

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G601	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2012
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NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 E THOMPSON RD INDIANAPOLIS, IN 46237
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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: 02/06/12</p> <p>Facility Number: 001183 Provider Number: 15G601 AIM Number: 100240080</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor</p> <p>At this Life Safely Code survey, Tangram 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 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 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K0000		
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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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.5</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS018	<p>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 2 of 6 doors to client sleeping rooms were provided with a functioning latch or other mechanism suitable for keeping the doors closed. This deficient practice could affect 2 of 6 clients.</p> <p>Findings include:</p> <p>Based on observation between 9:45 a.m. and 10:00 a.m. on 02/06/12 with the Home Manager, the door to the northwest bedroom could not be closed and latched because the latch was not catching into the frame and the northeast bedroom door could not be latched because there was an over-the-door metal rack on the door preventing the door from fully closing. Based on interview during the time of observation, the Home Manger acknowledged both bedroom doors could not be closed and latched.</p>	KS018	<p>Tangram has maintenance scheduled for February 14, 2012 to analyze the repairs necessary to the northwest bedroom door. All necessary repairs to the door to ensure that it can latch properly will be completed by the above deadline. The over-the-door metal rack that prevented the northeast door from fully closing has been removed, as it was not a permanent fixture to the door. The maintenance person will install a permanent hook on the back of the northeast door, if possible and which would not interfere with the proper closing of the door, so that the client can hang her personal items on the back of her door as she chooses.</p>	03/07/2012

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KS147	<p>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 persons 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 not 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 review and interview, the facility failed to ensure staff reviewed the "Individual Emergency Preparedness Plan" at least every 2 months for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the home. This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review and interview with the Home Manager on 02/06/12 from 10:00 a.m. to 12:30 p.m., the facility has a written copy of a fire safety protection plan, but it was only reviewed by staff on an annual basis.</p>	KS147	<p>The QMRP/Program Manager has created a Protection Plan Form that will be utilized at staff meetings to assist staff in reviewing each client's current status with regard to emergency preparedness and staff response. This form will be utilized in conjunction with Tangram's Individual Emergency Preparedness Plan. The QMRP/Program Manager will use this form at least every two (2) months and review information for each client related to special staff response, including fire protection procedures, in order to ensure the health and safety of the six (6) clients in the home.</p>	03/07/2012	

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KS152	<p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>(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.</p> <p>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 completed quarters. This deficient practice could affect all the clients.</p> <p>Findings include:</p> <p>Based a review of "Emergency Safety Skills Drill" records at 10:30 a.m. on 02/06/12 with the Home Manger, there</p>	KS152	The QMRP/Program Manager has added a new drill form for 2012 to the home's drill binder. Additionally, the drill schedule has been added to the QMRP/Program Manager's calendar and at the calendar in the home to ensure that all staff are aware of when drills should occur. The QMRP/Program Manager will review all required drills to ensure that they are occurring on a timely and consistent basis, in accordance with state standards.	03/07/2012
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	was no record of a overnight shift (10:00 p.m. to 6:00 a.m.) fire drill for the fourth quarter of 2011 or a first shift (6:00 a.m. to 2:00 p.m.) fire drill for the third quarter of 2011. The lack of the aforementioned fire drill records was acknowledged by the Home Manger at the time of record review.			
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