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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G088 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 02/01/2013 |
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| NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--MAIN ST | STREET ADDRESS, CITY, STATE, ZIP CODE 411 E MAIN ST PLAINFIELD, IN 46168 |
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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: 02/01/13</p> <p>Facility Number: 000629 Provider Number: 15G088 AIM Number: 100239570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Damar Services Inc.-Main St. 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 two story building with a basement was determined to be nonsprinklered. The facility has a monitored fire alarm system with smoke detection on all levels in corridors and in all living areas. The facility has a capacity of 6 and had a census of 6 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 Prompt with an E-Score of 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/05/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K0130 | <p>Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers located in the facility was inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:45 a.m. to 12:10 p.m. on 02/01/13, the portable fire extinguisher located in the basement had an inspection and maintenance tag lacking monthly inspections for November and December 2012. Based on interview at the time of</p> | K0130 | <p>K 130 NFPA 101 Miscellaneous NFPA 101, Section 4.5.7, requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this code shall thereafter be maintained unless the code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires that extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by inspection. 1. All identified deficient fire extinguishers in the home have received an updated inspection to ensure they are well maintained and operational. The inspection is documented on a tag attached to each extinguisher and includes the month and year of the inspection. 2. All fire extinguishers at the Main St Group Home have received an updated inspection to ensure they are well maintained and operational. All inspections are documented on the tags attached to each extinguisher and include the month and year of the inspections. 3. The facility has contracted with Allied Safety to conduct annual inspections of all fire extinguishers. The facility's Operations and Safety Director is responsible for</p> | 03/03/2013 |

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| | observation, the Home Manager stated no other documentation of monthly fire extinguisher monthly inspections was available for review and acknowledged monthly checks of the portable fire extinguisher located in the basement had not been documented for the aforementioned two month period. | | overseeing the contract and ensuring inspections are completed at least annually. Contact information for the contracted provider is available in the home for any agency staff to contact regarding needed correction of an identified deficiency. The Residential Manager will check all extinguishers in the Main St home monthly and will initial and date when completed. If it is noted during the Residential Manager's check, that an inspection or work is needed, the Residential Manager will immediately contact the Director of Operations and Safety to schedule an inspection or service call. An electronic reminder for the next inspection due date has been entered into the schedules of the QDDPD, Program Director, and Group Home Administrator to ensure the inspection is scheduled and completed. 4. An unbiased reporter assigned by the Safety committee will conduct a monthly environmental Life Safety Survey of the home. This includes checking the 4 extinguishers within the home. Results of the environmental Life Safety Survey are reported to the Damar Quality Plus committee monthly with deficiencies forwarded to the Operations and Safety Director and the Group Home Administrator for immediate corrective action. 5. Systemic | | |

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| | | | changes will be completed by March 3, 2013 | |

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| KS152 | <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 fire drills conducted on the first and third 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</p> | KS152 | K0152 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 | 03/03/2013 | | | |

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| | Documentation" with the Home Manager during record review from 10:45 a.m. to 11:45 a.m. on 02/01/13, documentation of a fire drill being conducted on the third shift in the first quarter of 2012 and on the first shift in the second quarter of 2012 was not available for review. Based on interview at the time of record review, the Home Manager acknowledged documentation of a fire drill being conducted on the aforementioned shifts and quarters was not available for review. | | facility's emergency and disaster plans and procedures. (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. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of the section for any live-in and relief staff that they utilize. 1. The Residential Manager at the Main St Group Home will ensure that the fire drills are completed at least quarterly for each shift of personnel and under varied conditions including random times within the shift during the year. The Residential Manager will ensure that all staff involved in a scheduled fire drill during their shift complete the fire drill documentation forms and route the completed forms to the Residential Manager for evaluation. An additional drill will be completed on 1 st and 3 rd shift (outside the identified | | |

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| | | | <p>non-random time frame) as part of this plan of corrections. The QDDPD shall provide documented training to the Residential Manager and staff on the requirements for completing fire drills at least quarterly for each shift, including the requirement to conduct the drills at random times within each shift. 2. The Residential Manager at the Main St. Group Home will ensure that the fire drills are completed at least quarterly for each shift of personnel and under varied conditions including random times within the shift during the year. The Residential Manager will ensure that all staff involved in a scheduled fire drill during their shift complete the fire drill documentation forms and route the completed forms to the Residential Manager for evaluation. An additional drill will be completed on 2 nd and 3 rd shift (outside the identified non-random time frame) as part of this plan of corrections. 3. The QDDPD shall provide documented training to the Residential Manager and staff on the requirements for completing fire drills at least quarterly for each shift, including the requirement to conduct the drills at random times within each shift. The Residential Manager and shall complete a group home quality inspection at least monthly at the Main St group home. This</p> | |

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| | | | inspection shall include reviewing all evacuation drills to ensure they are completed at least quarterly for each shift and at random times within each shift and that the Residential Manager has evaluated the drill documentation. The QDDPD will check and ensure all drills are completed within the appropriate time frame for each shift to ensure compliance. 4. The Residential Manager shall complete a group home quality inspection at least monthly at the Main St group home. This inspection shall include reviewing all evacuation drills to ensure they are completed at least quarterly and at random times for each shift. An unbiased reporter assigned by the Damar Services Safety Committee conducts a monthly Environmental & Life Safety Survey of the home. Evacuation drill documentation is reviewed as part of this internal survey process. Noted deficiencies in this area will be reported to the Residential Manager for immediate corrections. Results of the Environmental & Life Safety Survey are reported to the Damar PQI committee monthly with deficiencies forwarded to the Operations and Safety Director and the Group Home Administrator for immediate corrective action. The QDDPD will check and ensure all drills are completed within the appropriate | |

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| | | | time frame for each shift to ensure compliance. 5. Systemic changes will be completed by March 3, 2013 | | |