

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2012
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637
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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: 04/20/12</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</p> <p>Surveyor: Robert Booher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dungarvin Indiana, LLC 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 with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridor, basement and common living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K0000		

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 3.28.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 4/24/12</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			

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KS014	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation, record review and interview; the facility failed to ensure the carpeting installed on the lower 30 inches of the bedroom corridor provided a flame spread rating of Class A or Class B to protect 7 of 7 clients in this Slow rated home. This deficient practice could affect all seven clients during the night when they are occupying their rooms.</p> <p>Findings include:</p> <p>Based on observation at 3:08 p.m. on 04/20/12 with the Lead C staff person and the maintenance man, both sides of the lower 30 inches of the bedroom corridor walls were covered with carpet. Later during record review at 3:12 p.m. on 04/20/12, there was no record of flame spread rating for the carpeting in the book of Life Safety documentation, and the Lead C staff person said the carpeting had been on the wall for many years, but had no idea if it had a flame spread rating.</p>	KS014	<p>Documentation will be identified for each of the areas noted in the deficiency, or the materials will be replaced with materials that have fire rated documentation as proof of this rating. This will be kept at the home for review by the Life Safety surveyor. Going forward, the Maintenance Director will ensure that copies of the fire rating information are made available for all materials that are replaced within the group homes during normal repair.</p> <p>System wide, the Maintenance Director, Program Director/QMRPs and Program Coordinators will review this standard and ensure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Program Director, Maintenance Director</p>	05/18/2012			

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KS053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review and interview, the facility failed to ensure 6 of 6 smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 7-3.2 requires testing be accordance with Table 7-3.2 Testing Frequencies. Table</p>	KS053	The Maintenance Director has contacted NOBI, the company we contract with for smoke detector sensitivity testing. This testing has been scheduled for all of the detectors in the home. Copies of the testing results will be made available at the home. System wide, the Maintenance	05/18/2012			

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	7-3.2 at 7-3.2.15(i) Smoke Detectors - Sensitivity (The requirements of 7-3.2.1 shall apply). NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using any of the following methods: (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range, (5) Other calibrated sensitivity test methods approved by the authority having		Director, Program Director/QMRPs and Program Coordinators will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. Persons Responsible: Program Director, Maintenance Director, Program Coordinator		

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	<p>jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Initiating and Supervisory Device Tests and Inspections by Nobi, the fire alarm inspection company, with the Lead C staff person and the maintenance man on 04/20/19 at 2:28 p.m., it was documented for the last two years the smoke detectors had "passed," it was not possible to determine if a sensitivity test had been conducted. The inspection reports were discussed with the Lead C staff person who said she had heard of sensitivity tests, and the maintenance man who was aware they were supposed to have them done, but neither could definitely say the reports available for review were for sensitivity testing.</p>						

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KS154	<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 did not have a complete policy to address the sprinkler system being out of service for four hours or more in a 24 hour period to protect 7 of 7 clients. This deficient practice could affect all occupants of the facility if a fire should occur while the sprinkler system was not working.</p> <p>Findings include:</p> <p>Based on a review of the Fire Watch Policy and Fire Watch Log along with the Policy and Procedure for Emergency Situations with the Lead C staff person and the maintenance man on 04/20/12 at 2:25 p.m., the policy only mentioned what to do "in the event water disruption occurs" and did not mention a situation where the sprinkler system might be out of service due to a leak in the system, other system malfunction or for maintenance requiring more than four hours. The telephone numbers and e-mail</p>	KS154	<p>Revisions will be made to the written policy which contains 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. This policy will mention situations where the sprinkler system might be out of service due to a leak in the system, other system malfunction or for maintenance requiring more than four hours. This policy shall include either evacuation of the building or the provision of an approved fire watch system, until the sprinkler system can be returned to service. This policy will include the updated e-mail address and phone number for notifying ISDH of the implementation of the fire watch system.</p> <p>All staff and Program Directors will review this new policy change.</p> <p>System wide, all Program Director/QMRPs, Program Coordinators and the</p>	05/18/2012			

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	address for the Indiana State Department of Health were not current. When the Lead C staff person and maintenance man were told about the problems with the policies during the record review, they were not aware of any other policies and procedures addressing this issue.		Maintenance Director will review this standard and ensure that this concern is being addressed at all Dungarvin ICF-MR's that use the automatic sprinkler system. Persons Responsible: Program Coordinator, Program Director (QMRP), Maintenance Director		

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KS155	<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 did not have a complete policy to address the fire alarm system being out of service for four hours or more in a 24 hour period to protect 7 of 7 clients. This deficient practice could affect all occupants of the facility if a fire should occur while the fire alarm system was malfunctioning.</p> <p>Findings include:</p> <p>Based on a review of the Fire Watch Policy and Fire Watch Log along with the Policy and Procedure for Emergency Situations, with the Lead C staff person and the maintenance man on 04/20/12 at 2:25 p.m., the policy only mentioned what to do "in the event that electrical failure occurs" and did not mention a situation where the fire alarm system might be out of service due to a lightning strike, other system malfunction or for maintenance requiring more than four hours. The telephone numbers and e-mail address for</p>	KS155	<p>A written policy is already in place which contains procedures to be followed in the event the fire alarm 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. This policy will be revised to address additional situations where the fire alarm system might be out of service due to a lightning strike, other system malfunction or for maintenance requiring more than four hours. In addition, the telephone numbers and e-mail address for the Indiana State Board of Health will be updated on the policy and all related forms.</p> <p>System wide, all Program Director/QMRPs, Program Coordinators and the Maintenance Director will review this standard and ensure that this concern is being addressed at all Dunganrvin ICF-MR's.</p> <p>Persons Responsible: Program Coordinator, Program Director (QMRP), Maintenance Director</p>	05/18/2012	

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