

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G438	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/25/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7555 GRANDVIEW DR INDIANAPOLIS, IN46260
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(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
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: 10/25/11</p> <p>Facility Number: 000952 Provider Number: 15G438 AIM Number: 100244640</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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 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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K0130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/01/11.</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 ensure 1 of 2 smoke barrier doors held open by devices arranged to automatically close would self close once the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Regional Director during a tour of the facility from 10:30 a.m. to 10:50 a.m. on 10/25/11, the smoke barrier door by the office which is</p>	K0130	<p>Mr. Handyman services went to the group home on 10/26/11 to evaluate the report that the smoke barrier door did not self close when the fire alarm system was activated. The system was repaired and tested to ensure the door self closed when the system was activated. The Home Manager will be retrained on the need to ensure that any issues with the fire alarm system are reported to the Program Director, Area Director and/or maintenance staff or supervisor as soon as the problem is noted to ensure timely repairs. Ongoing, the Home Manager and/or Program Director will complete weekly walkthroughs to the home that include checking the fire alarm system to ensure it is working</p>	11/24/2011	

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	held open by magnetic hold open devices arranged to automatically close did not self close when the fire alarm system was activated two times. Based on interview at the time of observation, the Regional Director acknowledged the smoke barrier door by the office did not self close when the fire alarm system was activated two times.		properly. If any issues are noted, they will be reported to the maintenance staff, maintenance supervisor and/or Area Director so repairs can be scheduled as soon as possible. Responsible Party: Home Manager, Program Director, Maintenance staff, Maintenance supervisor		