

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G265	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 926 S TENTH ST LAFAYETTE, IN 47905
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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: 08/09/12</p> <p>Facility Number: 000785 Provider Number: 15G265 AIM Number: 100249010</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</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 was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection</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>on all levels in corridors, living areas, and sleeping rooms. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</p> <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 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/21/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. 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 an extinguisher is available and will operate. This deficient practice affects all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the program director between 12:45</p>	K0130	<p>The facility maintains and inspects all of it's portable fire extinguishers monthly. The Home Manager will inspect each fire extinguisher one time per month. The Home Manager, or a designated staff person, will ensure that the fire extinguisher is fully effective. The Home Manager, or designated staff person will initial, and date the inspection tag on each fire extinguisher. The Home Manager will note, on each monthly evacuation drill from, that the fire extinguisher was inspected for that month. All evacuation drills will be turned in to the Program Director, for review and verification each month. The Program Director will ensure, on the evacuation drill form, that the fire extinguisher has been inspected. Responsible Party: Staff, Home Manager and Program Director Completion Date: 9/8/12</p>	09/08/2012	

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	p.m. and 1:10 p.m. on 08/09/12, the service and inspection tags for the portable fire extinguishers located on the second floor and first floors each noted the last monthly check had been done in June 2012. The tag were punched to show the last annual check was done in February 2012. The program director said at the time of observations, the tags were the only documentation for the monthly inspection and the extinguishers should have been checked.				

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KS152	<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.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 staff were trained to perform their assigned tasks and were familiar with the facility's emergency and disaster plan. This deficient practice affects all occupants.</p>	KS152	The facility ensures that all staff are trained to perform their assigned tasks and are familiar with the facilities emergency and disaster plan. All staff, upon completion of Basic Orientation and during their shadowing phase of employment, will conduct a full scale evacuation with drill, with the Home Manager in attendance for assistance and training, on evacuation drills as well as	09/08/2012			

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	<p>Findings include:</p> <p>Based on review of Fire Drill Records on 08/09/12 at 1:25 p.m. with the program director, signatures for documented drills were brought into question as they appeared different for staff # 1 assigned to the overnight shift. The program director agreed at the time of fire drill record review, there might be a difference. She then reviewed available recent employee schedules for July and August. She calculated work dates based on staffing patterns for staff # 1 and said it appeared staff # 1 might not have been working during the 06/08/12 fire drill for which the signature was in question. "He might have worked an extra shift," said the program director who tried to call staff # 1 but reported, "he is sleeping." She said the actual staffing records could not be provided at the time of survey.</p>		<p>emergency and disaster plans. This training will be documented on the Shadowing packet, which will then be stored in the employee personnel file. Monthly evacuation drills are conducted in each facility, on a variety of shifts. These evacuation drills are reviewed by the Home Manager, and then are submitted to the Program Director for review of accuracy and completion. Completion Date: 9/8/12 Responsible Parties: Program Director; Home Manager</p>		

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KS154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler 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 system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide one complete written policy containing the procedures to be followed in the event the sprinkler system has to be placed out of service for four hours or more in a 24 hour period to protect 8 of 8 clients. LSC 33.7.1 requires every residential board and care facility to have in effect and available to all supervisory personnel a plan for the protection of all persons. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Procedures for a Fire Watch and the Fire Prevention Procedures with the program director on 08/09/12 at 1:40 p.m., the written policy and</p>	KS154	<p>The facility has a written policies which are consistent with procedures to be followed in the event the sprinkler system has to be placed out of service for four hours or more in a 24 hour period. The Program Director had placed an outdated policy in the Safety Book, located in the home. The policies for fire safety, and the fire watch procedure are consistent and have been replaced in the safety book in each home. The Area Director will retrain the Program Director on the most updated Fire Watch Procedure and Fire Safety Policies. The Program Director will retrain the staff on the current Fire Watch Procedure and Fire Safety Policies that are to be utilized. Responsible Parties: Area Director, Program Director and Home Manager Completion Date: 9/8/12</p>	09/08/2012	

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	<p>procedure for an impaired sprinkler system system stated the fire watch walk through of the home would be conducted "every 15 minutes." The Fire watch reference in the Fire Prevention procedures stated the "watch will include a walk through of the house every 30 minutes." The program director agreed at the time of record review, the two procedures referred to the same policy and gave conflicting directions to staff in the implementation of a fire watch.</p>			

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KS155	<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 one complete written policy containing the procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect 8 of 8 clients. LSC 33.7.1 requires every residential board and care facility to have in effect and available to all supervisory personnel a plan for the protection of all persons. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Procedures for a Fire Watch and the Fire Prevention Procedures with the program director on 08/09/12 at 1:40 p.m., the written policy and</p>	KS155	<p>The facility has a written policies which are consistent with procedures to be followed in the event the sprinkler system has to be placed out of service for four hours or more in a 24 hour period. The Program Director had placed an outdated policy in the Safety Book, located in the home. The policies for fire safety, and the fire watch procedure are consistent and have been replaced in the safety book in each home. (see attached) The Area Director will retrain the Program Director on the most updated Fire Watch Procedure and Fire Safety Policies. The Program Director will retrain the staff on the current Fire Watch Procedure and Fire Safety Policies that are to be utilized. Responsible Parties: Area Director, Program Director and Home Manager Completion Date: 9/8/12</p>	09/08/2012			

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