

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G432	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3606 HIGHWOODS DR N INDIANAPOLIS, IN 46222
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K010000	<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: 05/22/13</p> <p>Facility Number: 000946 Provider Number: 15G432 AIM Number: 100244570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, REM-Indiana, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K010000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.8.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 05/24/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010130	<p>1. Based on observation and interview, the facility failed to ensure 1 of 3 smoke barrier door sets held open by devices arranged to automatically close would self close and latch into the door frame once the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:10 a.m. to 11:50 a.m. on 05/22/13, the smoke barrier door by the northeast bedroom which is held open by magnetic hold device and arranged to automatically close did not fully close and latch into the door frame when the fire alarm system was activated two times. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned smoke barrier door failed to fully close and latch into the door frame when the fire alarm system was activated each of two separate times.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 portable</p>	K010130	<p>A maintenance request has been issued to have USAutomatic fixthe barrier door.</p> <p>The Home Manager will be retrained to include maintenanceissues on the monthly Home Manager/PD checklist. If any problems should arise,the Home Manager will inform the appropriate maintenance personnel.</p> <p>Ongoing, the Home Manager will complete the monthly HomeManage/PD checklist and request that any repairs be made in the appropriatetimeframe. The Area Director and Maintenance Supervisor will work withUSAutomatic to ensure that all three fire extinguishers have the six yearinspection completed.</p> <p>The Home Manager will be retrained on checking the fireextinguishers monthly to ensure that all appropriate checks have beencompleted, including making sure that all are charged appropriately.</p> <p>The Area Director and Maintenance Supervisor will work withUSAutomatic to ensure that all fire extinguishers have the 12 year hydrostaticinspection completed every 6 years.</p>	06/20/2013			

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	<p>fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:10 a.m. to 11:50 a.m. on 05/22/13, the portable fire extinguisher located in the northeast hallway was manufactured in 1994 and had an affixed label and collar stating the most recent six year maintenance procedure had been performed in February 2006. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned portable fire extinguisher was past due for the six year maintenance procedure.</p>			

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>				

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review and interview, the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-3.4 states the freezing point of solutions in antifreeze shall be tested annually and the solutions shall be in accordance with Tables 2-3.4(a) and (b). This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Fire & Security "Report of Inspection - Addendum: Deficiencies" documentation dated 02/05/13 with the Area Director during record review at the Corporate</p>	K01S056	<p>USAutomatic had replaced the antifreeze and after testing it again, it was showing to be at negative 45 degrees Fahrenheit at that time. See attached for supporting documentation.</p> <p>Ongoing, the Maintenance Supervisor will review the USAutomatic documentation to see if any follow up is needed.</p> <p>Completion Date: June 20, 2013</p> <p>Responsible Party: USAutomatic, Maintenance Supervisor of Indiana Mentor.</p>	06/20/2013

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	Office from 9:40 a.m. to 10:10 a.m. on 05/22/13, the report stated "The antifreeze tested at -10 degrees. This system should be recharged so that the antifreeze system tests at negative 20 degrees". Based on interview at the time of record review, the Area Director acknowledged documentation was not available for review to verify the antifreeze system solution had been adjusted or replaced on or after 02/05/13.			

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K01S152	<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.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the second and third shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include: Based on review of "Fire Drill Report"</p>	K01S152	The fire drill schedule for 2013 was written so that drills each month are scheduled in more varied time frames than the previous 2011 schedule. The Home Manager and Program Director will ensure staff run all 2013 fire drills and that they are completed per the 2013 schedule monthly which will ensure the drills on all shifts are varied in time frame.	06/20/2013			

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	documentation with the Area Director during record review at the Corporate Office from 9:40 a.m. to 10:10 a.m. on 05/22/13, fire drills conducted on the second shift on 05/14/12, 08/09/12 and 11/07/12 were conducted, respectively, at 6:40 p.m., 7:02 p.m. and 7:00 p.m. In addition, fire drills conducted on the third shift on 06/08/12, 09/20/12 and 12/05/12 were conducted, respectively, at 2:40 a.m., 3:00 a.m. and 2:30 a.m. Based on interview at the time of record review, the Area Director acknowledged second and third shift fire drills for three of four quarters were not conducted under varied conditions.		Responsible Party: Program Director and Home Manger Completion Date: 6-20-2013		