

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G443	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/12/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7310 E 55TH ST INDIANAPOLIS, IN 46226
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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: 11/12/14</p> <p>Facility Number: 000957 Provider Number: 15G443 AIM Number: 100244630</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, sleeping rooms and in all living areas. 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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K010130	<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 Dennis Austill, Life Safety Code Specialist on 11/19/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 smoke barrier doors. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be maintained or removed. 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 11:15 a.m. to 11:55 a.m. on 11/12/14, the smoke barrier door in the west hallway near the living room which is held open by a magnetic hold device and arranged to automatically close did not fully close</p>	K010130	<p>Teike Enterprises fixed the smoke barrier door in the west hallway on 12/1/14 so that it will self-close when the fire alarm system is activated. (see attachment) The fire alarm system was tested and the smoke barrier door now self-closes when the fire alarm system is activated.</p> <p>All direct care staff will be retrained to notify the Home Manager and maintenance staff if there are any issues with the fire alarm system and/or the smoke barrier doors when the fire alarm system is activated to ensure that reports are made so that repairs can be completed in a timely manner.</p>	12/12/2014

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K01S040	<p>and latch into the door frame when tested to close five times. The latching edge side of the door hit the door frame near the floor and prevented the door from fully closing. In addition, the door was warped and resulted in a one inch gap between the latching edge side of the door near the top of the door frame. When the fire alarm system was activated at 11:40 a.m. the magnetic holding device released the door but the door failed to latch into the door frame because the latching edge side of the door hit the door frame near the floor and prevented the door from fully closing. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned smoke barrier door did not fully close and latch into the door frame.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors or paths of travel to a means of escape are not less than 28 inches.</p> <p>Exception: Bathroom doors are not less than 24 inches. 33.2.2.5.1 Based on observation and interview, the facility failed to ensure the path of travel to a means of escape was not less than 28 inches in one of six bedrooms. This deficient practice could affect one of eight clients.</p>	K01S040	<p>Responsible party: Home Manager, Maintenance staff</p> <p>The bed in the northwest bedroom has been moved so that there is at least 28 inches to allow for a means of escape from the exit door.</p> <p>All staff and the Home Manager will receive retraining on ensuring that all exit doors have a path of</p>	12/12/2014			

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K01S043	<p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:55 a.m. on 11/12/14, a sleigh bed was positioned near the exit to the outside of the facility in the northwest bedroom which resulted in a twenty inch wide and six foot long path of egress to the northwest bedroom exit at the foot of the sleigh bed. Based on interview at the time of observation, the Home Manager acknowledged the clear width in the path of egress to the northwest bedroom exit to the outside of the facility at the foot of the sleigh bed was less than 28 inches.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observations and interview, the facility failed to ensure 1 of 6 exit doors was provided with a releasing device having an obvious method of operation and readily operated under all lighting conditions. LSC 33.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4 requires where a latch or other similar device is provided, the method of operation of its releasing device must be</p>	K01S043	<p>travel that is at least 28 inches around it. Training will include ensuring that nothing is blocking the exit doors.</p> <p>Ongoing, the Home manager will complete walkthroughs of the group home a minimum of weekly to ensure that there is nothing blocking any exit doors and that all doors have a path of travel around them that is at least 28 inches.</p> <p>Responsible party: Home Manager, Program Director</p> <p>The exit door from the office to the exterior of the facility has been changed so that it does not have a 2 step locking mechanism.</p> <p>The maintenance staff will receive retraining by the maintenance supervisor regarding ensuring that all exit doors have a single action to unlatch the door.</p>	12/12/2014

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K01S056	<p>obvious, even in the dark. The intention of this requirement is the method of release is one familiar to the average person. Generally, a two step release, such as a knob and independent dead-bolt is not acceptable. In most occupancies, it is important a single action to unlatch the door be present. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:55 a.m. on 11/12/14, the exit door from the office to the exterior of the facility required a two step release to open the door. A door handle and a functional independent dead bolt with a thumb twist opening device on the inside of the door was the two step release to open the door. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned exit door required a two step release to open the door.</p> <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.</p>		<p>Ongoing, the maintenance staff will work with the maintenance supervisor to ensure that all exit doors do not have doorknobs that require a two-step release to unlatch the door.</p> <p>Responsible Party: Maintenance staff, Maintenance supervisor</p>	

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	<p>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> <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>			

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	<p><b>SLOW</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.</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 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</p>			

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	<p>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 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</p>				

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	<p>system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. 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, 2-3.4 states the freezing point of solutions in antifreeze shall be tested annually and the solutions shall be in accordance with Tables 2-3.4(a) and (b). This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Fire &amp; Security "Report of Inspection" documentation dated 07/21/14 with the Home Manager during record review from 10:30 a.m. to 11:15 a.m. on 11/12/14, item 5.c. of the report stated "No" in response to "Were the antifreeze test results satisfactory" in testing at "-15 degrees." Based on interview at the time of record review, the Home Manager stated he did not know if the antifreeze</p>	K01S056	<p>1.US Automatic visited the group home on 11/21/14 to recheck the antifreeze system solution. The antifreeze system solution has been adjusted or replaced as needed. US Automatic has provided documentation of this inspection. (see attachment)</p> <p>Ongoing, the Indiana Mentor maintenance supervisor will work with US Automatic to ensure that all reports are completed thoroughly and accurately and all necessary equipment to be tested is included in all reports. In addition, the maintenance supervisor will work with US Automatic to ensure that when inspections show deficiencies that follow up by the Indiana Mentor maintenance staff or US Automatic is completed so that repairs or adjustments can be made in a timely manner.</p> <p>1.US Automatic visited the group home on 11/21/14 to repair the sprinkler head in the west hallway bathroom that had a missing escutcheon plate. That left a two inch opening in the ceiling. US Automatic has provided documentation of this repair. (see attachment) Ongoing, the Maintenance Supervisor, Regional Director, and/or the Area Director will stay</p>	12/12/2014

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	<p>system had been adjusted or replaced and acknowledged documentation was not available for review to verify the antifreeze system solution had been adjusted or replaced on or after 07/21/14.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of over 10 sprinkler heads in the facility were maintained. NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, Section 2-4.5.7 states escutcheon plates used to create a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. This deficient practice could affect four clients, staff and visitors in the vicinity of the west hallway bathroom.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:55 a.m. on 11/12/14, the west hallway bathroom had a sprinkler head location with a missing escutcheon plate which left a two inch opening in the ceiling. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned sprinkler head had a missing escutcheon plate which left a two inch opening in the ceiling.</p>		<p>in constant contact with the representative from US Automatic to ensure that all work and updates are completed and followed up on.</p> <p>1.US Automatic visited the group home on 11/21/14 to ensure that an extra sprinkler head was provided to the group home to maintain the requirement of having 6 spare sprinkler heads available at all times. (see attachment)</p> <p>The Regional Director and Maintenance Supervisor, in conjunction with US Automatic, will ensure that 6 additional sprinklers are stored in the spare sprinkler cabinet at all times.Ongoing, the Maintenance Supervisor, Regional Director, and/or the Area Director will stay in constant contact with the representative from US Automatic to ensure that all work and updates are completed and followed up on.Responsible Party: US Automatic, Regional Director, and Maintenance Supervisor of Indiana Mentor.</p>		

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	<p>3. Based on observation and interview, the facility failed to keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet. LSC 9.7.5 requires automatic sprinkler systems 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, Section 2-4.1.4 states a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:55 a.m. on 11/12/14, a total of five spare sprinklers were noted on the premises in the spare sprinkler cabinet at the sprinkler system riser in the</p>			

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	laundry. Based on interview at the time of observation, the Home Manager acknowledged a supply of at least six spare sprinklers was not stored in a cabinet on the premises for replacement purposes.				