

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  09/24/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7555 GRANDVIEW DR 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: 09/24/12</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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Impractical with an E-Score of 6.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/26/12.</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>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 1 of 2 portable fire extinguishers. NFPA 101, Section 4.5.7, requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Program Director during a tour of the facility from 10:55 a.m. to 11:40 a.m. on 09/24/12, the portable fire extinguisher located in the west hallway had an inspection and maintenance tag indicating the last yearly inspection date was March 2011. Based on interview at the time of observation, the Program Director acknowledged the portable fire extinguisher located in the west hallway room had an inspection and</p>	K0130	<p>K130 A request has been made to US Automatic Sprinkler Company to schedule a time to complete the annual inspection and the 6 year maintenance on the fire extinguisher in the west hallway and to provide Indiana Mentor with evidence that the inspections have been completed.</p> <p>Ongoing, the maintenance staff and maintenance supervisor will work with US Automatic Sprinkler Company to ensure that all inspections are completed according to schedule and recommendations of deficiencies in any inspection reports are followed up on in a timely manner.</p> <p>Responsible party: Maintenance staff, maintenance supervisor.</p>	10/24/2012			

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	<p>maintenance tag indicating the last yearly inspection date was March 2011.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 2 fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. NFPA 101, Section 4.5.7, requires any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Program Director during a tour of the facility from 10:55 a.m. to 11:40 a.m. on 09/24/12, the portable fire extinguisher located in the west hallway had an affixed label and collar stating the most recent six year maintenance had been performed in February 2006. Documentation of six year maintenance performed after February 2006 was not available for</p>			

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	review. The portable fire extinguisher's manufacturer label indicated it is a stored pressure fire extinguisher. Based on interview at the time of observation, the Program Director acknowledged the portable fire extinguisher located in the west hallway was past due for the six year maintenance procedure.			

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KS014	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 5 bedrooms, the west hallway and the entrance hallway was rated Class A or Class B. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Program Director during a tour of the facility from 10:55 a.m. to 11:40 a.m. on 09/24/12, wood paneling is installed on each wall from floor to ceiling of the northwest bedroom, in the west hallway and on the kitchen side of the entrance hallway. Based on interview at the time of the observations, the Program Director was unaware if the wood paneling was treated with a fire retardant material and acknowledged there was no documentation available to show the flame spread rating for the wood paneling was Class A or Class B.</p>	KS014	<p>US Automatic has been contacted to verify if the wood paneling in the west hallway, the northwest bedroom and the kitchen side of the entrance has been treated with fire retardant material. If it is found that the paneling has not been treated US Automatic will treat all areas and provide documentation that the flame spread rating for the wood paneling is Class A or Class B.</p> <p>Ongoing, the maintenance staff and maintenance supervisor will work with US Automatic Sprinkler Company to ensure that all wood paneling has been treated so that the flame spread rating is Class A or Class B and documentation is provided to verify this.</p> <p>Responsible party: Maintenance staff, maintenance supervisor.</p>	10/24/2012	

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KS056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT 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>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</p>			

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	<p>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 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>			

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	<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><b>IMPRACTICAL</b> 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 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</p>			

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	<p>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. Based on observation and interview, the facility failed to ensure 5 of 6 bedroom closets in an impractical rated facility were sprinklered. This deficient practice could affect 5 of 6 clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Program Director during a tour of the facility from 10:55 a.m. to 11:40 a.m. on 09/24/12, all bedroom closets in the facility except for the southeast bedroom closet did not have an automatic sprinkler head installed in the closet. Based on interview at the time of record review, the Program Director acknowledged five of six bedroom closets in the facility did not have an automatic sprinkler head installed in the closet.</p>	KS056	<p>The original F1 forms that were submitted were inaccurately scored and corrected forms will be provided to the surveyor at the revisit. If the E-score is recalculated and still rated as "Impractical" Indiana Mentor will work to ensure that sprinklers are placed in all bedroom closets as needed to fulfill the regulations as soon as possible.</p> <p>Responsible Party: Area Director, maintenance staff, maintenance supervisor</p>	10/24/2012

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KS152	<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 practice affects all clients, staff and visitors.</p> <p>Findings include:  Based on review of "Fire Drill Report" documentation with the Regional Director</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.	10/24/2012	

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	during record review at the Corporate Office from 9:30 a.m. to 10:40 a.m. on 09/24/12, fire drills conducted on the second shift on 11/07/11, 05/09/12 and 08/07/12 were conducted, respectively, at 6:00 p.m., 6:00 p.m. and 6:38 p.m. Based on interview at the time of record review, the Regional Director acknowledged second shift fire drills for three of four quarters were not conducted under varied conditions.		<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>The fire drill schedule for 2012 was written so that drills each month are scheduled in more varied time frames than the previous 2011 schedule. The Home Manager and Program Director will ensure staff run all 2012 fire drills and that they are completed per the 2012 schedule monthly which will ensure the drills on all shifts are varied in time frame.</p> <p>Responsible Party: Home Manager, Program Director, Quality Assurance Specialist</p>		