

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G088	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/27/2014
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NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--MAIN ST	STREET ADDRESS, CITY, STATE, ZIP CODE 411 E MAIN ST PLAINFIELD, IN 46168
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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: 03/27/14</p> <p>Facility Number: 000629 Provider Number: 15G088 AIM Number: 100239570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Damar Services Inc.-Main St. 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 not sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors and in all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</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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	<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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/31/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S152	<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. 1. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first and second shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:  Based on review of "Fire Drill"</p>	K01S152	<p>1. Evacuation drills are to be held quarterly foreach shift of personnel. A yearlycalendar is submitted to the Group Homes upon the beginning of the year. The calendar schedule indicates per monthwhich shift is to participate in a drill. At the beginning of each month, Dir.of Maintenance alerts all homes and Managers to which shift is designated tocomplete the drill.</p>	04/26/2014			

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	<p>documentation with Direct Care Services (DCS)-first shift staff # 1 during record review from 9:25 a.m. to 10:15 a.m. on 03/27/14, there is no documentation available for review of a fire drill being conducted on the first and second shift for the third quarter of 2013. Based on interview at the time of record review, DCS-first shift staff # 1 acknowledged documentation of fire drills conducted on the first and second shift for the third quarter of 2013 was not available for review.</p> <p>2. Based on record review and interview, the facility failed to provide complete documentation for fire drills conducted 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" documentation with Direct Care Services (DCS)-first shift staff # 1 during record review from 9:25 a.m. to 10:15 a.m. on 03/27/14, documentation for the fourth quarter 2013 fire drill conducted on 11/22/13 on the second shift did not include the time of day the fire drill was conducted. Based on interview at the time of record review, DCS-first shift staff # 1 stated the aforementioned fire</p>		<p>Once drill is completed – the evacuation from is completed, copied and submitted to the Dir.of Maintenance for record The originaldocumentation is secure in the appropriate evacuation book.</p> <p>2. At thebeginning of each month, Dir. of Maintenance alerts all homes and Managers tow hich shift is designated to complete the drill. Mid-month a compliance email is sent to allacknowledging those that have complete the drill. A reminder statement indicating the designatedshift is included in this email. At thebeginning of the final week of the month another compliance and reminder emailssent out to all homes and managers. Thisemail information is also sent to the Dir. of Group Home if a home is out ofcompliance. If a home has not completeda drill by this time – Dir. of Group Homes arranges a date for the drill to beconducted. The Residential Manager willensure that the drill is completed. 3.The Residential Manager will ensure that alldrills are complete as required. Ayearly calendar is submitted to the Group Homes upon the beginning of the year. The calendar schedule indicates per monthwhich shift is to participate in a drill. At the beginning of each month, Dir.of Maintenance alerts all homes and Managers to which shift is designated tocomplete the drill. <b>The Residential Manager</b></p>				

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	drill occurred on the second shift but acknowledged documentation for the fourth quarter 2013 fire drill conducted on 11/22/13 did not include the time of day the fire drill was conducted.		<i>indicates this information by documenting thison the home calendar (in staff office) and on this specific date within thestaff communication book.</i> Reminders emails are sent out throughout the month from the Dir. of Maintenance. Dir.of Group Homes may schedule the drill if needed and the Residential Managerwill ensure that the drill is completed. 4. The Dir. of Group Homes is required to completea monthly House Check. Verification thatan evacuation drill is scheduled and/or has been completed is included in thischeck. If a drill has not been scheduled during theHouse check – the Dir. of Group Homes will schedule a time for this drill to becompleted. This will be communicated tostaff with documentation on the home calendar and documented on the specificdate within the staff communication book. This information will be communicated to the Residential Manager. Disciplinary action (in the form of anEmployee Performance Report) will immediately occur for any that fail tocomplete an evacuation drill as required. Likewise; a higher score is givento those on their annual evaluation if they are in compliance.		

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K01S155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Policies &amp; Procedures: Fire Watch" documentation with Direct Care Services (DCS)-first shift staff # 1 during record review from 9:25 a.m. to 10:15 a.m. on 03/27/14, the facility's written policy and procedure for fire alarm system impairment stated the authority having jurisdiction would be notified but did not state the Indiana State Department of Health would be notified. Based on interview at the time of record review, DCS-first shift staff # 1 acknowledged the written fire watch policy did not include notification of the</p>	K01S155	<p>1. The Fire Watch policy has been updated and now includes the necessary step of contacting the State Department of Health.</p> <p>2. All other ICF/MR Group Homes have been provided a copy of the updated policy. They will be located within the Monthly Fire Drill folder or notebook.</p> <p>3. Routine checking for the Fire Watch policy will be added to the monthly maintenance house check which are completed by Maintenance staff</p> <p>4. All Residential Managers have received and been trained on the updated policy. All direct care staff will receive training on the updated policy. New employees to the home will receive training during their orientation period. Periodical checks will be completed by the Residential Manager to ensure the Fire Watch policy is located in the proper place. Work order will be completed if needed to request a needed copy. Monthly reviews of work orders are completed by the Dir. of Maintenance each month</p>	04/26/2014	

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	Indiana State Department of Health.		to ensure work orders submitted have been addressed.		