CENTERS FO	T OF HEALTH AND HU R MEDICARE & MEDIC NT OF DEFICIENCIES		(X2) MI	JLTIPLE CC	DNSTRUCTION	FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY			
	OF CORRECTION	RECTION IDENTIFICATION NUMBER: 15G761 B. WING		DING	01	COMPI 11/29	LETED		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD						
					I BEND, IN 46614				
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	]	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION 3 CROSS-REFERENCED TO THE TAG DEFICIENCY)		BE	(X5) COMPLETION DATE		
K0000									
	Survey was con	Code Recertification ducted by the Indiana nt of Health in accordance 33.470(j).	K00	00					
	Survey Date: 1	1/29/12							
	Code Specialist At this Life Safe Dungarvin of Ir in compliance v Participation in Subpart 483.470 and the 2000 ed Protection Asso Safety Code (LS Residential Boa	er: 15G761 200970870 ert Booher, Life Safety							
	sprinklered. The fire alarm system the corridors, cl common living area. The facili	ty has a capacity of 4 and 4 at the time of this							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED:

12/19/2012

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G761		X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET 60650 SOUT	CODE	•	
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG PREFIX TAG PREFIX PREFIX PREFIX PREFIX PREFIX PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE	(X5) COMPLETIO DATE
S A C a C S T T W T	core (E-Score) Ilternative App Chapter 6, rated n E-Score of 0. Quality Review afety Code Sup The facility was with the aforemo	he Evacuation Difficulty using NFPA 101A, roaches to Life Safety, the facility Prompt with 64. by Dennis Austill, Life bervisor on 12/04/12 found not in compliance entioned regulatory evidenced by the				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G761		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			CON	(X3) DATE SURVEY COMPLETED 11/29/2012		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD				
	-				BEND, IN 46614		<b>I</b>	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIO		(X5)	
PREFIX TAG	,	ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETIO DATE	
<\$056	PROMPT Where an autom installed, for eithe coverage, the sys Section 9.7 and is system in accord 32.2.3.5.2. The a supply is docume jurisdiction. Exception No. 1: facilities, an auto accordance with the Installation of and Two Family Manufactured Ho Facilities with mo permitted. Facilities are treat with regard to wa entrance foyers a Exception No. 2: Exception No. 3:	omes, is permitted. ore than eight residents are ties with more than eight ated as two-family dwellings ofter supply. Additionally, are sprinklered.						
	automatic sprinkl with NFPA 13, S of Sprinkler Syste are not required sq. ft and in bath ft., provided that with lath and plas	er system is in accordance tandard for the Installation ems, automatic sprinklers in closets not exceeding 24 rooms not exceeding 55 sq. such spaces are finished ster or material providing a						
	evacuation capal including four sto accordance with	al barrier. In prompt and slow bility facilities up to and ries in height, systems in NFPA 13R, Standard for <sup>5</sup> Sprinkler Systems in						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G761		A. BI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 11/29/2012		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD				
DUNGA	RVIN INDIANA LLC			SOUTH	BEND, IN 46614			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN		(X5)	
PREFIX	,	ICY MUST BE PRECEDED BY		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	O THE APPROPRIATE	COMPLETIC	
TAG		LSC IDENTIFYING INFORM		TAG	DEFICIEN	NCY)	DATE	
		pancies up to an Includi eight, are permitted.	ing					
	Exception No. 5:	Not applicable						
	Exception No. 6.	Initiation of the fire alarr	m					
	system is not rec							
	-	cordance with 33.2.3.5.	5.					
	SLOW							
	Where an autom	atic sprinkler system is						
		er total or partial building	-					
	• • •	stem is in accordance w	rith					
		nitiates the fire alarm						
		ance with 32.2.3.4.1. T						
		water supply is docume aving jurisdiction.	nted					
	evacuation capa	In slow and impractical bility facilities, an automain in accordance with NFP						
		r the Installation of	A					
		s in One and Two Fami	lv					
		anufactured Homes, wit						
	30 minute water	supply, is permitted. All						
		and closets are sprinkler						
		re than eight residents a						
		mily dwellings with rega	rd					
	to water supply.							
	Exception No. 3:	In prompt and slow						
	evacuation capa	pility facilities where an						
		er system is in accordar						
		tandard for the Installation						
		ems, automatic sprinklei						
		in closets not exceeding						
		rooms not exceeding 5	0					
		hat such spaces are and plaster or material						
		inute thermal barrier.						
	Exception No. 4:	In prompt and slow						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G761		A. BI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER				STREET A	IP CODE		
	RVIN INDIANA LLC				BEND, IN 46614		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTIC		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO T DEFICIENCY	HE APPROPRIATE	COMPLETIC DATE
IAU		bility facilities up to and		IAU		,	DATE
		ries in height, systems in					
	-	NFPA 13R, Standard for					
		f Sprinkler Systems in					
		pancies up to and Including					
	Four Stories in H	eight, are permitted.					
	Exception No. 5:	Not Applicable					
	Exception No. 6	Initiation of the fire alarm					
	system is not req						
		cordance with 32.2.3.5.5.					
	MPRACTICAL						
		atic sprinkler system is					
		er total or partial building					
		stem is in accordance with					
		shall initiate the fire alarm					
		ance with 32.2.3.4.1. The water supply isdocumented					
		aving jurisdiction.					
	32.2.3.5.2.						
	Exception No. 1:	Not Applicable.					
		In slow and impractical					
		bility facilities, an automatic					
		in accordance with NFPA or the Installation of					
		in One and Two Family					
		anufactured Homes, with a					
	-	supply, is permitted. All					
		and closets are sprinklered.					
		ore than eight residents are					
		mily dwellings with regard					
	to water supply.						
	Exception No. 3:	Not Applicable.					
	Exception No. 4:	Not Applicable.					
	Exception No. 5:	In impractical evacuation					

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED 01 BUILDING 15G761 11/29/2012 WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 60650 LILAC RD DUNGARVIN INDIANA LLC SOUTH BEND, IN 46614 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. KS056 12/29/2012 Based on observation and interview, the The Service Provider has been facility failed to maintain 1 of 1 sprinkler contacted to come to the home systems in accordance with LSC and replace the special wrench 33.2.3.5.2 which refers to LSC section that is required to be kept in the 9.7. LSC 9.7.5 refers to NFPA 25 sprinkler cabinet along with the spare sprinkler heads. Standard for the Inspection, Testing, and The Maintenance Director and Maintenance of Water-Based Fire Program Director will be trained Protection Systems. NFPA 25, 2-4.1.4 on the following regulations: That requires a supply of at least six spare we will assure that at least six spare sprinkler heads are at the sprinklers be stored in a cabinet on the site for replacement purposes, premises for replacement purposes. The that a minimum of two sprinklers stock of spare sprinklers shall be of each type and temperature proportionate to the types and temperature rating installed shall be provided. Also, that a special sprinkler ratings of the system sprinklers. A wrench shall be provided and minimum of two sprinklers of each type kept in the cabinet to be used in and temperature rating installed shall be the removal and installation of the provided. NFPA 25, 2-4.1.6 requires a sprinklers. Going forward, the Maintenance special sprinkler wrench shall be provided Director or Program Director will and kept in the cabinet to be used in the assure that the spare sprinkler removal and installation of sprinklers. heads are periodically checked This deficient practice could affect all and that there are at least six occupants. spare heads at the site at all times, along with two of each type and temperature rating, and that Findings include: the special wrench is kept in the cabinet with the sprinklers. FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 1VCR21 Facility ID: 011959 If continuation sheet Page 6 of 7

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G761	(X2) MULTIPLE C A. BUILDING B. WING	01	x3) date survey completed 11/29/2012	
	PROVIDER OR SUPPLIEI RVIN INDIANA LLC		60650	ADDRESS, CITY, STATE, ZIP CODE LILAC RD H BEND, IN 46614	-	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIC DATE	
	Based on observed sprinkler cabine p.m. on 11/29/12 sprinklers stored wrench. The Pr indicated he was sprinklers stored	vation of the spare t in the garage at 2:32 2, there were four 1 inside and no sprinkler ogram Counselor s not aware of any other 1 in the facility at the exit 51 p.m. on 11/29/12.		System wide, all Program Director/QMRPs and Area Directors will also review this standard and assure that this concern is being addressed at a Dungarvin ICF-DD's. Person Responsible: Maintenance Director, Program Director	all	