

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/01/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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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: 04/01/16</p> <p>Facility Number: 000836 Provider Number: 15G318 AIM Number: 100243940</p> <p>At this Life Safety 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 two story building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, client sleeping rooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.4.</p> <p>Quality Review completed on 04/06/16 - DA</p> <p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 1 of 3 portable fire extinguishers. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 states 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, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 04/01/16, the portable fire extinguisher located in the den had an</p>	K 0130	<p>1. US Koorsen Fire and Security visited the group home on 4/14/16 to complete the annual check of the sprinkler and fire alarm systems. Koorsen Fire and Security has provided documentation of this inspection. (see attachment)</p> <p>Ongoing, the Indiana Mentor maintenance supervisor will work with Koorsen Fire and Security to ensure that all reports are completed thoroughly, accurately, within designated time frames and all necessary equipment to be tested is included in all reports. In addition, the maintenance supervisor will work with Koorsen Fire and Security to ensure that when inspections show deficiencies that follow up by the Indiana Mentor maintenance staff or Koorsen Fire and Security is completed so that repairs or adjustments can be made in a timely manner.</p> <p>2. Program Coordinator and</p>	05/01/2016

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	<p>inspection and maintenance sticker attached indicating the most recent yearly inspection date was January 2015. Based on interview at the time of observation, the DSP acknowledged the portable fire extinguisher located in the den had an inspection and maintenance tag indicating the most recent inspection date was January 2015.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to 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 that an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p>		<p>Program Director have received retraining on ensuring that monthly inspections of each fire extinguisher in the home are being completed and staff are initialing to show documentation of completion to show that the fire extinguishers are available and will operate.</p> <p>Ongoing, the Program Coordinator and/or Program Director will ensure that monthly inspections of each fire extinguisher in the home are being completed and staff are initialing to show documentation of completion to show that the fire extinguishers are available and will operate. Area Director will complete random pop in visits a minimum of quarterly to ensure that fire extinguishers inspections are being completed and signed off on regularly.</p> <p>Responsible party: Program Coordinator, Program Director, Maintenance Supervisor</p>		

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K S053 Bldg. 01	<p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 04/01/16, the portable fire extinguisher located in the den had an affixed inspection and maintenance tag lacking documentation of monthly inspections after February 2015. Based on interview at the time of observation, the DSP stated no other documentation of monthly portable fire extinguisher inspections was available for review and acknowledged documentation of monthly inspections for the fire extinguisher in the den for the most recent twelve month period was not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical</p>			

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	<p>system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review and interview, the facility failed to ensure all facility smoke detectors were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an</p>	K S053	<p>US Koorsen Fire and Security visited the group home on 3/31/16 to complete the annual check of the sprinkler and fire alarm systems including sensitivity testing. Koorsen Fire and Security has provided documentation of this inspection. (see attachment)</p> <p>Ongoing, the Indiana Mentor maintenance supervisor will work with Koorsen Fire and Security to ensure that all reports are completed thoroughly, accurately, within designated time frames and all necessary equipment to be tested is included in all reports. In addition, the maintenance supervisor will work with Koorsen Fire and Security to ensure that when inspections show deficiencies that follow up by the Indiana Mentor maintenance staff or Koorsen Fire and Security is completed so that repairs or adjustments can be made in a timely manner.</p>	05/01/2016	

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	<p>increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Direct Services Provider (DSP) from 11:55 a.m. to 12:30 p.m. on 04/01/16,</p>		Responsible party: Maintenance Supervisor	

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K S152 Bldg. 01	<p>documentation of facility smoke detector sensitivity testing within the most recent two year period was not available for review. Based on interview at the time of record review, the DSP acknowledged written smoke detector sensitivity testing documentation for the most recent two year period for all facility smoke detectors was not available for review.</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</p>			

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	<p>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 provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Direct Services Provider (DSP) during record review from 11:55 a.m. to 12:30 p.m. on 04/01/16, documentation of a fire drill conducted on the first shift in the third quarter of 2015 was not available for review. Based on telephone interview with the Home Manager at 12:30 p.m. on 04/01/16, additional fire drill documentation was not available for review. Based on interview at the time of record review, the DSP and the Home Manager acknowledged documentation of a fire drill conducted on the first shift in the third quarter of 2015 was not available for review.</p>	K S152	<p>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.</p> <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>Responsible Party: Home Manager, Program Director, Quality Assurance Specialist</p>	05/01/2016