

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G531	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3107 HENSEL DR CARMEL, IN 46032
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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: 08/07/14</p> <p>Facility Number: 001045 Provider Number: 15G531 AIM Number: 100244990</p> <p>Surveyor: Phillip Komsiski, 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 facility and was sprinklered. The facility has a fire alarm system with smoke detectors in the corridors and common living areas. Hard wired smoke detectors were in all client sleeping rooms. The facility has a capacity of eight and had a census of eight 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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K01S051	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.88.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/12/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. Based on observation and interview, the</p>	K01S051	All staff in the home will be	09/06/2014			

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	<p>facility failed to ensure 1 of 1 fire alarm systems was functioning. LSC Chapter 9.6.1.4 requires a fire alarm system shall be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, Chapter 1-5.5.2.3 requires all apparatus requiring resetting to maintain normal operation shall be restored to normal as promptly as possible after each alarm and kept in normal condition for operation. This deficient practice could affect all clients, visitors and staff in the event of a fire emergency.</p> <p>Findings include:</p> <p>Based on observation on 08/07/14 at 12:13 p.m. during an attempted test of the fire alarm system with House Staff 1, the fire alarm panel located in the garage was in silent mode. House Staff 1 was unaware of this condition and required numerous attempts and consultation with Administrative staff before the system could be reset. In addition, further attempts to activate the fire alarm system to ensure proper function could not be accomplished by House Staff 1. Based on interview on 08/07/14 at 12:15 p.m., it was acknowledged by House Staff 1 training as to the operation of the fire alarm system had not been done by management, therefore, the fire alarm</p>		<p>retrained on the full use of the alarm system including activating and resetting the fire alarm. The Home Manager and Program Director will receive retraining to include ensuring that all new direct care staff are trained on the full use of the fire alarm system within 2 weeks of their hire date.</p> <p>Ongoing, the Home Manager and/or Program Director will ensure that all new direct care staff are trained on the full use of the fire alarm system within 2 weeks of their hire date. The Program Director will submit the in home training packet, which includes training on how to activate the fire alarm system, to the Area Director or Regional Director to ensure all areas have been trained on prior to staff being released to work in the home.</p> <p>Responsible Party: Home Manager, Program Director</p>				

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K01S147	<p>system could not be tested at the time of inspection.</p> <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 observation and interview, the facility failed to protect 8 of 8 residents by ensuring all employees were periodically instructed in fire protection procedures including the use of all components of the fire alarm system. This deficient practice could affect all clients, visitors and staff in the event of a fire emergency.</p>	K01S147	<p>All staff in the home will be retrained on the full use of the alarm system including activating and resetting the fire alarm. The Home Manager and Program Director will receive retraining to include ensuring that all new direct care staff are trained on the full use of the fire alarm system within 2 weeks of their hire date.</p> <p>Ongoing, the Home Manager and/or Program Director will</p>	09/06/2014			

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