

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2014
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD	STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113
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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: 02/14/14</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Damar Services Inc.-Camby Rd. 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 monitored fire alarm system with smoke detection in corridors and in all living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</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>Calculation of the Evacuation Difficulty 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 Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S017	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved</p>				

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	<p>facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 sleeping room doors were capable of resisting fire for at least 1/2 hour. This deficient practice could affect 1 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with Direct Care Services (DCS)-2nd shift staff during a tour of the facility from 2:40 p.m. to 3:10 p.m. on 02/14/14, the door handle and face plate on both sides of the corridor door to the bedroom by the front door was loose and caused a one half inch in diameter hole in the door which was not capable of resisting fire for at least 1/2 hour. Based on interview at the time of observation, DCS-2nd shift staff acknowledged the aforementioned opening in the door to the bedroom by the front door was not</p>	K01S017	<p>1) The bedroom door knob and face plate will be tightened or replaced. 2) All other bedroom door knobs and face plates have been checked and those of need of repair were addressed. 3) Routine checking of bedroom door knobs and face plate have been added to the monthly maintenance house check which are completed by Maintenance staff. 4) Residential Manager will provide training to staff regarding proper fitting of bedroom door knobs and face plate. After monthly fire drills, staff will also check each bedroom door knob to ensure they are properly fitted. 5) Systemic changes will be completed by March 4,2014</p>	03/04/2014			

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K01S018	<p>capable of resisting fire for at least 1/2 hour.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 6 sleeping room doors would close and latch into the door frame. This deficient practice could affect 1 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with Direct Care Services (DCS)-2nd shift staff during a tour of the facility from 2:40 p.m. to 3:10 p.m. on 02/14/14, the bedroom</p>	K01S018	<p>1) The entire door knob assembly will be repaired or replaced to ensure a positive latch is achieved. 2) All other bedroom doors have been checked to ensure a positive latch is achieved and those of need of repair were addressed. 3) Routine checking of bedroom door for positive latch will be added to the monthly maintenance house check which are completed by Maintenance staff 4) Residential Manager will provide training to all staff</p>	03/04/2014

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	door by the front door did not latch into the door frame after five attempts to close and latch the door. The door latch failed to protrude into the latch plate on the door frame because the handle and latching mechanism was loose and not secured in the door. Based on interview at the time of observation, DCS-2nd shift staff acknowledged the aforementioned door failed to latch into the door frame.		regarding the proper closing and positive latch that should occur each time. Work orders will be completed by staff upon incidents of positive latching not occurring. Monthly reviews of work orders are completed by the Dir. of Maintenance each month to ensure work orders submitted have been addressed. 5) Systemic changes will be completed by March 4,2014		

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K01S056	<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. Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested for 2 of 4 quarters. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Hydro Fire Protection "Report of Inspection/Test" documentation with the Direct Care Services (DCS)-2nd shift staff during record review from 2:00 p.m. to 2:40 p.m. on 02/14/14, documentation of quarterly sprinkler system inspections of waterflow alarm devices for the second</p>	K01S056	<p>1) The previous quarterly report were copied and placed in the home. All reports can be found in the "Sprinkler System Folder" located in the sprinkler closet. 2) All other homes that operate on a sprinkler system have been checked to ensure copies of reports are available within the home. 3) Routine checking for the quarterly reports will be added to the monthly maintenance house check which are completed by Maintenance staff 4) Residential Manager is now aware of this documentation and where it should be kept. Periodical checks will be completed to ensure the quarterly checks are in place. Work order will be completed if needed to request a needed copy. Monthly reviews of work orders are completed by the Dir. of Maintenance each month to ensure work orders submitted have been addressed. All staff has received training on this documentation and where to find the reports.</p>	03/04/2014	

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K01S154	<p>and third quarter of 2013 was not available for review. The most recent documented quarterly sprinkler system inspection of waterflow alarm devices was for the first quarter of 2014 on 02/07/14 and for the fourth quarter of 2013 on 11/08/13. Based on interview at the time of record review, DCS-2nd shift staff stated documentation of additional sprinkler system inspections of waterflow alarm devices performed in the most recent twelve month period was not available for review and acknowledged the only documented sprinkler system inspections of waterflow alarm devices available for review was for the first quarter of 2014 and the fourth quarter of 2013.</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 Based on record review and interview, the facility failed to provide a complete</p>	K01S154	1) The Fire Watch policy has been updated and now includes the necessary step of contacting	03/04/2014			

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	<p>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.</p> <p>Findings include:</p> <p>Based on review of "Policies & Procedures: Fire Watch" documentation with Direct Care Services (DCS)-2nd shift staff during record review from 2:00 p.m. to 2:40 p.m. on 02/14/14, the facility's written policy and procedure for an impaired automatic sprinkler system stated the authority having jurisdiction would be notified but did not state the Indiana State Department of Health. Based on telephone interview at 3:15 p.m. on 02/14/14, the Director of Group Homes stated the aforementioned written fire watch plan for the facility has not been updated and acknowledged no additional written fire watch policy documentation was available for review. Based on interview at the time of record review, DCS-2nd shift staff acknowledged the written fire watch policy did not include notification of the Indiana State Department of Health.</p>		<p>the State Department of Health.</p> <p>2) All other ICF/MR Group Homes have been provided a copy of the updated policy. They will be located within the Monthly Fire Drill folder or notebook.</p> <p>3) Routine checking for the Fire Watch policy will be added to the monthly maintenance house check which are completed by Maintenance staff</p> <p>4) All Residential Managers have received and been trained on the updated policy. All direct care staff will receive training on the updated policy. New employees to the home will receive training during their orientation period. Periodical checks will be completed by the Residential Manager to ensure the Fire Watch policy is located in the proper place. Work order will be completed if needed to request a needed copy. Monthly reviews of work orders are completed by the Dir. of Maintenance each month to ensure work orders submitted have been addressed. 5) Systemic changes will be completed by March 4, 2014</p>		

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K01S155	<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 containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Policies & Procedures: Fire Watch" documentation with Direct Care Services (DCS)-2nd shift staff during record review from 2:00 p.m. to 2:40 p.m. on 02/14/14, the facility's written policy and procedure</p>	K01S155	<p>1) The Fire Watch policy has been updated and now includes the necessary step of contacting the State Department of Health. 2) All other ICF/MR Group Homes have been provided a copy of the updated policy. They will be located within the Monthly Fire Drill folder or notebook. 3) Routine checking for the Fire Watch policy will be added to the monthly maintenance house check which are completed by Maintenance staff 4) All Residential Managers have received and been trained on the updated policy. All direct care staff will receive training on the updated policy. New employees to the home will receive training during their orientation period. Periodical</p>	03/04/2014

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	for fire alarm system impairment stated the authority having jurisdiction would be notified but did not state the Indiana State Department of Health would be notified. Based on telephone interview at 3:15 p.m. on 02/14/14, the Director of Group Homes stated the aforementioned written fire watch plan for the facility has not been updated and acknowledged no additional written fire watch policy documentation was available for review. Based on interview at the time of record review, DCS-2nd shift staff acknowledged the written fire watch policy did not include notification of the Indiana State Department of Health.		checks will be completed by the Residential Manager to ensure the Fire Watch policy is located in the proper place. Work order will be completed if needed to request a needed copy. Monthly reviews of work orders are completed by the Dir. of Maintenance each month to ensure work orders submitted have been addressed. 5) Systemic changes will be completed by March 4,2014		