

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G673	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3521 OXFORD SOUTH BEND, IN 46615
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 09/07/12</p> <p>Facility Number: 009114 Provider Number: 15G673 AIM Number: 100244780</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 was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 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 Prompt with an E-Score of 0.32.</p> <p>Quality review by Dennis Austill, Life Safety Code Supervisor on 09/10/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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KS018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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. Based on observation and interview, the facility failed to ensure 1 of 5 sleeping rooms doors would close and latch securely into the door frame. This deficient practice could affect all of the occupants of the home.</p> <p>Findings include:</p> <p>Based on observation at 2:15 p.m. on 09/07/12 with the home manager, after the fire alarm system was activated the door to the green bedroom next to the television in the lounge did not close into the door frame or latch. The home manager acknowledged the door did not close and latch into the door frame at the time of observation.</p>			KS018	<p>K0018 The Program Director, Maintenance Director, and Lead Counselor will be retrained on this expectation. The door frame to the unoccupied bedroom that did not secure correctly was repaired, and that door is now closing correctly. Ongoing, during normal fire drills, the door closing requirement will be reviewed and anytime the doors do not close completely, a maintenance request will be submitted for repair. System wide, all Program Director/QMRP's will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's. Persons Responsible: Program Director, Maintenance Director, Lead Counselor</p>		09/20/2012