

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342
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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: 05/23/16</p> <p>Facility Number: 001107 Provider Number: 15G593 AIM Number: 100245570</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 facility was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, sleeping rooms and common 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 Score (E-Score) using NFPA 101A,</p>	K 0000		
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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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K S016 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.8.</p> <p>Quality Review completed on 05/24/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observation, record review and interview; the facility failed to ensure the interior finish in 3 of 4 Bedroom closets and 1 of 1 Dining Room was rated Class A or Class B for interior finish in this Slow rated facility. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Program Director on 05/23/16 between 3:06 p.m. and 3:12 p.m., the following interior finish was discovered:</p> <ul style="list-style-type: none"> a) Wood paneling in Bedroom #1 closet b) Wood paneling in Bedroom #2 closet c) Wood paneling in Bedroom #3 closet d) Wood paneling in the Dining room <p>Based on interview at the time of each observation, the Program Director acknowledged the aforementioned</p>	K S016	<p>Agency has contacted maintenance to ensure the proper finish has been applied to the closets and dining room. QIPD and maintenance will conduct monthly reviews to ensure proper finish is maintained and house is in good working order. Responsible Party: QIDP, maintenance. Complete Date: 6/22/2016</p>	06/22/2016

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K S046 Bldg. 01	<p>condition and confirmed no documentation was available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler system wire sets observed was maintained in a safe operating condition. LSC 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice was not in a resident care area but could affect facility staff.</p> <p>Findings include:</p> <p>Based on observation with the Program Director on 05/23/16 at 3:24 p.m., there was exposed wires and wires nuts for the sprinkler system in the riser room. Based on interview at the time of observation, the Program Director acknowledged the aforementioned condition.</p>			K S046	<p>Agency has maintenance contracted who does routine repair and upkeep of house, and has sprinkler system checked on a semi annual basis. Agency contacted maintenance for repair of system with wiring and nuts. Agency will continue to do routine inspections with maintenance to ensure all equipment is in proper working order Responsible Party: QIDP Complete Date: 6/22/2016</p>		06/22/2016

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K S056 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>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.</p> <p>1. Based on observation and interview, the facility failed to replace 1 of 1 Bathroom #3, 2 of 2 Dining Room, and 1 of 1 Medication room sprinkler heads. LSC 9.7.5 requires all automatic 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, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based on observation with the Program Director on 05/23/16 between 3:10 p.m. and 3:27 p.m., the following sprinkler heads were discovered:</p> <p>a) Bedroom #3 bathroom sprinkler head was painted and corroded</p> <p>b) Dining Room sprinkler heads were corroded</p>	K S056	<p>Agency has maintenance contracted who does routine repair and upkeep of house, and has sprinkler system checked on a semi annual basis. Agency contacted maintenance for repair of system with sprinkler heads. Agency will continue to do routine inspections with maintenance to ensure all equipment is in proper working order</p> <p>Responsible Party: QIDP Complete Date: 6/22/2016</p>	06/22/2016

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	<p>c) Medication room sprinkler head was corroded.</p> <p>Based on interview at the time of each observation, the Program Director acknowledged each aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler system was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and clients.</p> <p>Findings include:</p> <p>Based on observation with the Program Director on 05/23/16 at 3:24 p.m., the sprinkler system located in the sprinkler riser room had one pressure gauge with a date indicating the gauge was manufactured in 2008. Based on interview at the time of observation, the Program Director acknowledged the aforementioned condition.</p>						

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K S147 Bldg. 01	<p>3. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler system components was inspected quarterly for 3 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 05/23/16 between 2:28 p.m. to 3:03 p.m., there was no second, third or fourth quarter of 2015 sprinkler system inspection report available. Based on interview at the time of record review, the Program Director acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board</p>						

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K S152 Bldg. 01	<p>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 administration failed to have a written fire safety plan to protect 8 of 8 clients. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 05/23/16 between 2:28 p.m. and 3:03 p.m., no written fire safety plan was available for review. Based on interview at the time of record review, the Program Director acknowledged the aforementioned condition.</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</p>	K S147	<p>The QA and PD have met to develop a new safety plan to meet the state requirements. The plan will be in place by June 22nd The QIDP will conduct monthly reviews to ensure the plan is in the home and being implemented properly Responsible Party: QIDP and PD Complete Date: 6/22/2016</p>	06/22/2016	

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	<p>and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <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 conduct evacuation drills under varied conditions on each shift for 3 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Fire Drill Report" with the Program Director on 05/23/16 at 2:58 p.m., three sequential first shift fire drills</p>	K S152	<p>Agency has policies and procedures in place in regards to conducting drills and have drill schedules in place in the homes. PD is retraining staff and program coordinator on drill schedules and having the turned into her monthly where she will verify completion and ensure matches drill</p> <p>Responsible Party: PDCComplete Date: 6/22/2016</p>	06/22/2016	

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K S154 Bldg. 01	<p>took place between 8:02 a.m. and 9:30 a.m. for three of the last four quarters. Based on interview at the time of record review, the Program Director acknowledged the lack of documentation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 8 of 8 clients by providing a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out-of-service for 4 hours or more in a 24-hour period in accordance with LSC, Section 9.7.6.1 in order to protect 57 of 57 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department be notified of sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager</p>	K S154	<p>The QA and PD have met to develop a new pain to meet the state requirements. The plan will be in place by June 22ndThe QIDP will conduct monthly reviews to ensure the plan is in the home and being implemented properlyResponsible Party: QIDP and PDComplete Date: 6/22/2016</p>	06/22/2016

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K S155 Bldg. 01	<p>and other authorities having jurisdiction also be notified. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 05/23/16 at 2:45 p.m., the automatic sprinkler system fire watch documentation was incomplete. The plan failed to include the person conducting the fire watch shall be trained and shall have no other duties. Based on an interview at the time of record review, the Program Director acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 8 of 8 clients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8.</p>	K S155	The QA and PD have met to develop a new safety plan to meet the state requirements. The plan will be in place by June 22ndThe QIDP will conduct monthly reviews to ensure the plan is in	06/22/2016			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342		
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	<p>LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 05/23/16 at 2:45 p.m., the fire alarm fire watch documentation was incomplete. The plan failed to include the person conducting the fire watch shall be trained and shall have no other duties. Based on interview at the time of record review, the Program Director acknowledged the aforementioned condition.</p>		<p>the home and being implemented properly Responsible Party: QIDP and PDC Complete Date: 6/22/2016</p>		