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 01/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAMAR SERVICES INC--MAIN ST	411 E MAIN ST PLAINFIELD, IN 46168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000				
	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j) Survey Date: 01/23/12 Facility Number: 000629 Provider Number: 15G088 AIM Number: 100239570 Surveyor: Dennis Austill, Life Safety Code Supervisor At this Life Safety Code survey, Damar Services Inc.- Main St. Residence 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. This two story building with a basement was determined to be nonsprinklered. The facility has a monitored fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

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	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. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/27/12. The facility was found not in compliance with the aforementioned requirements as evidenced by:			

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KS147	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			
	Based on observation, and interview, the facility failed to ensure the fire protection plan addressed the use of portable space heaters to ensure only UL approved heaters were used and their proper use was addressed to protect the clients. This deficient practice could affect all the clients in the facility. Findings include: Based on observation with the Residential Manager on 01/23/12 at 4:00 p.m., there was an oil filled electric radiator type space heater in the bedroom for Clients MS and BO, however, it was not plugged in. Based on interview at the time of observation, the Residential Manager acknowledged the space heater was	KS147	**K0147 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 a fire, for keeping persons in place, for evacuating person 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 ia amended or revised whenever a 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	02/22/2012

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	brought in by Client MS's family and it was not addressed in the facility's fire protection plan.		the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available within the facility. 32.71, 33.7.1 1. The space heater in the clients' room has been removed from the group home. The space heater was not being used and is not needed within the home. 2. All client bedrooms have been checked to ensure there are no other items in them which need to be added to the Fire Protection Plan training. All staff will continue to be trained no less than every 2 months on the Fire Protection Plan at the home. Additional training will be added if there is an identified need. 3. The Residential Director will provide documented training to the Residential Manager on items that require additional training added to the Fire Protection plan. The Residential Manager will conduct a monthly quality survey on the home and additional checks will be done by the Residential Director. Periodic temperature checks will be done to ensure that all bedrooms maintain a comfortable temperature for the residents. 4. An unbiased reporter assigned by the Damar Quality Plus committee conducts a monthly environmental Life Safety Survey of the home. Results of the environmental Life Safety Survey are reported to the Damar Quality Plus committee monthly with	

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			deficiencies forwarded to the Operations and Safety Director and the Group Home Administrator for immediate corrective action. 5. Systemic changes will be completed by February 22, 2012	