

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G432	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/22/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3606 HIGHWOODS DR N INDIANAPOLIS, IN 46222
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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: 03/22/12</p> <p>Facility Number: 000946 Provider Number: 15G432 AIM Number: 100244570</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 was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS147	<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 interview and review, the facility failed to provide and to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients in the facility. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 states the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire</p>	KS147	<p>A Protection Plan has been written for this group home, as of April 1, 2012.</p> <p>Ongoing, The Protection Plan will be reviewed quarterly, or more as needed, to ensure that staff are aware and trained on how to handle an emergency situation of this matter.</p> <p>Ongoing, The Protection Plan will be made available to all staff in the home, by being placed in the safety book for their use as needed.</p> <p>Completion Date: April 21, 2012</p> <p>Responsible Party: Program Director and Home Manager</p>	04/21/2012	

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	<p>growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the House Manager from 11:00 a.m. to 11:10 a.m. on 03/22/12, a copy of the facility's protection plan and records of staff instruction regarding the protection plan was not available for review. Based on an interview at the time of record review, the House Manager acknowledged the facility's protection plan and records of staff instruction regarding the protection plan was not available for review.</p>			

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions for 3 of 4 third shift fire drills. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Regional Director</p>	KS152	The fire drill schedule for 2012 was written so that drills each month are scheduled in more varied time frames that the previous 2011 schedule. The Home Manager and Program Director will ensure staff run all 2012 fire drills and that they are completed per the 2012 schedule monthly which will ensure the drills on all shifts are varied in time frame. Responsible Party: Program Director and Home	04/21/2012	

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	at the Corporate Office during record review from 10:00 a.m. to 10:35 a.m. on 03/22/12, third shift fire drills conducted on 06/08/11, 09/07/11 and 12/15/11 were conducted at, respectively, 2:00 a.m., 3:00 a.m. and 2:45 a.m. Based on interview at the time of record review, the Regional Director acknowledged third shift fire drills were not conducted under varied conditions.		Manger Completion Date: 4-3-2012		

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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 failed to protect 7 of 7 clients by providing a written policy containing 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 deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the House Manager from 11:00 a.m. to 11:10 a.m. on 03/22/12, the facility did not have a written policy and procedure for an impaired automatic sprinkler system available for review. Based on an interview at the time of record review, the House Manager acknowledged there was no written policy containing 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</p>	KS154	<p>Within 24-48 hours after each fire drill, the Home Manager and/or Program Director will check the fire alarm system. Ongoing, the Home Manager will complete the monthly Home Manage/PD checklist to ensure that all of the alarms are working properly, and will follow up with US Automatic if not. The Direct Support Professionals will be retrained on implementing the Indiana Mentor Fire Safety Watch Policy and Procedures. Responsible Party: Program Director and Home Manger Completion Date: 4-21-2012</p>	04/21/2012			

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	period available for review.			

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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 failed to protect 7 of 7 clients by providing a written policy containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the House Manager from 11:00 a.m. to 11:10 a.m. on 03/22/12, the facility did not have a written policy and procedure for an impaired fire alarm system available for review. Based on an interview at the time of record review, the House Manager acknowledged there was no written policy containing 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 available for review.</p>	KS155	<p>A Protection Plan has been written for this group home, as of April 1, 2012. Ongoing, The Protection Plan will be reviewed quarterly, or more as needed, to ensure that staff are aware and trained on how to handle an emergency situation of this matter. Ongoing, The Protection Plan will be made available to all staff in the home, by being placed in the safety book for their use as needed. All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill. Completion Date:</p>	04/21/2012			

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			4-21-2012 Responsible Party: Home Manager	