

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 10/21/13</p> <p>Facility Number: 000993 Provider Number: 15G479 AIM Number: 100244950</p> <p>Surveyor: Brett Overmyer, Life Safety Code Supervisor</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 not sprinklered. The facility has a monitored fire alarm system with smoke detection on both levels including the corridors and in common living areas. There were battery operated smoke detectors in four of five client sleeping rooms. The facility has a capacity of 8</p>	K010000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K01S018	<p>and had a census of 8 at the time of this survey.</p> <p>The facility failed to have Centers for Medicare/Medicaid Services (CMS Form 2786M) available for each client at the time of the survey. The facility was provided the opportunity to provide CMS Form 2786M for each client via email and /or fax by midnight of the survey date and were not received. As a result, the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6 could not be calculated and the facility was assigned with the worst case scenario E-Score of 5.1 and rated Impractical.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 1 Laundry room door equipped with a self closure would close and latch into the frame. This deficient practice affects 8 of 8 clients and staff.</p> <p>Findings include:</p> <p>Based on observation and interview on 11/6/14 between 10:00 a.m. and 11:00 a.m. with the Lead DSP, the Laundry room door which had a self closure failed to close. The laundry room door opened to the corridor which was a means of egress for 2 of 5 bedrooms. The Lead DSP acknowledged the aforementioned deficiency.</p>	K01S018	<p>On 11/7/14, the laundry room door equipped with a self closure was repaired to close and latch into frame. The laundry room door now closes properly, ensuring that each individual in the facility is provided the safety of the corridor leading to the bedrooms to be in compliance with the life safety code. This was verified by the maintenance supervisor and the Program Director / QIDP on 11/14/14. All staff working in the home were retrained on 11/7/14 regarding this life safety code standard and the expectation that they are to report maintenance issues in a timely manner during their shift when the need is discovered. Going forward, the Lead Direct Support Professional will complete a monthly site risk checklist. The checklist involves conducting an environmental walk-thru of the facility, one area on the checklist is to ensure all doors properly latch and close. If a need for repair is identified, the Lead DSP is required to complete an immediate maintenance request and forward the request to the maintenance supervisor and Program Director/QIDP. The</p>	11/14/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
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 electrical extension cords was not used as a substitute for fixed wiring. 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 that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice would affect approximately 8 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation and interview on 11/6/14 between 10:00 a.m. and 11:00 a.m. with the Lead DSP, the dining room had a twenty foot orange extension cord connected to a power strip that was plugged into a wall outlet.</p> <p>2) Based on observation and interview,</p>	K01S046	<p>monthly site risk checklist is reviewed monthly by the Program Director /QIDP. It is also completed by the QIDP on a quarterly basis for ongoing quality assurance.</p> <p>On 11/7/14, the maintenance crew completed a full safety sweep of the facility. The orange extension cord which was plugged into the power strip in the dining room was removed from the facility. There were no other extension cords noted to be present in the home. The missing cover plate in the living room was replaced. This ensures that each individual in the home will be free from possible exposure to live parts as required by the safety standard. The removal of the extension cord and replacement of the cover plate was verified by the maintenance supervisor and the Program Director / QIDP on 11/14/14. All staff working in the home were retrained on 11/7/14 regarding this life safety code standard and the expectation that they are to report maintenance issues in a timely manner during their shift when the need is discovered. Going forward, the Lead Direct Support Professional will complete a monthly site risk checklist. The checklist involves conducting an</p>	11/14/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K01S056	<p>the facility failed to ensure 1 of 4 electrical receptacles in the living room was provided with a cover plate. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. 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 8 of 8 client, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 11/6/14 between 10:00 a.m. and 11:00 a.m. with the Lead DSP, in the living room an electrical receptacle next to the bookshelf did not have a cover plate.</p> <p>The Lead DSP acknowledged the aforementioned two deficiencies.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p>		<p>environmental walk-thru of the facility, one item on the checklist is to ensure that there are no extension cords being used as a substitute for fixed wiring and another item on the site risk management checklist is to ensure that there are no missing cover plates or cracked/damaged cover plates in the home. If a need for repair is identified, the Lead DSP is required to complete an immediate maintenance request and forward the request to the maintenance supervisor and Program Director/QIDP. The monthly site risk checklist is reviewed monthly by the Program Director /QIDP. It is also completed by the QIDP on a quarterly basis for ongoing quality assurance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>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 Residential Occupancies up to and Including Four Stories in Height, are permitted.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<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> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL</p> <p>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>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 habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>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 show documentation to Calculate the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, and CMS Form 2786M, "F-1 Worksheet for Rating Residents". All impractical evacuation capability facilities shall be protected through out by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5.2</p> <p>Findings are:</p> <p>Based on record review and interview on 11/6/14 between 9:35 a.m. and 10:00 a..m. with the Lead DSP, the facility failed to provide documentation of CMS Form 2786M, Fire Safety Survey - 2000 Life Safety Code, "F-1 Worksheet for Rating Residents" for 8 of 8 clients. The surveyor gave the facility till midnight of 11/6/14 to email and /or fax the documentation to the surveyor. The surveyor did not receive the documentation. Therefore the facility rates impractical with an E-score of 5.1. This requires the facility to be fully</p>	K01S056	The F-1 worksheets for rating residents were not present in the facility, however, they were faxed to the surveyor on 11/6/14. A copy of the fax cover page, confirmation sheet, and the F-1 sheets for each individual in the home are included as attachments to the plan of correction. Going forward, the F-1 sheets will no longer be maintained at the agency office, but will be kept in the Emergency Safety Binder at the Facility. This binder will also contain the policy and procedure for emergency situations as well as the emergency plan for the facility, monthly evacuation drills, and the most current facility fire alarm panel system assessment by NOBI. The Program Director / QIDP was trained on 11/6/14 on the expectation that the F-1 sheets are to be maintained at the facility and updated on an on-going basis when there are changes with an individuals' health status. The maintenance crew will assess the emergency binder on a monthly basis and report on their monthly assessments the presence of the F-1 worksheets. If the F-1 worksheets are noted to be	11/29/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K01S152	<p>sprinklered. The Lead DSP acknowledged the aforementioned deficiency.</p> <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,</p>	K01S152	missing, the maintenance staff member will notify the Program Director / QIDP immediately. In addition, the Program Director / QIDP will verify the F-1 sheets are accurate, and present in the facility on at least a quarterly basis when completing the site risk management checklist for quality assurance.			12/06/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters and 2 of 3 shifts over the past year.</p> <p>This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>During record review and interview on 11/6/14 between 9:35 a.m. and 10:00 a.m. with the Lead DSP, fire drill documentation for the following periods was not available for review:</p> <p>a) Night shift of the fourth quarter of 2013 nor 2014;</p> <p>b) Day shift of the fourth quarter of 2013 nor 2014;</p> <p>The Lead DSP acknowledged the aforementioned deficiencies.</p>		<p>retrained on 11/7/14 on the expectation that the facility is required to hold quarterly evacuation drills for each shift of personnel. The Program Director / QIDP was reminded that all staff are required to be trained on how to conduct a drill, and to be aware of the facility's emergency and disaster policy and procedure. The Program Director / QIDP will train all staff at the facility by 12/6/14 on the updated facility emergency plan and how to conduct emergency drills. The Program Director / QIDP will also re-train the staff on the expectation of staff to know their job duties and assignments. Going forward, the Program Director / QIDP will assign the emergency drills on the employee shift calendar for the facility. The assignments will include drills for 1st, 2nd, and 3rd shift. The Program Director / QIDP will monitor that the drills were completed on a monthly basis and if an assigned drill was not completed, the PD/QIDP will retrain staff and provide the appropriate level of disciplinary action (if needed). In addition, and to ensure competency and compliance with the standard, if an assigned drill is missed, it will be reassigned as an additional drill the following month. The monthly drills will be documented and located in the facility Emergency Binder. The binder also contains the F-1 worksheets,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			policy and procedure for emergency situations and the facility emergency plan.		