10. Ray Wolff—Direct Support Mentor, Ray.Wolff@paladin.care</p> <p>11. Curtis Jackson—Direct Support Mentor, Curtis.Jackson@paladin.care</p> <p>12. Direct Support Staff (See <i>Staff Roster</i>)</p> <p>13. Jimmy Kuta—Maintenance Supervisor, Jimmy.Kuta@paladin.care, (219) 851-7844.</p> <p>14. Shalanda Robinson—Corporate Compliance Officer, Shalanda.Robinson@paladin.care (219) 688-1055.</p> <p>15. Marjory Watson—Nursing Staff, Marjory.Watson@paladin.care (219) 362-2710 (7a-7p) or (219) 608-1875.</p> <p>16. Other Staff Designated as Needed by the President/CEO</p> <p>External Contacts:</p> <p>1. EMERGENCY--911</p> <p>2. Fire Department—(219) 362-3456</p> <p>3. Police Non-Emergency—(219) 362-9446</p> <p>4. Poison Control—(800) 222-1222</p> <p>5. NIPSCO (gas leak emergency)—(800) 634-3524</p> <p>6. Sentinel Alarm Company—(219) 874-6051</p> <p>7. Indiana State Department of Health</p>		

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			<p>(ISDH)—https://gatewayp.isdh.in.gov or incidents@isdh.in.gov, (317) 233-1325</p> <p>8. Indiana Bureau of Developmental Disability Services (BDDS)— BQIS.Help@fssa.IN.gov, (877) 218-3059</p> <p>9. Indiana Protection and Advocacy—(317) 722-5555</p> <p>10. La Porte Hospital—(219) 326-1234</p> <p>11. Local Health Department—(219) 326-6808</p> <p>12. La Porte County Emergency Management—(219) 898-1491</p> <p>13. State Emergency Management Agency—(317) 232-3980</p> <p>14. Federal Emergency Management Agency—(312) 408-5500</p> <p>15. InTouch Pharmacy—(877) 464-7055</p> <p>16. Primary Physician—Maureen Panares (219) 304-6100 and Nicki Alexander (219) 878-5046</p> <p>17. Dungarvin Indiana LLC (La Porte County)—(326-6277) and Opportunity Enterprise (Porter County)—(219) 464-9621</p> <p>If there is an emergency and staff would need to get a hold of one of the above and the phone is not working, staff will use their cell phones as an alternate source for communication. Each DSM (Direct Support Mentor) will have a company cell phone to communicate with emergency</p>		

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			<p>officials and any other administrative staff. The method of choice for sharing medial documentation is through a Participant Face Sheet. See below: PARTICIPANT FACE SHEET Participant Name: Admission Date: Date of Birth: ALLERGIES: Medical Diagnosis: Physician: Current Medications:</p> <p>WHOM TO NOTIFY WITH EMERGENCIES AND PROBLEMS Contact Name Phone Alt. Phone Primary Representative/Contact</p> <p>Secondary Contact #1</p> <p>Any restrictions on notification:</p> <p>MENTAL HEALTH STATUS Cognitive or Psychiatric/Behavioral Disorders: (please list) FUNCTIONAL STATUS Ambulation</p>		

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			♀ Independent Incontinent Self-Feeding Bathing Other Independent, Assisted: ♀ Cane, Walker, Wheelchair Urine ♀ Supervision ♀ Supervision ♀ ♀ ♀ Confined to Bed or Chair Stool ♀ Assisted ♀ Assisted ♀ ♀ TREATMENT STATUS ♀ Special Diet ♀ Dysphagia ♀ Mech Soft ♀ Fluid restrictions ♀ Infection ♀ Contact precautions ♀ Respiratory Precautions		

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			<p>Other special care needs:</p> <p>Below is the document that will be used to provide information about the facility's needs and its ability to provide assistance to the authority have jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee). The occupancy of the facility will affect its ability to provide assistance.</p> <p>Occupancy and Assistance Document Date:</p> <p>Facility Name:</p> <p>Location:</p> <p>Type of Facility:</p> <p>Maximum Census:</p> <p>Occupancy Percentage:</p> <p># of Beds Occupied:</p> <p>Needs of the Facility:</p> <p>None Food Water </p>		

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E 0033 Bldg. --	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes (4) A method for sharing information and medical documentation for clients under the ICF/IID facility's care, as necessary, with other health care providers to maintain the continuity of care; (5) A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(1)(ii); (6) A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4) in accordance with 42 CFR 483.475(c)(4). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no documentation was available for a communication plan which includes (4) A method for sharing information and medical documentation for clients under the ICF/IID facility's care, as necessary, with other health care providers to maintain the continuity of care; (5) A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(1)(ii); (6) A means of providing information about the general condition and location of clients under the facility's care. Based</p>			E 0033	<p>Medical Supplies Assistance with Evacuation and transfers</p> <p>E-029 through E-035—Communication Plan</p> <p>Disasters can occur at any given time. All employees listed below will be all hands on deck. A disaster requires the assistance of all Group Home staff and administration. The President/CEO will assume responsibility for coordinating emergency actions. In case of his absence, the Vice President of Participant Services will assume responsibility. Appropriate information regarding the Emergency Preparedness Plan will be shared with clients and family during the Admission process and annually during case conferences. Persons that will be involved in these emergency plans are as follows:</p> <ol style="list-style-type: none"> 1. Bill Trowbridge—President/CEO, Bill.Trowbridge@paladin.care, (219) 510-3888. 2. Kimberly Latchford—Vice President of Participant Services, Kim.Latchford@paladin.care (219) 898-5841. 3. Alanna Smith—Human 		05/31/2018

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	on interview at the time of record review, the Maintenance Supervisor confirmed no documentation was available for review.		Resource Manager, Alanna.Smith@paladin.care (708) 646-4242 4. Kelsey Gant—Director of Residential Services, Kelsey.Gant@paladin.care , (219) 309-5186. 5. Jeff Rupe—Program Manager, Jeff.Rupe@paladin.care (574) 305-1561. 6. James Mitchell—Direct Support Mentor, James.Mitchell@paladin.care 7. Jessica Jackson—Direct Support Mentor, Jessica.Jackson@paladin.care 8. Tara Payton—Direct Support Mentor, Tara.Payton@paladin.care 9. Brittany Latchford—Direct Support Mentor, Brittany.Latchford@paladin.care 10. Ray Wolff—Direct Support Mentor, Ray.Wolff@paladin.care 11. Curtis Jackson—Direct Support Mentor, Curtis.Jackson@paladin.care 12. Direct Support Staff (See <i>Staff Roster</i>) 13. Jimmy Kuta—Maintenance Supervisor, Jimmy.Kuta@paladin.care , (219) 851-7844. 14. Shalanda Robinson—Corporate Compliance Officer, Shalanda.Robinson@paladin.care (219) 688-1055. 15. Marjory Watson—Nursing Staff,		

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			<u>Marjory.Watson@paladin.care</u> (219) 362-2710 (7a-7p) or (219) 608-1875. 16. Other Staff Designated as Needed by the President/CEO External Contacts: 1. EMERGENCY--911 2. Fire Department—(219) 362-3456 3. Police Non-Emergency—(219) 362-9446 4. Poison Control—(800) 222-1222 5. NIPSCO (gas leak emergency)—(800) 634-3524 6. Sentinel Alarm Company—(219) 874-6051 7. Indiana State Department of Health (ISDH)— https://gatewayp.isdh.in.gov or incidents@isdh.in.gov , (317) 233-1325 8. Indiana Bureau of Developmental Disability Services (BDDS)— BQIS.Help@fssa.IN.gov , (877) 218-3059 9. Indiana Protection and Advocacy—(317) 722-5555 10. La Porte Hospital—(219) 326-1234 11. Local Health Department—(219) 326-6808 12. La Porte County Emergency Management—(219) 898-1491 13. State Emergency Management Agency—(317) 232-3980 14. Federal Emergency Management Agency—(312)		

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			408-5500 15. InTouch Pharmacy—(877) 464-7055 16. Primary Physician—Maureen Panares (219) 304-6100 and Nicki Alexander (219) 878-5046 17. Dungarvin Indiana LLC (La Porte County)—(326-6277) and Opportunity Enterprise (Porter County)—(219) 464-9621 If there is an emergency and staff would need to get a hold of one of the above and the phone is not working, staff will use their cell phones as an alternate source for communication. Each DSM (Direct Support Mentor) will have a company cell phone to communicate with emergency officials and any other administrative staff. The method of choice for sharing medial documentation is through a Participant Face Sheet. See below: PARTICIPANT FACE SHEET Participant Name: Admission Date: Date of Birth: ALLERGIES: Medical Diagnosis: Physician: Current Medications: WHOM TO NOTIFY WITH EMERGENCIES AND PROBLEMS Contact Name		

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			Phone Alt. Phone Primary Representative/Contact Secondary Contact #1 Any restrictions on notification: MENTAL HEALTH STATUS Cognitive or Psychiatric/Behavioral Disorders: (please list) FUNCTIONAL STATUS Ambulation Independent Incontinent Self-Feeding Bathing Other Independent, Assisted: Cane, Walker, Wheelchair Urine Supervision Supervision Confined to Bed or Chair Stool Assisted		

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			Assisted ↳ ↳ TREATMENT STATUS ↳ Special Diet ↳ Dysphagia ↳ Mech Soft ↳ Fluid restrictions ↳ Infection ↳ Contact precautions ↳ Respiratory Precautions Other special care needs: Below is the document that will be used to provide information about the facility's needs and its ability to provide assistance to the authority have jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee). The occupancy of the facility will affect its ability to provide assistance. Occupancy and Assistance Document		

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E 0034 Bldg. --	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes a means of providing information about the ICF/IID facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee in accordance with 42 CFR 483.475(c)(7). This deficient practice could affect all occupants.</p> <p>Findings include:</p>			E 0034	<p>Date:</p> <p>Facility Name:</p> <p>Location:</p> <p>Type of Facility:</p> <p>Maximum Census:</p> <p>Occupancy Percentage:</p> <p># of Beds Occupied:</p> <p>Needs of the Facility:</p> <p>None Food Water Medical Supplies Assistance with Evacuation and transfers</p> <p>E-029 through E-035—Communication Plan Disasters can occur at any given time. All employees listed below will be all hands on deck. A disaster requires the assistance of all Group Home staff and administration. The President/CEO will assume responsibility for coordinating emergency actions. In case of his absence, the Vice President of</p>		05/31/2018

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	Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., the facility was unable to provide documentation for a communication plan including a means of providing information about the ICF/IID facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee. Based on interview at the time of record review, the Maintenance Supervisor confirmed no documentation was available for review.				Participant Services will assume responsibility. Appropriate information regarding the Emergency Preparedness Plan will be shared with clients and family during the Admission process and annually during case conferences. Persons that will be involved in these emergency plans are as follows: 1. Bill Trowbridge—President/CEO, Bill.Trowbridge@paladin.care , (219) 510-3888. 2. Kimberly Latchford—Vice President of Participant Services, Kim.Latchford@paladin.care (219) 898-5841. 3. Alanna Smith—Human Resource Manager, Alanna.Smith@paladin.care (708) 646-4242 4. Kelsey Gant—Director of Residential Services, Kelsey.Gant@paladin.care , (219) 309-5186. 5. Jeff Rupe—Program Manager, Jeff.Rupe@paladin.care (574) 305-1561. 6. James Mitchell—Direct Support Mentor, James.Mitchell@paladin.care 7. Jessica Jackson—Direct Support Mentor, Jessica.Jackson@paladin.care 8. Tara Payton—Direct Support Mentor, Tara.Payton@paladin.care 9. Brittany Latchford—Direct Support Mentor,		

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			233-1325 8. Indiana Bureau of Developmental Disability Services (BDDS)— BQIS.Help@fssa.IN.gov , (877) 218-3059 9. Indiana Protection and Advocacy—(317) 722-5555 10. La Porte Hospital—(219) 326-1234 11. Local Health Department—(219) 326-6808 12. La Porte County Emergency Management—(219) 898-1491 13. State Emergency Management Agency—(317) 232-3980 14. Federal Emergency Management Agency—(312) 408-5500 15. InTouch Pharmacy—(877) 464-7055 16. Primary Physician—Maureen Panares (219) 304-6100 and Nicki Alexander (219) 878-5046 17. Dungarvin Indiana LLC (La Porte County)—(326-6277) and Opportunity Enterprise (Porter County)—(219) 464-9621 If there is an emergency and staff would need to get a hold of one of the above and the phone is not working, staff will use their cell phones as an alternate source for communication. Each DSM (Direct Support Mentor) will have a company cell phone to communicate with emergency officials and any other administrative staff.		

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			<p>The method of choice for sharing medial documentation is through a Participant Face Sheet. See below: PARTICIPANT FACE SHEET Participant Name: Admission Date: Date of Birth: ALLERGIES: Medical Diagnosis: Physician: Current Medications:</p> <p>WHOM TO NOTIFY WITH EMERGENCIES AND PROBLEMS Contact Name Phone Alt. Phone Primary Representative/Contact</p> <p>Secondary Contact #1</p> <p>Any restrictions on notification:</p> <p>MENTAL HEALTH STATUS Cognitive or Psychiatric/Behavioral Disorders: (please list) FUNCTIONAL STATUS Ambulation</p> <p>Independent</p>		

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			Incontinent Self-Feeding Bathing Other Independent, Assisted: ↳ Cane, Walker, Wheelchair Urine ↳ Supervision ↳ Supervision ↳ ↳ ↳ Confined to Bed or Chair Stool ↳ Assisted ↳ Assisted ↳ ↳ TREATMENT STATUS ↳ Special Diet ↳ Dysphagia ↳ Mech Soft ↳ Fluid restrictions ↳ Infection ↳ Contact precautions ↳ Respiratory Precautions Other special care needs:		

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			<p>Below is the document that will be used to provide information about the facility's needs and its ability to provide assistance to the authority have jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee). The occupancy of the facility will affect its ability to provide assistance.</p> <p>Occupancy and Assistance Document Date:</p> <p>Facility Name:</p> <p>Location:</p> <p>Type of Facility:</p> <p>Maximum Census:</p> <p>Occupancy Percentage:</p> <p># of Beds Occupied:</p> <p>Needs of the Facility:</p> <p>None Food Water Medical Supplies Assistance with Evacuation and transfers</p>		

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E 0035 Bldg. --	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes a method for sharing information from the emergency plan that the facility has determined is appropriate with clients and their families or representatives in accordance with 42 CFR 483.475(c)(8). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., the facility was unable to provide documentation for a communication plan which includes a method for sharing information from the emergency plan that the facility has determined is appropriate with clients and their families or representatives. Based on interview at the time of record review, the Maintenance Supervisor confirmed no documentation was available for review.</p>			E 0035	<p>E-029 through E-035—Communication Plan</p> <p>Disasters can occur at any given time. All employees listed below will be all hands on deck. A disaster requires the assistance of all Group Home staff and administration. The President/CEO will assume responsibility for coordinating emergency actions. In case of his absence, the Vice President of Participant Services will assume responsibility. Appropriate information regarding the Emergency Preparedness Plan will be shared with clients and family during the Admission process and annually during case conferences. Persons that will be involved in these emergency plans are as follows:</p> <ol style="list-style-type: none"> 1. Bill Trowbridge—President/CEO, Bill.Trowbridge@paladin.care, (219) 510-3888. 2. Kimberly Latchford—Vice President of Participant Services, Kim.Latchford@paladin.care (219) 898-5841. 3. Alanna Smith—Human Resource Manager, Alanna.Smith@paladin.care (708) 		05/31/2018

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			646-4242 4. Kelsey Gant—Director of Residential Services, Kelsey.Gant@paladin.care , (219) 309-5186. 5. Jeff Rupe—Program Manager, Jeff.Rupe@paladin.care (574) 305-1561. 6. James Mitchell—Direct Support Mentor, James.Mitchell@paladin.care 7. Jessica Jackson—Direct Support Mentor, Jessica.Jackson@paladin.care 8. Tara Payton—Direct Support Mentor, Tara.Payton@paladin.care 9. Brittany Latchford—Direct Support Mentor, Brittany.Latchford@paladin.care 10. Ray Wolff—Direct Support Mentor, Ray.Wolff@paladin.care 11. Curtis Jackson—Direct Support Mentor, Curtis.Jackson@paladin.care 12. Direct Support Staff (See <i>Staff Roster</i>) 13. Jimmy Kuta—Maintenance Supervisor, Jimmy.Kuta@paladin.care , (219) 851-7844. 14. Shalanda Robinson—Corporate Compliance Officer, Shalanda.Robinson@paladin.care (219) 688-1055. 15. Marjory Watson—Nursing Staff, Marjory.Watson@paladin.care (219) 362-2710 (7a-7p) or (219)		

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			608-1875. 16. Other Staff Designated as Needed by the President/CEO External Contacts: 1. EMERGENCY--911 2. Fire Department—(219) 362-3456 3. Police Non-Emergency—(219) 362-9446 4. Poison Control—(800) 222-1222 5. NIPSCO (gas leak emergency)—(800) 634-3524 6. Sentinel Alarm Company—(219) 874-6051 7. Indiana State Department of Health (ISDH)— https://gatewayp.isdh.in.g ov or incidents@isdh.in.gov , (317) 233-1325 8. Indiana Bureau of Developmental Disability Services (BDDS)— BQIS.Help@fssa.IN.gov , (877) 218-3059 9. Indiana Protection and Advocacy—(317) 722-5555 10. La Porte Hospital—(219) 326-1234 11. Local Health Department—(219) 326-6808 12. La Porte County Emergency Management—(219) 898-1491 13. State Emergency Management Agency—(317) 232-3980 14. Federal Emergency Management Agency—(312) 408-5500 15. InTouch Pharmacy—(877)		

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				<p>¿ TREATMENT STATUS</p> <p>¿ Special Diet</p> <p>¿ Dysphagia</p> <p>¿ Mech Soft</p> <p>¿ Fluid restrictions</p> <p>¿ Infection</p> <p>¿ Contact precautions</p> <p>¿ Respiratory Precautions</p> <p>Other special care needs:</p> <p>Below is the document that will be used to provide information about the facility's needs and its ability to provide assistance to the authority have jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee). The occupancy of the facility will affect its ability to provide assistance.</p> <p>Occupancy and Assistance Document Date:</p>			

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E 0036 Bldg. --	<p>Based on record review and interview, the facility failed to develop and maintain an emergency preparedness training and testing program that was reviewed and updated at least annually in accordance with 42 CFR 483.475(d). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no emergency preparedness training and testing plan was available for review. Based on interview at the time of record review, the</p>		E 0036	<p>Facility Name:</p> <p>Location:</p> <p>Type of Facility:</p> <p>Maximum Census:</p> <p>Occupancy Percentage:</p> <p># of Beds Occupied:</p> <p>Needs of the Facility:</p> <p>None Food Water Medical Supplies Assistance with Evacuation and transfers</p> <p>E-036 through E-039—Training and Testing Plan The facility will create a program that includes both initial training for new staff and recurring update sessions for existing staff. There will be an annual refresher training mid-year during one of the monthly staff meeting, for existing staff. Drills will be conducted to include mock disaster drills, which includes actual calls being made to emergency personnel. Annually the facility will conduct</p>		05/31/2018	

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E 0039	Maintenance Supervisor confirmed no such documentation was available for review.				either one full-scale community exercise and one tabletop exercise, or two full-scale community exercises. All emergency preparedness testing exercises and emergency events will be documented. The facility will maintain documentation of initial and annual training for all staff. The documentation will include the specific training completed as well as the methods used for demonstrating knowledge of the training program. Plan will be introduced/implemented for orientation of the plan to staff this month at all staff meeting.		
Bldg. --	Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The ICF/IID facility must do all of the following: (i) participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the ICF/IID facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IIC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event; (ii) conduct an additional exercise that may include, but is not limited to the following: (A) a second full-scale exercise that is			E 0039	E-036 through E-039—Training and Testing Plan The facility will create a program that includes both initial training for new staff and recurring update sessions for existing staff. There will be an annual refresher training mid-year during one of the monthly staff meeting, for existing staff. Drills will be conducted to include mock disaster drills, which includes actual calls being made to emergency personnel. Annually the facility will conduct either one full-scale community exercise and one tabletop exercise, or two full-scale		05/31/2018

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K 0000 Bldg. 01	<p>community-based or individual, facility-based. (B) a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan; (iii) analyze the ICF/IID facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID facility's emergency plan, as needed in accordance with 42 CFR 483.475(d) (2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no documentation was available for either a community-based or tabletop exercise drill. Based on interview at the time of record review, the Maintenance Supervisor confirmed that no drill documentation was available for review.</p> <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: 04/16/18</p> <p>Facility Number: 000849 Provider Number: 15G331 AIM Number: 100243820</p> <p>At this Life Safety Code survey, Paladin, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart</p>			K 0000	<p>community exercises. All emergency preparedness testing exercises and emergency events will be documented. The facility will maintain documentation of initial and annual training for all staff. The documentation will include the specific training completed as well as the methods used for demonstrating knowledge of the training program. Staff will be tested for knowledge and understanding of the plan with exercises in the month of June at all staff meeting.</p>		

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K S200 Bldg. 01	<p>483.470(j), Life Safety from Fire and the 2012 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 with a basement was not sprinklered. The facility has a monitored fire alarm system with smoke detection on all levels including in the corridors, in the living areas and in the client sleeping rooms. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p> <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 1.2.</p> <p>Quality Review completed on 04/18/18 - DA</p> <p>NFPA 101 Means of Egress Requirements - Other Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on record review and interview, the facility failed to maintain 2 of 2 battery operated emergency light in accordance with 33.1.1.3. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to</p>			K S200	<p>K0200 On April 12, 2018, Approved Fire is scheduled to check the emergency lights as part of its annual inspection. In order to keep up with inspections, the Corporate Compliance Officer has put in place a monthly inspection to be completed by Maintenance on the</p>		05/01/2018

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	<p>be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 at 1:24 p.m., no documentation for the monthly battery operated emergency lights after 12/29/17 was available for review. Additionally, the last annual battery operated emergency light testing was performed on 01/12/17. Based on interview at the time of</p>				<p>same day of every month. The report is printed out and filed with Program Manager</p> <p>DSMs and Program Manager will be conducting random visits, and weekly reviews to ensure that maintenance is aware of any concerns and oversights in the inspections.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/16/2018	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
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K S345 Bldg. 01	<p>observation, the Maintenance Supervisor confirmed the testing was not performed.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 04/16/18 between 1:10 p.m. and 1:26 p.m., no documentation for a smoke detector sensitivity test was available for review. Based on interview at the time of record review, the</p>			K S345	<p>K0345 On April 12, 2018, Approve Fire is scheduled to check the sensitivity of the smoke detectors as part of its annual inspection. In order to keep up with inspections, the Corporate Compliance Officer has put in place a monthly inspection to be completed by Maintenance on the same day of every month. The report is printed out and filed with Program Manager. DSMS and Program Manager will be conducting random visits, and weekly reviews to ensure that maintenance is aware of any concerns and oversights in the inspections.</p>		05/01/2018

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K S712 Bldg. 01	<p>Maintenance Supervisor acknowledged the aforementioned condition and confirmed no other documentation was available for review.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. 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:</p> <p>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the evacuation of clients with physical disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>e. 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. 42 CFR 483.470(i)</p> <p>1. Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and clients.</p>			K S712	<p>K712</p> <p>Fire drills will be conducted at least quarterly for each shift. Staff have been trained on how the drills should be conducted and recorded. Staff will be</p>		05/01/2018

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	<p>Findings include:</p> <p>Based on record review of the "Post Drill/ Test of Emergency Procedures" forms with the Maintenance Supervisor on 04/16/18 at 10:52 a.m., there was no documentation for a second shift fire drill in the first quarter of 2018. Based on interview at the time of record review, the Maintenance Supervisor was unable to provide further documentation.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 5 of 5 clients utilized all exits during fire drills and were able to choose an alternative route if the primary exit were blocked. LSC 33.7.2.2 requires resident training to include actions to be taken if the primary escape route is blocked. LSC 33.7.3.3 requires that drills shall involve the actual evacuation of all clients to an assembly point, as specified in the emergency plan, and shall provide clients with experience in egressing through all exits and means of escape required by this Code. LSC 33.7.3.5 Actual exiting from windows shall not be required to comply with 33.7.3; opening the window and signaling for help shall be an acceptable alternative. Finally, LSC 33.7.3.4 requires exits and means of escape not used in any drill shall not be credited in meeting the requirements of this Code for board and care facilities. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "Post Drill/ Test of Emergency Procedures" form with the</p>				<p>sure to have individuals evacuated and report how the drill was complete with and concerns or suggestions needed. Program Manager has established a schedule for all homes to be sure that the fire drills are random and in accordance of the requirements.</p> <p>Fire drill forms will be updated to be sure that alternative routes or 2nd egress were attempted and trained on. Care Coordinator/Program Manager will provide training to staff as well as individuals learn and practice alternate routes if escape is blocked. EX: windows- how to operate and signal for help- not actually practicing evacuation thru the window.</p> <p>Use of calendars and reminders with emails/notifications will limit any missed drills. DSMs and Care Coordinator will be reviewing fire drills being complete on weekly visits and use of the mock survey to report how they did. This will be shared monthly at all staff meetings. Program manager will then be sure that all drills are completed, reported and filed.</p>		

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	Maintenance Supervisor on 04/16/18 at 1:15 p.m., none of the last twelve fire drills indicated secondary egress was practiced in the nonsprinklered home. Based on interview at the time of record review, the Maintenance Supervisor acknowledged there was no other documentation available to demonstrate secondary egress was practiced during fire drills within the past year.						