

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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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: 10/04/12</p> <p>Facility Number: 000980 Provider Number: 15G466 AIM Number: 100244620</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 6 at the time of this survey.</p>	K0000		
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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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	<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 1.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/05/12.</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 monthly and annual fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 3 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. NFPA 10, 4-4.1 states fire extinguishers shall be subject to maintenance at intervals of not more than one year. NFPA 10, 4-5.1 states all rechargeable type fire extinguishers shall be recharged after any use or as indicated by an inspection or when performing maintenance. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>	K0130	<p>A request has been made to US Automatic Sprinkler Company to schedule a time to inspect and provide annual maintenance to the fire extinguisher in the laundry room.</p> <p>The Home Manager and Program Director will be retrained on ensuring that all fire extinguishers are checked at least monthly to ensure that they are charged. If fire extinguishers need to be recharged, the HM and/or PD will notify the maintenance staff and/or Area Director to ensure that they can be recharged or new ones can be obtained.</p> <p>Ongoing, the HM and/or PD will work with maintenance staff to ensure that all fire extinguishers are checked a minimum of monthly to ensure they are charged. If fire extinguishers need to be recharged, the HM and/or PD will notify the maintenance staff and/or Area Director to ensure that they can be recharged or new ones can be obtained.</p> <p>Responsible party: Direct Care Staff, Home Manager, Program Director, Area Director</p>	11/03/2012			

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	Based on observations with the Home Manager during a tour of the facility from 10:40 a.m. to 11:20 a.m. on 10/04/12, the portable fire extinguisher in the laundry had maintenance inspection tags affixed documenting the most recent monthly inspection was performed in March 2012, and the most recent annual maintenance was performed on 09/12/11. In addition, the portable fire extinguisher pressure gauge indicated it needed to be recharged. Based on interview at the time of the observation, the Home Manager acknowledged the portable fire extinguisher in the laundry was last inspected on a monthly basis in March 2012, it had been more than one year since the most recent annual inspection was performed, and the portable fire extinguisher pressure gauge indicated it needed to be recharged.				

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KS147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Based on record review and interview, the facility failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the facility. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 states the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire</p>	KS147	<p>The staff working in the home will be retrained on Evacuation Drills, including ensuring that drills on different shifts are completed at least quarterly. An Evacuation Drill Schedule is located in the home which includes the type of drill to be completed, the date the drill is to be completed, and the time frame that the drill is to be completed in.</p> <p>All drills are turned into the Quality Assurance Manager for review. The Quality Assurance Manager will return the drill if corrections are needed. The original drill will remain in the home. The Quality Assurance Manager and Area Director will</p>	11/03/2012			

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	<p>growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the Quality Assurance Specialist at the Corporate Office from 9:30 a.m. to 10:30 a.m. on 10/04/12, records of staff instruction and review of the facility's written protection plan were not available for review. Based on interview at the time of record review, the Quality Assurance Specialist acknowledged records of staff instruction regarding the protection plan were not available for review. Furthermore, based on review of "Fire Drill Report" documentation with the Quality Assurance Specialist, no documentation was available for review for fire drills being conducted on the first shift in the fourth quarter of 2011 or in the second quarter of 2012, on the second shift in the third quarter of 2012, or on the third shift in the first quarter of 2012, all spanning periods exceeding two months.</p>		<p>track the drills in a database and forward the database to the Area Director no less than monthly.</p> <p>Responsible Party: Home Manager, Program Director, Quality Assurance Specialist</p>		

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to provide documentation of fire drills conducted quarterly on each shift for 3 of 3 shifts. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report"</p>	KS152	The staff working in the home will be retrained on Evacuation Drills, including ensuring that drills on different shifts are completed at least quarterly. An Evacuation Drill Schedule is located in the home which includes the type of drill to be completed, the date the drill is to be completed, and the time frame that the drill is to be completed in.	11/03/2012			

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	<p>documentation with the Quality Assurance Specialist during record review at the Corporate Office from 9:30 a.m. to 10:30 a.m. on 10/04/12, documentation was not available for review of a fire drill being conducted:</p> <p>a) on the first shift in the fourth quarter of 2011 and in the second quarter of 2012.</p> <p>b) on the second shift in the third quarter of 2012.</p> <p>C) on the third shift in the first quarter of 2012.</p> <p>Based on interview at the time of record review, the Quality Assurance Specialist acknowledged documentation was not available for review of a fire drill being conducted on the aforementioned shifts and quarters.</p>		<p>All drills are turned into the Quality Assurance Manager for review. The Quality Assurance Manager will return the drill if corrections are needed. The original drill will remain in the home. The Quality Assurance Manager and Area Director will track the drills in a database and forward the database to the Area Director no less than monthly.</p> <p>Responsible Party: Home Manager, Program Director, Quality Assurance Specialist</p>		