

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G761	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD SOUTH BEND, IN 46614
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K010000	<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: 11/05/14</p> <p>Facility Number: 011959 Provider Number: 15G761 AIM Number: 200970870</p> <p>Surveyors: Brett Overmyer, Life Safety Code Supervisor, Thomas Forbes, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Dungarvin Indiana LLC 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. There were also battery operated smoke detectors in client sleeping rooms and in common living</p>	K010000		
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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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K01S051	<p>areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <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 1.3.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/08/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on record review, observation, and interview; the facility failed to ensure there was documentation for the testing battery operated smoke detectors in resident rooms and common areas. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. This deficient practice could affect 4 of 4 residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p>	K01S051	<p>K0051</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The Program Director/QDDP, Lead DSP, and Maintenance Coordinator will be retrained on this standard. There are no battery operated smoke detectors in the facility; all are hard-wired into the fire alarm system and are inspected and maintained according to this Standard. The</p>	12/12/2014			

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K01S056	<p>Based on review of the facility's records 11/05/2014 at 1:38 p.m. with the Lead Support Professional, the annual fire alarm system inspection report dated 01/13/14 did not include the testing of battery operated smoke detectors. During an interview, the Lead Support Professional indicated there was no documentation available to show when batteries were checked or replaced or any other testing or maintenance to the battery operated smoke detectors in resident rooms and common areas.</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 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. 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.</p>		<p>Program Director/QDDP and Lead DSP will be retrained on ensuring all inspection and maintenance documentation concerning the fire alarm system documentation is filed at the facility and available for review at any time. At least weekly, the Program Director/QDDP will check the Life Safety Book at the facility to ensure all inspections/maintenance on the fire alarm system have been completed per regulations and that the documentation has been filed in the book per procedure, and available for review, to ensure compliance.</p> <p>Will be completed by: 12/12/14</p> <p>Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Coordinator.</p>		

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	<p>Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <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 an 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 initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p>						

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	<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 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</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 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm</p>			

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	<p>system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>32.2.3.5.2.</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 system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</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 stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</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 observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition and inspected and tested periodically.</p>	K01S056	<p>K0056</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The Maintenance Coordinator has</p>	12/12/2014			

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	<p>NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect 4 of 4 residents including staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Lead Evening Support Professional at 2:08 p.m. on 11/05/14, the sprinkler system located in the gerage had one of two pressure gauges with a date indicating the gauge was manufactured in 2007. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the gauge was manufactured in 2007.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler system components was inspected quarterly for 3 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this</p>		<p>been retrained on this standard. 1. The sprinkler pressure gauge that is over five years old has been replaced. The Maintenance Coordinator has added calibration checks of the sprinkler gauges to the Maintenance monthly site inspections, in order to ensure all gauges have been tested, recalibrated, or replaced every five years, per Code. 2. The 4th quarter 2013 sprinkler system inspection was completed on 10/15/13; the 1st quarter 2014 sprinkler system inspection was completed on 1/30/14; the 2nd quarter 2014 sprinkler system inspection was completed on 4/28/14. These have been filed in the facility's Life Safety book and have been uploaded with this Plan of Correction for review. The Program Director/QDDP and Lead DSP will be retrained on ensuring all inspection and maintenance documentation concerning the fire alarm system and sprinkler system documentation is filed at the facility and available for review at any time. To ensure compliance, at least weekly, the Program Director/QDDP will check the Life Safety Book at the facility to ensure all inspections/maintenance on the fire alarm and sprinkler systems have been completed per regulations and that the documentation has been filed in the book per procedure, and available for review.</p> <p>Target Date of Completion:</p>				

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	<p>Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect 4 of 4 residents, all staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on sprinkler system record review with the Lead Evening Support Professional at 1:37 p.m. on 11/05/14; there was no first quarter 2014, second quarter 2014, and fourth quarter 2013 sprinkler system inspection report available. Based on interview the Lead Evening Support Professional during record review indicated there was no written documentation or other evidence the sprinkler system had been inspected during the first, second</p>		<p>12/12/14</p> <p>Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Coordinator.</p>				

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K01S119	<p>quarters of 2014, and fourth quarter 2013.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Other hazardous areas are protected in accordance with 32.2.3.2.3 by one of the following:</p> <p>(1) An enclosure having a fire resistance rating of not less than ½ hour, with a self-closing or automatic closing door in accordance with 7.2.1.8 that is equivalent of not less than 1¾ inch (4.4 cm) thick, solid-bonded wood core construction and is protected by an automatic fire detection system connected to the fire alarm system provided in 32.2.3.1.</p> <p>(2) Automatic sprinkler protection in accordance with 32.2.3.5, regardless of enclosure.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 doors to the garage, a hazardous area, was provided with self closing devices causing the door to automatically close and latch into the door frame. This deficient practice could affect 4 of 4 residents including visitor and staff.</p> <p>Findings include:</p> <p>Based on an observation with the Lead Support Professional on 11/05/14 at 2:10 p.m., the door to the garage did self close but failed to latch into the frame. The garage contained a five gallon gas can</p>	K01S119	<p>K0119</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The Maintenance Coordinator has been retrained on this standard. On 11/7/14, new spring hinges were added to the door to the garage to ensure it self-closes and latches into the frame. The Maintenance Coordinator will check and ensure, at least quarterly, that all required self-closing doors self-close and latch.</p> <p>Target Date of Completion: 11/7/14</p>	11/07/2014	

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K01S147	<p>surrounded by ripped up furniture and exposed foam cushions. This was acknowledged by the Lead Support Professional at the time of observation.</p> <p>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 fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person 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 no 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 include the proper operation of the fire extinguishers in the written fire safety plan to protect 4 of 4 clients. This deficient practice affects all clients in the facility.</p> <p>Findings include</p> <p>Based on observation during record review with the Lead Evening Support</p>	K01S147	<p>Persons Responsible: Maintenance Coordinator.</p> <p>K0147</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Operating procedures for fire extinguishers are printed on each fire extinguisher located in the facility. All fire extinguishers are checked monthly by maintenance personnel and yearly by S&H Carbonic, and documentation of inspections are noted on the inspection tags that are</p>	11/07/2014			

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K01S149	<p>Staff on 11/06/2014, at 1:34 p.m., "The Policy and Procedure For Emergency Situations" under fire response fail to show the proper procedure for the operation of the fire extinguishers located within the facility. The Lead Evening Support staff confirmed that the proper operation of the fire extinguishers was not located in policy.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observations, interview, and record review; the facility failed to enforce the facility wide smoking regulations of designated locations for smoking. The facility also failed to ensure cigarette butts were deposited into a noncombustible container which was provided for 1 of 1 areas where smoking was permitted. This deficient practice could affect staff, visitors and 4 residents.</p> <p>Findings include:</p> <p>Based on observations on 11/05/14 at 1:14 p.m. with the Lead Evening Support Professional (LESP), there was a non-smoking area three feet outside of the main entrance of the facility where a</p>	K01S149	<p>located on each fire extinguisher.</p> <p>Target Date of Completion: 11/7/14</p> <p>Persons Responsible: Maintenance Coordinator.</p> <p>K0149</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The Program Director/QDDP, Lead DSP, and Maintenance Coordinator have been retrained on this standard. The Program Director/QDDP and Lead DSP have been retrained to ensure all staff are following Policy/Procedure in regards to the designated smoking area at the facility. The smoking area and noncombustible safety type receptacle has been moved to the required distance from the entrance to the home, all cigarette butts have been picked up, and all staff have been retrained on the Policy/procedure regarding</p>	12/12/2014			

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	<p>smoking area was set up, also there were 25 cigarette butts strewn about on the patio and in the mulch around the patio. Furthermore, Another 25 cigarette butts were observed in grass along garage driveway which was the designated smoking area.</p> <p>Based on interview, the LESP acknowledged that people was smoking on the patio 3 feet from the main entrance. The LESP Also acknowledged that there were cigarette butts on the ground around the entrance patio and in the grass, instead of using the approved long neck vessel which was provided in the smoking area.</p>		<p>designated smoking areas. At least weekly, the Program Director/QDDP will check the areas around the facility to ensure there are no cigarette butts on the ground, that the designated smoking area remains in the same place, and that all staff are adhering to the policy/procedure concerning the designated smoking area. Staff that do not adhere to this policy will receive disciplinary action up to, and including termination.</p> <p>Will be completed by: 12/12/14</p> <p>Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Coordinator.</p>		