

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/05/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5625 E 56TH ST INDIANAPOLIS, IN 46226
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K0000	<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: 09/05/12</p> <p>Facility Number: 000931 Provider Number: 15G417 AIM Number: 100244550</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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, sleeping rooms and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K0000		
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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 3.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/10/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<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.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 manual fire alarm systems was provided in accordance with Section 9.6. Section 9.6.2.1 requires activation of the complete fire alarm system by any or all of the following means: (1) manual fire alarm initiation, (2) automatic detection, (3) extinguishing system operation. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Sprinkler Corporation "Addendum Report: deficiencies" documentation dated 09/12/11 during record review at the Corporate Office with the Area Director from 10:15 a.m. to 11:00 a.m. on 09/05/12, the Office Smoke detector was listed as "detector failed to operate during</p>	KS051	<p>A request has been made to US Automatic Sprinkler Company to schedule a time to complete an inspection of the smoke detector in the office area that was identified as "failing to operate during a functional test" in the 9/5/12 inspection report.</p> <p>Ongoing, the maintenance staff and maintenance supervisor will work with US Automatic Sprinkler Company to ensure that all recommendations of deficiencies in any inspection reports are followed up on in a timely manner.</p> <p>Responsible party: Maintenance staff, maintenance supervisor.</p>	10/05/2012			

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	functional test" for the most recent functional testing of the manual fire alarm system. Based on interview at the time of record review, the Area Director stated no other documentation was available for review for the subsequent repair or replacement of the Office Smoke detector and acknowledged the Office Smoke detector failed the most recent functional testing of the manual fire alarm system. Based on observation with the Home Manager during a tour of the facility from 2:50 p.m. to 3:20 p.m. on 09/05/12, the Office Smoke detector is hard wired to the fire alarm system. Smoke detector test smoke was sprayed into the Office Smoke detector three separate times and failed to activate the fire alarm system and produce an audible alarm. Based on interview at the time of observation, the Home Manager acknowledged the fire alarm system did not activate after smoke detector test smoke was sprayed into the Office Smoke detector three separate times.			