

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/06/2016
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421		
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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: 10/06/16</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.9.</p> <p>Based on observation, record review, and interview; the facility failed to ensure documentation for the testing of 1 of 1 battery powered emergency light was maintained. NFPA 101 in 4.6.12.2 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, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. 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 if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p>	K 0130	<p>K130: NFPA 101 Miscellaneous</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Site Supervisor created "SGL Home Battery Operated Emergency Lights Preventative Maintenance Log" form and will complete in 30 day intervals. (Attachment A) First check completed on 10-6-16. (Attachment B) In-service for Site Supervisor on: Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. (Attachment C) 	11/05/2016

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	<p>Based on observation on 10/06/16 between 12:15 p.m. and 12:30 p.m. during a tour of the facility with the Site Supervisor, the facility had one battery powered emergency light unit at the top of the stairs on the second floor with a sticker from Simplex/Grinnell which indicated an annual inspection was performed on the battery powered light set on 2/16, however, the sticker did not indicate the length of time for the annual test. Based on review of the inspection book between 11:15 a.m. and 12:15 a.m., there was a Simplex/Grinnell report dated 02/19/16 which showed where the annual inspection of the battery powered light set was tested, however, it did not indicate the length of time of the annual test of the battery powered light set. Furthermore, during record review, there was no documentation to show the battery powered light set was tested for thirty seconds monthly during the past twelve months. Based on interview, the Site Supervisor said she was not sure the length of time of the annual light test, and said the Maintenance person might have the documentation for the monthly test of the battery powered light set.</p>		<p>How we will identify others:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Area Supervisor will review the "SGL Home Battery Operated Emergency Lights Preventative Maintenance Log" to ensure monthly completion of inspection. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Site Supervisor will complete the "SGL Home Battery Operated Emergency Lights Preventative Maintenance Log" and ensure full operational function of the light and will document status on log. • <input type="checkbox"/> Site supervisor will contact Area Supervisor and Simplex Grinnell of any issues with the light functioning and ensure immediate corrective action is in place to resolve the issues. • <input type="checkbox"/> Area Supervisor will review the "SGL Home Battery Operated Emergency Lights Preventative Maintenance 	

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			<p>Log" to ensure monthly completion of inspection.</p> <ul style="list-style-type: none"> •□□□□□□□□□ Upon any issues being reported about the emergency light system, Area Supervisor will report to Program Manager. Program Manager to follow-up timely and guarantee items have been repaired. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> •□□□□□□□□□ Program Manager will review the "SGL Home Battery Operated Emergency Lights Preventative Maintenance Log" each month and ascertain its completeness. •□□□□□□□□□ Program Manager, Assistance Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <p>Completion Date: 11-5-16</p>	

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K S147 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility failed to ensure there was a complete and accurate fire safety plan in place to ensure the safety of 8 of 8 clients. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 10/06/16 at</p>	K S147	<p>K0147: 483.470(j)(1)(i) Life Safety Code Standard</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Emergency and Disaster Plan will be revised and changed to reflect designee responsible for dispatching fire department. <p>How we will identify others:</p>	11/05/2016

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	<p>12:00 p.m. with the Site Supervisor present, the only fire plan available was part of the "EMERGENCY AND DISASTER PLAN" it stated:</p> <p>"D. IN CASE OF FIRE:</p> <ol style="list-style-type: none"> 1. Pull the alarms and evacuate all individuals and staff to designated meeting spot. 2. Monitoring service will dispatch fire department. 3. Staff should not attempt to battle even the smallest blaze, unless confident the fire can be extinguished easily and without endangering life in any way. 4. Individuals served shall not be involved in firefighting. Staff are not expected to take any action that would endanger themselves." <p>The fire plan does not include the following information, but not limited to this information:</p> <ol style="list-style-type: none"> a. Where the meeting spot is located when evacuating the home b. Calling the fire department/911 c. Confining the fire d. The use of a fire extinguisher in the event of a fire <p>This was acknowledged by the Site Supervisor.</p> <p>Furthermore, #2 states "Monitoring service will dispatch fire department".</p> <p>During an interview at the time of record review, when asked, the Site Supervisor stated the fire alarm system was not a</p>		<ul style="list-style-type: none"> • <input type="checkbox"/> Upon completion of new plan by the Quality Assurance Department, Area Supervisor will re-train all staff of plan and place a copy of the plan in the home. • <input type="checkbox"/> In-service of staff training to be sent to PM and Training Coordinator. A copy of training will be placed in staff's training file. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Staff will be trained on new plan and on who is responsible for dispatching the fire department when there is a fire. • <input type="checkbox"/> Site Supervisor will ensure all drills are complete as scheduled and per policy. • <input type="checkbox"/> Area Supervisor will review drills on a monthly basis and report any issues on the weekly checklist (Attachment D) completed for each site. 	

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K S152 Bldg. 01	<p>monitored system.</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. (2) The facility must -</p>		<p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> •□□□□□□□□□ Program Manager will review weekly check (Attachment D) and ensure all drills are complete per schedule. •□□□□□□□□□ Program Manager, Assistance Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <p>Completion Date: 11-5-16</p>	

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	<p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <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>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:</p> <p>Based on review of the facility's fire drill reports on 10/06/16 at 11:45 a.m. with the Site Supervisor present, four of four, first shift (day) fire drills performed during the past twelve months were between 7:00 a.m. and 7:55 a.m. Based on interview at the time of record review the Site Supervisor acknowledged the times of the first shift fire drills were not varied.</p>	K S152	<p>K0152: 483.470(j)(1)(i) Life Safety Code Standard</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> • In-service/training on the emergency drill schedule for all staff. Staff to guarantee drill times are varied and rotating time frames in an effort to hold all staff accountable for a drill every quarter. <p>How we will identify others:</p> <ul style="list-style-type: none"> • Site Supervisor responsible for the completion of emergency drills. Site supervisor will review completed drills for 	11/05/2016

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				<p>accuracy including: duration of drill, time frame in which it was conducted and total number of clients, involved.</p> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> •□□□□□□□□□ Staff will be trained on ensuring drill times are varied and rotating time frames in an effort to hold all staff accountable for a drill every quarter. •□□□□□□□□□ Site Supervisor will ensure all drills are complete as scheduled and per policy. •□□□□□□□□□ Area Supervisor will review drills on a monthly basis and report any issues on the weekly checklist (Attachment D) completed for each site. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> •□□□□□□□□□ Program Manager will review weekly check (Attachment D) and ensure all drills are complete per schedule. •□□□□□□□□□ Program

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				<p>Manager, Assistance Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p>Completion Date: 11-5-16</p>