

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G088	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/04/2015
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--MAIN ST	STREET ADDRESS, CITY, STATE, ZIP CODE 411 E MAIN ST PLAINFIELD, IN 46168
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K 0000 Bldg. 01	<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: 05/04/15</p> <p>Facility Number: 000629 Provider Number: 15G088 AIM Number: 100239570</p> <p>At this Life Safety Code survey, Damar Services Inc.-Main Street 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 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 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		

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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K S018 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</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> <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.</p> <p>Based on observation and interview, the facility failed to ensure door closers had been installed on 1 of 5 sleeping room doors. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:40 a.m. to 12:10 p.m. on 05/04/15, the northeast bedroom corridor door was not provided with a self closing device.</p> <p>Based on interview at the time of observation, the Home Manager acknowledged the aforementioned corridor door was not provided with a self closing device.</p>	K S018	<p>1.The door has been adjusted sothat the positive latch is closing and working correctly.</p> <p>2. All Group homes have been checked to ensurefire doors with positive latches are working correctly. Work order will be submitted when doors arenot latching properly.</p> <p>3.Checking to see that firedoors are latching correctly has been added to the daily envirnomentalcheck. All staff have received trainingon this addition are aware of the need to check daily. Work orders are written upon finding a doordoes not latch. Failure to correctwithin 48 hours will result in additional work order sent and submitted to Dir.ofMainteanance for completion ofcorrection by end of the day.</p>	06/03/2015

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K S020 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4.</p> <p>Exception No. 1: Stairs that connect a story at street level to only one other story are permitted to be open to the story that is not at street level.</p> <p>Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary</p>		4. Daily environmental house checks are completed by staff and reviewed by Residential Manager before submitting to Dir. Of Maintenance. Additional Maintenance staff members will be hired and/or work will be contracted out to ensure timely completion of work orders.	

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	<p>means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating.</p> <p>Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception.</p> <p>Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.</p> <p>IMPRACTICAL Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1, 33.2.3.1.1</p>			

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	<p>Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4. Based on observation, the facility failed to ensure 1 of 2 stairway doors was capable of resisting fire and smoke for at least 1/2 hour. NFPA 101, LSC 2000 Edition, in 8.2.4.3.4 requires doors in smoke barriers to be in accordance with NFPA 80, 1999 Edition, the Standard for Fire Doors and Windows. NFPA 80, states the clearance under the bottoms of doors shall be in accordance with Table 1-11.4. Table 1-11.4 states the maximum clearance for a fire rated swinging door with fire hardware shall be 3/4 inch between the bottom of the door and the floor where no sill exists. 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 11:40 a.m. to 12:10 p.m. on 05/04/15, the clearance for the door at the top of the stairwell by the front entrance was not smoke and fire resistant due to a gap of one and one half inches between the bottom edge of the door and the floor. Based on interview at the time of</p>	K S020	<ol style="list-style-type: none"> The door has been replaced to be in compliance with the gap requirement. All Group homes have been checked to ensure fire doors are in compliance with positive latches and gap requirement. Checking to see that fire doors are latching correctly has been added to the daily environmental check. All staff have received training on this addition are aware of the need to check daily. Work orders are written upon finding a door does not latch. Failure to correct within 48 hours will result in additional work order sent and submitted to Dir. of Maintenance for completion of correction by end of the day. All Maintenance staff have been trained on the requirement of gap allowed in doors Daily environmental house checks are completed by staff and reviewed by Residential Manager before submitting to Dir. Of Maintenance. Additional Maintenance staff members will be hired and/or work will be contracted out to ensure timely completion of work orders. 	06/03/2015

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	observation, the Home Manager acknowledged the clearance at the bottom of the aforementioned stairwell door was greater than 3/4 inch.				