

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/02/2016
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NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--CAMBY RD	STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113
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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: 05/02/16</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>At this Life Safety Code survey, Damar Services Inc.-Camby Rd. 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 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, Alternative Approaches to Life Safety,</p>	K 0000		
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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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K 0130 Bldg. 01	<p>Chapter 6, rated the facility Prompt with an E-Score of 0.1.</p> <p>Quality Review completed on 05/05/16 - DA</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers had pressure gauge readings in the acceptable range. LSC 4.5.6 requires any fire protection system, building service equipment, feature of protection or safe guard provided for life safety shall be designed, installed and approved in accordance with applicable NFPA standards. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.2(g) requires the periodic monthly check shall ensure the pressure gauge reading is in the operable range. 4-3.3.1 requires any fire extinguisher with a deficiency in any condition listed in 4-3.2 (c), (d), (e), (f) and (g) shall be subjected to applicable maintenance procedures. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home</p>	K 0130	<p>1.What corrective actions will be accomplished forthose residents found to have been affected by the deficient practice?</p> <p>1.All fire extinguishers were checked. Ones that were not acceptable were replacedwith new.</p> <p>2.How the facility will identify other residentshaving the potential to be affected by the same deficient practice and whatcorrective action will be taken.</p> <p>1.All fire extinguishers throughout the house werechecked for the same issue.</p> <p>3.What measures will be put into place or whatsystematic changes the facility will make to ensure that the deficient practicedoes not recur.</p> <p>1.Managers, Staff, and Maintenance staff have beentrained to look for this issue any time they are in the home.</p> <p>4.How the corrective action will be monitored toensure the deficient practice will not recur (ie what quality assurance</p>	05/12/2016	

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K S056  Bldg. 01	<p>Manager during a tour of the facility from 11:30 a.m. to 12:00 p.m. on 05/02/16, the pressure gauge on the portable fire extinguisher in the game room showed the extinguisher was undercharged. The inspection tag on the portable fire extinguisher listed the most recent annual inspection was in August 2015 and the most recent monthly inspection was in April 2016. Based on interview at the time of observation, the Home Manager acknowledged the game room portable fire extinguisher pressure gauge indicated the fire extinguisher was undercharged.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>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. 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>program will be put into place).</p> <p>1. This issue will be added to the list of preventive maintenance checks that are done monthly.</p> <p>5. By what date the systemic changes will be completed. Repair was made on 5/12/16, staff were also trained on the 12th, and the issue was added to the preventive maintenance checklist immediately</p>				

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	<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>SLOW 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</p>			

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	<p>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>IMPRACTICAL 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. 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</p>			

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	<p>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 system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure sprinkler waterflow alarm devices were tested for 1 of 4 quarters. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices, including but not limited to, mechanical water motor gongs, and</p>	K S056	<p>1.What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1.Hydro Fire Protection did their annual inspection on 5/12/16. They replaced two sprinklerheads and added anti-freeze to the system. Replacement heads were left onsite. Damar set a schedule with Hydro to be sure that we are scheduled to have the sprinkler</p>	05/11/2016			

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	<p>pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Hydro Fire Protection "Sprinkler System Inspection" documentation for the most recent twelve month period during record review from 10:20 a.m. to 11:30 a.m. on 05/02/16, documentation of quarterly sprinkler system inspection of waterflow alarm devices for the fourth quarter of 2015 was not available for review. In addition, Hydro's "Sprinkler System Inspection" documentation dated 08/09/15 stated the facility's sprinkler system had a ball valve waterflow alarm device. Based on observation with the Home Manager during a tour of the facility from 11:30 a.m. to 12:00 p.m. on 05/02/16, Hydro Fire Protection had affixed one hanging tag to the automatic sprinkler system in the sprinkler riser room indicating a waterflow alarm device inspection was conducted in February 2016. Based on interview at the time of record review and of the observation, the Home Manager acknowledged documentation of quarterly sprinkler system inspection of waterflow alarm devices in the fourth</p>		<p>system tested each quarter.</p> <p>2.How the facility will identify other residentshaving the potential to be affected by the same deficient practice and whatcorrective action will be taken.</p> <p>1.All staff and clients living and working thehouse would have been affected by this issue, and the corrective actions listedabove.</p> <p>3.What measures will be put into place or whatsystematic changes the facility will make to ensure that the deficient practicedoes not recur.</p> <p>1.Damar set a schedule with Hydro to be sure thatwe are scheduled to have the sprinkler system tested each quarter.</p> <p>4.How the corrective action will be monitored toensure the deficient practice will not recur (ie what quality assurance programwill be put into place).</p> <p>1.This issue will be added to the list ofpreventive maintenance checks that are done monthly.</p> <p>5.By what date the systemic changes will becompleted.</p> <p>1.Repair was made on 5/11/16 by Hydro FireProtection, scheduling of future inspections was done through Damar'sFacilities and Maintenance Director, and Damar's Director of Facilities andAssets, and the issues were added to the preventive maintenance checklistimmediately.</p>		

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	<p>quarter of 2015 was not available for review.</p> <p>2. Based on record review, observation 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 Hydro Fire Protection "Sprinkler System Inspection" documentation dated 08/09/15 during record review from 10:20 a.m. to 11:30 a.m. on 05/02/16, the antifreeze solution in the sprinkler system was deficient. The "Deficiencies" section of the aforementioned sprinkler system inspection report stated "Tested solution is not within acceptable range - must be</p>			

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	<p>drained and replaced with factory mixed solution. Antifreeze test at +16." Based on observation with the Home Manager during a tour of the facility from 11:30 a.m. to 12:00 p.m. on 05/02/16, Hydro Fire Protection had affixed one hanging tag to the automatic sprinkler system in the sprinkler riser room dated February 2016 which did not indicate the status of the sprinkler system antifreeze solution. Based on interview at the time of record review and of the observation, the Home Manager stated he did not know if the antifreeze 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 08/09/15.</p> <p>3. Based on observation and interview, the facility failed to:</p> <p>a. keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet.</p> <p>b. keep a special sprinkler wrench in the spare sprinkler cabinet to be used in the removal and installation of sprinklers.</p> <p>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</p>			

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	<p>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). NFPA 25, Section 2-4.1.8 states sprinklers shall not be altered in any respect after shipment from the place of manufacture. NFPA 25, Section 2-4.1.6 states a special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Home Manager during a tour of the facility from 11:30 a.m. to 12:00 p.m. on 05/02/16, a spare sprinkler cabinet, spare sprinklers and a special sprinkler wrench were not provided on the premises. Based on interview at the time of the observations,</p>			

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K S152 Bldg. 01	<p>the Home Manager acknowledged a spare sprinkler cabinet, spare sprinklers and a special sprinkler wrench were not provided on the premises.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the second shift for 3 of 4 quarters. This deficient</p>	K S152	1.A fire drill will be conducted for 2nd shift atthe Camby Street group home by 5/18/16. The Manager will oversee and ensure that a 2nd shift fire drill is	05/19/2016

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	<p>practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Home Manager during record review from 10:20 a.m. to 11:30 a.m. on 05/02/16, fire drills conducted on the second shift on 06/20/15, 08/28/15 and 02/04/16 were conducted at, respectively, 7:10 p.m., 6:20 p.m. and 6:10 p.m. Based on interview at the time of record review, the Home Manager acknowledged the aforementioned second shift fire drills were not conducted under varied conditions.</p>		<p>executed 1x every quarter thereafter. The documented fire drills will be kept in the fire/tornado drill binder and will be accessible to all needed parties.</p> <p>2. All residents will be assessed annually and during each evacuation drill for their ability to evacuate the home. All fire drills for the home have been completed in accordance with regulatory standards. The evacuation drills are documented on a tracking sheet for each shift and are located in the Fire/Tornado Drill binder located in the home office.</p> <p>3. The Group Home Manager and staff will receive documented training regarding the regulatory requirements for evacuation drills. The Group Home Manager and QIDP will assign designated times and dates for drills to occur and monitor the completion and documentation of each drill.</p> <p>4. PQI has added a new indicator to monitor fire drills compliance for greater oversight and monitoring. The Damar safety committee also reviews data regarding fire and tornado drill completion and compliance.</p> <p>1. Systemic changes will be completed by May 19, 2016.</p>		