

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G484	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2013
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 50605 WYANDOTTE GRANGER, IN 46530
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K020000	<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: 10/09/13</p> <p>Facility Number: 000998 Provider Number: 15G484 AIM Number: 100239800</p> <p>Surveyor: Robert Booher, 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility is not sprinklered. The facility has a monitored fire alarm system with smoke detection in the corridor, in the client sleeping rooms and in the common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p>	K020000		
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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 1.12.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 10/10/13</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K020130	<p>Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice affects all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observations with the Lead Counselor between 1:58 p.m. and 2:00 p.m. on 10/09/13, the service and inspection tags for the portable fire extinguishers located in the kitchen and in the dining room lacked documentation of a monthly inspection for September of 2013. The tag on each fire extinguisher indicated the last monthly check was conducted on 08/06/13. The Lead</p>	K020130	K130The Program Director, Maintenance Director, and Lead Counselor will be retrained on this expectation. The fire extinguishers in the home will be checked monthly for compliance with this code, and the Program Director will ensure that the person doing the inspection records their initials and the date on the service card. The Program Director will note that this has been completed on the Monthly Site Risk Management checklist, and a copy of this checklist will be given to the Program Coordinator for review and follow up. System wide, all Program Director/QDDP's will review this standard and ensure that this requirement is being applied to all Dungarvin ICF's. Persons Responsible: Program Director, Maintenance Director, Lead Counselor	11/08/2013	

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	Counselor acknowledged at the time of observations, the fire extinguishers had not been inspected since 08/06/13.				

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K02S152	<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 ensure fire drills were conducted quarterly on each shift for 2 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include: Based on review of the Fire Drill Records at 1:33 p.m. on 10/09/13 with the Lead</p>	K02S152	The Program Director had identified that this was an issue several months ago and completed retraining with the Lead Counselor when the issue was found. Going forward, the evacuation drills will be completed according to the requirement, including fire drills being conducted at various times and under various conditions. Copies of the evacuation drills will	11/08/2013	

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	Counselor, there was no record of a fire drill for the second shift during the first quarter of 2013 or for the third shift during the second quarter of 2013. The Lead Counselor indicated he was aware of this problem when it was brought to his attention at the end of the record review.		be sent to the Administrative Coordinator for tracking on a monthly basis. A report will be sent to the Program Director and Area Director following that tracking to notify administrative staff if any evacuation drills are not submitted according to this standard. System wide, all Program Directors and Area Directors will review this standard and assure that this concern is being addressed at all Dungarvin ICF's. Persons Responsible: Program Director, Administrative Coordinator, House Lead Counselor, Area Director		