

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 7/12/21, 7/13/21, 7/14/21 and 7/15/21.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/23/21.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 incidents affecting clients #2, #3, #4 and #6, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or violation of an individual's rights to prevent staff mistreatment through the use of loud and/or offensive language directed toward clients #2 and #4.</p> <p>Findings include:</p> <p>On 7/12/21 at 2:28 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p>	W 0149	<p>1. 1. The Area Supervisor will retrain the Lead Staff on Abuse, Neglect, and Exploitation (ANE) policy. The Lead Staff will retrain the DSP staff on the (ANE) policy. Monitoring of ANE policy will be done by the Program manager and Area Supervisor, and Lead Staff to ensure all incidents of possible ANE are reported to the Quality Assurance (QA) department.</p> <p>2. 2. The Area Supervisor will retain the Lead Staff on Gentle teaching techniques. The Lead</p>	08/14/2021

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 disclosed 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>-BDDS report dated 7/9/21 indicated, "[Client #3] reported allegations of staff [staff #3] yelling while at work".</p> <p>The review indicated staff #3 was suspended and an investigation was in process.</p> <p>On 7/13/21 at 10:14 AM, client #3 was interviewed. Client #3 was asked about how he was treated. Client #3 stated, "I'm treated very, very, well. They will show me step by step. I can ask for help at any time". This interview occurred in a conference room where client #3 worked. Client #3 was asked if everything was going well at work. Client #3 stated, "Yeah". Client #3 was asked how he was treated at his home. Client #3 stated, "Everything is fine, except for one particular staff". Client #3 was asked who the staff was. Client #3 stated, "[Staff #3]". Client #3 was asked why things were not going well. Client #3 stated, "He is very weird. During dinner he might say to [client #2] to slow down. Sometimes he will literally say to [client #2] or [client #4] to slow the f*** down". Client #3 was asked if had spoken to anyone about his concern. Client #3 indicated he had shared his concern recently with his Interdisciplinary Team and informed them staff #3 would yell at clients. Client #3 was asked if this was a new occurrence. Client #3 stated, "Oh no. If you talk with [client #6], he'll tell you it's been going on forever". Client #3 was asked if he had other concerns. Client #3 ended his interview by stating, "The house is good. I love that house, except for [staff #3]. We ...(client #3 paused) just like I said, he'll yell. I hear him say, 'Come on [client #2], you need to get the f*** broom'. I don't know".</p> <p>On 7/13/21 at 10:50 AM, client #6 was interviewed. Client #6 was asked how he was treated. Client #6</p>		<p>Staff will retrain the DSP staff on Gentle teaching techniques to ensure staff utilize a positive approach in direction of clients.</p> <p>3. 3. The Program Manager will ensure retraining for all staff at the site is completed by August 14, 2021</p> <p>4. 4. The Area Supervisor and Residential Manager will ensure all new staff receive initial training and retraining as needed.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Lead Staff, and DSP.</p> <p>DATE OF COMPLETION: August 14, 2021</p>				

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

PRINTED: 08/06/2021

FORM APPROVED

OMB NO. 0938-039

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	<p>stated, "They treat me good here. I'm learning. The hours are good. It's excellent. My supervisor is great and taught me many, many things. I was a little nervous with the big machines". Client #6's interview occurred in a conference room where client #6 worked. Client #6 was asked how he was treated at his home. Client #6 stated, "It's wonderful. The staff treat me well. I keep up with my room and organized. I'm ready to do anything. I get up at 5 AM, go to the kitchen, get the coffee going". Client #6 was asked if he had any issues or concerns with how staff treated the other clients. Client #6 stated, "Sometimes with one staff. I don't think he pays attention. He's on his phone all the time. I can't help them. I feel like, he likes to yell a lot. Very loud. I don't like yelling in the house. I like calm. When he's yelling, I want to say something, but he would tell me it's not my issue. I call them my family. I care for them". Client #6 was asked who the staff was that yelled. Client #6 stated, "[Staff #3]". Client #6 was asked what staff #3 would do. Client #6 stated, "Like if we're at the table. [Client #2] likes to eat fast and all of a sudden '[Client #2] slow down!'. I would use a calm voice. When I come home, it's consistent yelling. Especially [client #4] or [client #2]. Other than that, it's a great place". Client #6 was asked if the loud voice and yelling was believed to be out of hate and anger or panic and concern. Client #6 stated, "I think panic. I just don't understand the jump scream. It's hard for me to do anything with [staff #3]. Usually [staff #2] has dinner ready when I get home. [Staff #3] likes to be on his phone a lot. Normally [staff #2] tells me to let the guys know it's time for dinner". Client #6 was asked what tone staff #3 would use when asking him to help do things around his home. Client #6 stated, "To me, it feels like a loud voice. It's inconsiderate of him to sit on his phone". Client #6 was asked if staff #3 ever cussed at anyone.</p>			

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	<p>Client #6 stated, "Yeah, it's more toward [client #4] and I don't know why. When [client #4] does something wrong, he (staff #3) will say 'Hey, this blah, blah, blah toilet is a mess'. It's hard for me to see that. I don't want to confront him. He would tell me I'm not staff. I'm a little scared of [staff #3]. It's not that I would say something wrong. I try to nudge them (other clients) to take trash out, but [staff #3] screams or yells". Client #6 indicated staff #3's behavior of yelling and screaming toward clients #2 and #4 was not done while around other staff. Client #6 stated, "When he works with [staff #1] he's more efficient and not on his phone. It's hard when somebody is verbally yelling what you shouldn't do. I don't like hearing that. I love that house. I don't want to go anywhere else. [Staff #1] has been there for me. I will eventually tell [staff #1] [staff #3] is on his phone a lot. I should come home to a calm home and not hear that yelling and screaming. Most staff are good people. He (staff #1) will help me out. [Staff #1] has been there for me. He's (staff #1) noticed how I've progressed". Client #6 indicated only recently had the Interdisciplinary Team been informed about concerns in regard to staff #3's yelling and screaming.</p> <p>On 7/13/21 at 11:43 AM, staff #1 was interviewed. Staff #1 was asked if there were any concerns or issues with staff treatment toward the clients. Staff #1 stated, "Oh no. I always tell the guys (clients), even if it's an issue with me, to talk to someone like [Qualified Intellectual Disabilities Professional]. I know they (clients #3 and #6) don't like [staff #3], like eating their foods. The reason [staff #3] is suspended is a fluke. I bought some Gatorade because it was hot (where clients #3 and #6 work). I bought some water and Gatorade. They (clients #3 and #6) were counting the Gatorade. I think they took it wrong.</p>			

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	<p>Afterwards, if someone wanted one I would just give them one. They (clients #3 and #6) think [staff #3] is drinking the Gatorade". Staff #1 was asked if he had worked with staff #3. Staff #1 stated, "Oh yeah. [Staff #3] is more by the book. If it's time for [client #3] or [client #6] to go to bed or time for [client #3] to come out of his (client #6's) room or shut the WiFi off, he's (staff #3) to the minute. If there was a client to give issues it would be [client #3]. I can ask him to get up and he may or may not get upset with me or [staff #2]. He (client #3) has gotten upset, but [staff #3] he does. This is the point, if we have an issue, we'll all meet here in the office. If he comes in (staff #3) everything would be cool. I would not let [staff #3] mess with these guys. If you go down there (where clients #3 and #6 work) to talk to them they will make a big issue". Staff #1 was asked if he had ever heard staff #3 cuss or use profanity. Staff #1 stated, "No". Staff #1 was asked if he had ever heard staff #3 raise his voice, be loud or yell. Staff #1 stated, "If it feels like it's escalating, I'd pull him to the side, but no. [Client #3] will do anything [client #6] tells him to. This is a family type environment. Both of them are manipulative". Staff #1 was asked about the validity of answers if clients #2, #4 and #5 were interviewed. Staff #1 stated, "They cannot give reliable answers". Staff #1 indicated client #1 had just moved into the home and staff #3 had not worked with him. Client #7 was not at the home available for interview.</p> <p>On 7/13/21 at 1:44 PM, the investigator was interviewed. The investigator was asked if she was investigating the allegation of staff #3 yelling. The investigator stated, "Correct, I'm the investigator". The investigator was asked about the status of her investigation. The investigator stated, "I've not spoke with [client #3] yet and three others". The investigator was asked who the</p>			

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	<p>three other people were pending interview. The investigator stated, "[Client #4], [client #5] and [client #2]. There was another client (client #1) who moved in, but he would not have prior knowledge". The investigator was asked if staff #3 had been interviewed. The investigator stated, "No" and indicated she would wait until all facts and information had been obtained prior to conducting staff #3's interview. The investigator indicated staff #3 would remain suspended until the investigation was concluded. The investigator was asked if yelling or screaming was a scope of her investigation. The investigator stated, "I've kept it simple, like has anyone yelled at you? Is anyone mean to you? Stuff like that". The investigator indicated she would continue to further her investigation. The investigator was asked about the reliability of pending client interviews and client #7 was identified as one remaining client that could provide reliable responses to interview questioning. The investigator was asked if a subsequent follow up interview could be completed and a comparison for the consistency of evidence obtained. The investigator indicated further follow up and evidence would be provided.</p> <p>On 7/14/21 at 3:50 PM, the investigator was interviewed. The investigator was asked about the status of the investigation. The investigator stated, "I'm adding all the factual findings. I talked with [client #7]. He said yes, sometimes he (staff #3) yells, but does not cuss, nothing major". The investigator was asked if client #7 described staff #3 yelling at client #2 to slow down eating. The investigator stated, "He tells them in a loud voice". The investigator was asked what the conclusion of the investigation would determine. The investigator stated, "I'm going to call [client #2] back. Yesterday he said he was done talking. I</p>			

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W 0268 Bldg. 00	<p>want to talk to [client #2]". The investigator was asked if the evidence found inconsistencies or where client #3 and client #6 had falsified information alleged against staff #3. The investigator stated, "Both said they never reported". The investigator was asked if she felt clients #3 and #6 were being dishonest or lying. The investigator stated, "No, all three (clients #3, #6 and #7) are saying he (staff #3) yells at [client #2] mostly and at mealtimes". The investigator was asked about the implementation of the abuse, neglect, exploitation and or mistreatment policy. The investigator stated, "I think maybe too loud at times and something he (staff #3) needs retrained on ... retraining is one of the recommendations".</p> <p>On 7/14/21 at 4:05 PM, the policy dated 5/5/2021 was reviewed. The Abuse, Neglect, Exploitation and/or Violation of Individuals Rights (ANE) policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review and interview for 1 additional client (#5), the facility failed to ensure client #5's fingernails were properly maintained.</p> <p>Findings include:</p> <p>An observation was conducted at the facility on 7/12/21 from 3:50 PM to 6:00 PM. The observation</p>	W 0268	<ol style="list-style-type: none"> 1. The Nurse added Treatment Administration Record (TAR) to monitor and or trim Client #5s fingernails weekly. 2. The Nurse will in service the Lead staff and DSP staff on following direction on the TAR for the fingernail regimen. 3. The Area Supervisor and 	08/14/2021

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	<p>indicated the following:</p> <p>-At 4:11 PM staff #1 began to prepare the medication administration room for administering the 4 o'clock medicines. At 4:12 PM, client #5 entered the medication administration room. Staff #1 verbally prompted client #5 to use hand sanitizer at the start of his medication administration routine. As client #5 used hand sanitizer from the pump, the fingernails of client #5 extended past his fingers. Client #5's fingernails were dark in color.</p> <p>On 7/14/21 at 1:55 PM, a focused review of client #5's record was conducted. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 2/3/21 indicated, "Needs: ...To learn personal hygiene skills".</p> <p>-No documentation for nail care was available for review.</p> <p>On 7/14/21 at 1:57 PM, the Nurse was interviewed. The Nurse was asked about documentation to identify nail care for client #5. The Nurse stated, "I don't think there is a form". The length of client #5's fingernails was described with the Nurse. The Nurse stated, "I could add that to the TAR". The Nurse was asked what she meant by TAR. The Nurse stated, "Treatment Administration Record". The Nurse then used her computer and went into client #5's electronic record and stated, "That would be taken care of on this record because they (staff) would have to initial". The Nurse indicated she was going to make checking client #5's fingernails weekly on Wednesdays and stated, "That way his fingernails are trimmed today and monitored weekly from here on".</p>		<p>Residential Manager will ensure the client care and follow up with random site visits.</p> <p>Persons Responsible: Area Supervisor, Residential Manager, Nurse, Lead Staff, and DSP.</p>		

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W 0312 Bldg. 00	<p>On 7/14/21 at 1:59 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about nail care for client #5. The Nurse indicated client #5 had a personal hygiene goal and stated, "I would think there should be a record, but I don't think it's (trimming of fingernails) getting done as much as they say". The QIDP was asked if client #5's nails should be maintained and trimmed at an appropriate length. The QIDP stated "Yes".</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's behavior support plan included a medication reduction plan.</p> <p>Findings include:</p> <p>On 7/14/21 at 11:54 AM, client #3's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 1/22/21 indicated, "[Client #3] is diagnosed with Fetal Alcohol Syndrome, ADHD - cognitive impairment (Attention Deficit Hyperactivity Disorder) and Insomnia".</p> <p>-Physician Orders dated 7/12/21 indicated, "Bupropn (antidepressant) HCL Tab 150 mg</p>	W 0312	<p>1. 1. The QIDP will review and update Client #3s BSP to include the medication reduction plan by 8.2.21.</p> <p>2. 2. The QIPD will create Client #3 BSP to ensure drugs used for control of inappropriate behavior are only used as an integral part of the clients Individual Program Plan and directed specifically towards the reduction and eventual elimination of the behavior for which the drugs are employed and current.</p> <p>3. 3. The QIDP will train all Staff on the BSP.</p> <p>4. 4. A Facility representative will review BSP monthly to ensure</p>	08/14/2021

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	<p>(milligrams). Give one tablet (tab) by mouth every morning. [Equiv (equivalent) To: Wellbutrin XL 150 mg tab] ... Guanfacine (ADHD) Tab 1 mg. Give one-half tablet by mouth at bedtime. Give with whole tab. [Equiv To: Tenex 1 mg tab] ... Guanfacine Tab 1 mg. Give one tablet by mouth at bedtime. Give with ½ tab [Equiv To: Tenex 1 mg tab] ... Methylphenid (ADHD) Tab 36 mg ER. Give one tablet by mouth every morning. DX ADHD [Equiv To: Concerta 36 mg ER tab]".</p> <p>-Behavior Support Plan (BSP) dated 1/22/21 indicated target behavior as, "Verbal Aggression ... Impulse Behavior ... Noncompliance ... Obsessive behavior ... Self-injurious Behavior ...". Client #3's BSP did not list the use of Bupropion, Guanfacine and Methylphenidate medicines used to control targeted behaviors and/or have a medication reduction plan for the use of these medicines.</p> <p>On 7/14/21 at 11:50 AM, the Nurse was interviewed. The Nurse was asked if client #3 used psychotropic medication to help control his behavior. The Nurse stated, "He does take psych meds (psychotropic medicines)". The Nurse was asked if client #3's BSP needed to be updated to include a medication reduction plan. The Nurse stated, "Yes, it should have a med reduction plan".</p> <p>On 7/14/21 at 11:53 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked if client #3's BSP needed updated to include a medication reduction plan for the use of psychotropic medications. The QIDP stated, "He needs a med reduction plan". The QIDP indicated client #3's BSP needed further review and revision to include a medication reduction plan for the use of psychotropic</p>		<p>they are accurate and up to date.</p> <p>Persons Responsible: QIDP, Program Manager, Area Supervisor</p>		

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W 0448 Bldg. 00	<p>medication that assist with the control of target behaviors.</p> <p>9-3-5(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients living at the group home (#1, #2 and #3), and 4 additional clients (#4, #5, #6 and #7), the facility failed to document difficulties experienced during evacuation drills with accurate duration to develop a plan to prevent reoccurrence.</p> <p>Findings include:</p> <p>On 7/13/21 at 8:07 AM, a review of the group home evacuation drills was completed. The review of the evacuation drills included the following which affected clients #1, #2, #3, #4, #5, #6 and #7:</p> <p>-7/5/21, 1st shift at 8 AM took 15 minutes. No documentation of issues or concerns was listed.</p> <p>-6/1/21, 3rd shift at 3:00 AM took 20 minutes. No documentation of issues or concerns was listed.</p> <p>-4/2/21, 1st shift at 6:00 AM took 15 minutes. No documentation of issues or concerns was listed.</p> <p>-3/7/21, 3rd shift at 3:00 AM took 20 minutes. No documentation of issues or concerns was listed.</p> <p>-2/1/21, 2nd shift at 4:00 PM took 10 minutes. No documentation of issues or concerns was listed.</p>	W 0448	<ol style="list-style-type: none"> 1. The Governing Body revised the Emergency Drill Document to incorporate all information needed on a single page document. 2. The Area Supervisor will in service the Lead Staff on new revised drill form to ensure times and information is recorded accurately. 3. The Lead Staff will in service the DSP staff on new revised drill form to ensure times and information is recorded accurately. 4. All staff at the Facility will be re-trained on conducting fire drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff. 5. The Facility will retrain staff on the proper use of the Drill form and retrain staff on the Drill procedure and proper documentation of drills. 6. The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date. 	08/14/2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/15/2021	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143			
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	<p>-1/2/21, 1st shift at 7:00 AM took 25 minutes. No documentation of issues or concerns was listed.</p> <p>-12/3/20, 3rd shift at 4:00 AM took 23 minutes. No documentation of issues or concerns was listed.</p> <p>-11/4/20, 2nd shift at 10:00 PM took 15 minutes. No documentation of issues or concerns was listed.</p> <p>-9/30/20, 3rd shift at 4:20 AM took 10 minutes. No documentation of issues or concerns was listed.</p> <p>-8/2/20, 2nd shift at 8:00 PM took 20 minutes. No documentation of issues or concerns was listed.</p> <p>On 7/13/21 at 8:14 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the length of time required to evacuate and if documentation of issues could be provided for review. The QIDP stated, "I'm not sure. We'll need to talk with [staff #1]. That's too long (length of time for evacuating)". The QIDP indicated more follow up was needed to clarify the length of time and why no documented issues or concerns were listed on the evacuation drill forms.</p> <p>On 7/13/21 at 8:19 AM, staff #1 was interviewed. Staff #1 was asked about documentation of issues or concerns and the duration of the evacuation drills listed above. Staff #1 stated, "The reason for no comments is because we think the prompts is explaining". Staff #1 was asked why the durations of the evacuation drills were not documented clarifying any issues or concerns to explain the length of time required to evacuate. Staff #1 stated, "It might be my fault. I'm counting getting out of the house, talking and explaining like this is where we need to meet. It's not the time it took,</p>		<p>7. The Residential Manager will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>8. The Area supervisor will ensure drills are completed as required.</p> <p>9. The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP</p>				

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

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	that's me explaining things (evacuation plan) to them. It was never explained to me (how to implement an evacuation drill). It only takes about 5 minutes". 9-3-7(a)				