

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G296	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 417 W WALNUT ST KOKOMO, IN 46901
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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
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: 08/27/15</p> <p>Facility Number: 000815 Provider Number: 15G296 AIM Number: 100249080</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 facility with a basement and a third story attic used for storage was sprinklered. The facility has a fire alarm system with smoke detection on all levels as well as in the corridors, common living areas, however, no smoke detectors in client sleeping rooms. The facility has a capacity of eight and had a census of six at the time of this survey.</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 S043 Bldg. 01	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.4.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 exit doors were provided with a releasing device having a obvious method of operation and readily operated under all lighting conditions. LSC 33.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4. requires where a latch or other similar device is provided, the method of operation of its releasing device must be obvious, even in the dark. The intention of this requirement is the method of release be one that is familiar to the average person. Generally, a two-step release, such as a knob and independent dead-bolt, is not acceptable. In most occupancies, it is important a single action to unlatch the door be present. This deficient practice could affect one client on the first floor as well as staff, and visitors.</p>	K S043	<p>K0043</p> <p>The group home is routinely inspected by the Program Coordinator and Maintenance to ensure home is safe and fixtures/doors are within regulation requirements plus are functioning properly.</p> <p>The Maintenance person has replaced the door knobs in the home with knobs meeting regulations. In addition he has removed the deadbolt locks to ensure the method of operation of the latch is obvious and single latch.</p> <p>In the future the Program Director will complete monthly checks on the home checking the doors to ensure the proper knobs are in place for easy egress.</p> <p>Responsible Person: Program Director</p>	09/15/2015

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	Findings include: Based on observation on 08/27/15 during the tour between 2:30 p.m. to 3:15 p.m. with the House Manager the kitchen door exit and side door exit next to pull station #3 leading directly to the outside required the unlocking of a doorknob and deadbolt. Based on interview on 08/27/15 concurrent with the observations with the House Manager, it was acknowledged the aforementioned exit doors leading to the outside required unlocking of a doorknob and a deadbolt.		Completion Date: 9/15/15		