

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G495	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/18/2013
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6338 GRAHAM RD INDIANAPOLIS, IN 46220
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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: 11/18/13</p> <p>Facility Number: 001009 Provider Number: 15G495 AIM Number: 100244970</p> <p>Surveyor: Mark Caraher, 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 building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, in all living areas and in bedrooms. The facility has a capacity of 8 and had a census of 8 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 Prompt with an E-Score of 1.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/21/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S046	<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>1. Based on observation and interview, the facility failed to ensure 1 of 1 extension cords were not used as a substitute for fixed wiring. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation on with the Program Director during a tour of the facility from 12:25 p.m. to 1:00 p.m. on 11/18/13, the refrigerator in the garage was plugged into an extension cord. Based on interview at the time of observation, the Program Director acknowledged the refrigerator in the garage was plugged into an extension cord.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of over 20 electrical boxes in the facility was provided with a cover plate. LSC 9.1.2</p>	K01S046	<p>1. The electrical cord that was found to be in use has been removed, as of 12/3/2013. The Home Manager and Program Director has been retrained on the policy and procedures against the use of any electrical cords. This training includes that the use of the cords could have a potentially negative effect on clients and/or staff. 2. The broken cover plate was removed and replaced with a new cover plate, as of 12/3/2013. The exposed electrical wires were covered as to avoid any negative and potentially harmful situations for clients and/or staff. The Program Director and Home Manager have been retrained on completing expected maintenance related walk-thru inspections on the home to ensure that all maintenance issues are addressed and followed up on in a timely manner, according to Indiana MENTOR policy and procedures. Ongoing, the Home Manager will complete a monthly walk-thru of the home. This will be the time to address all potential maintenance issues that arise during that time. The Home Manager will report all maintenance issues to the either the maintenance personnel, or the maintenance supervisor so that all follow ups will be</p>	12/18/2013	

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	<p>refers to NFPA 70, National Electrical Code. NFPA 70, 1999 Edition, Article 370-25, Covers and Canopies, states, "In completed installations each box shall have a cover, faceplate or fixture canopy." This deficient practice could affect one staff and visitors in the basement.</p> <p>Findings include:</p> <p>Based on observation with the Program Director during a tour of the facility from 12:25 p.m. to 1:00 p.m. on 11/18/13, the wall mounted light switch electrical box in the basement office which houses the main fire alarm panel had a missing cover plate. The aforementioned light switch electrical box had exposed electrical wiring. Based on interview at the time of observation, the Program Director acknowledged the aforementioned light switch electrical box had a missing cover plate which exposed the electrical wiring for the light switch.</p>		completed in a timely manner and appropriately. Responsible Party: Home Manager, Program Director, and Maintenance Personnel.		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT 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><b>IMPRACTICAL</b> 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 the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all 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, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic</p>	K01S056	<p>The fireline backflow will be either repaired or replaced.</p> <p>USAutomatic completes all maintenance and ongoing checks that is required for the fire safety equipment. After any repairs or replacement checks are completed, invoices are sent to Indiana MENTOR for review and findings. The Area Director, Maintenance Supervisor, and/or Regional Director, or other designated Indiana MENTOR personnel, will review all invoices from USAutomatic and determine what follow up is recommended and ensure that it is completed in a timely manner. Responsible Party: Maintenance Supervisor, Area Director, and/or Regional Director, along with USAutomatic</p>	12/18/2013

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	Sprinkler Corporation's "Addendum Report: Deficiencies" documentation dated 09/09/13 during record review with the Regional Director at the Corporate Office from 10:40 a.m. to 11:15 a.m. on 11/18/13, the following was stated in the "Notes" section: "The fireline backflow failed both checks. These check valves need to be repaired or replaced." Based on interview at the time of record review, the Regional Director stated she did not know if the fireline backflow had been repaired or replaced and acknowledged there was no documentation available for review to verify the fireline backflow device had been repaired or replaced on or after 09/09/13.				

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:  Based on review of "Fire Drill Report" documentation with the Regional Director</p>	K01S152	The fire drill schedule for 2013 was written so that drills each month are scheduled in more varied time frames that the previous schedule. The Home Manager and Program Director will ensure staff run all 2013 fire drills and that they are completed per the 2013 schedule monthly which will ensure the drills on all shifts are varied in time frame. Responsible Party: Program	12/18/2013			

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	during record review at the Corporate Office from 10:40 a.m. to 11:15 a.m. on 11/18/13, there is no documentation available of a fire drill being conducted on the first shift for the third quarter of 2013. Based on interview at the time of record review, the Regional Director acknowledged documentation of a fire drill conducted on the first shift for the third quarter of 2013 was not available for review.		Director and Home Manger	