STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G761	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	60650 LILAC RD SOUTH BEND, IN 46614

(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
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 01/13/14 Facility Number: 011959 Provider Number: 15G761 AIM Number: 200970870 Surveyors: Dennis Austill, Life Safety Code Specialist, Libby Fruth, Life Safety Code Specialist 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 32, New Residential Board and Care Occupancies. This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 4 at	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	the time of this survey. 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 0.64. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/23/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K01S046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 1 electrical extension cords were not used as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This	K01S046	K 0046 483.470(j)(1)(i) LIFE SAFETY CODE STANDARDThe Program Director, Maintenance Director, and Lead Counselor will be retrained on this expectation to ensure electrical extension cords are never used as a substitute for fixed wiring. The portable space heather and extension cord in the sprinkler riser closet in the garage was immediately removed from the home. System wide, all Program Director/QDDP's will review this standard and ensure	01/13/2014

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	deficient practice would affect approximately 1 of 7 clients. Findings include: Based on observation and interview with the Lead Counselor Aide on 01/13/14 at 11:45 a.m., there was a portable space heater in the sprinkler riser closet in the garage connected to an extension cord which had been used to prevent the sprinkler system from freezing.		that this requirement is being applied to all Dungarvin ICF's.Persons Responsible: Program Director, Maintenance Director, Lead Counselor	
K01S053	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119. Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5. Based on record review and interview, the facility failed to ensure 9 of 10 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, 7-3.2.1 states detector sensitivity shall	K01S053	K 0053 483.470(j)(1)(i) LIFE SAFETY CODE STANDARDThe Program Director and Maintenance Director will be retrained on this expectation to ensure all smoke detectors are within their listed and marked sensitivity range. Maintenance Director arranged to have all	01/13/2014

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	be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate 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 increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods: (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. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated,		faulty smoke detectors repaired/replaced. Smoke detector sensitivity will be checked per Code and if any smoke detector fails its sensitivity test, Maintenance Director will immediately arrange to have the defective detector(s) repaired. System wide, all Program Director/QDDP's will review this standard and ensure that this requirement is being applied to all Dungarvin ICF's.Persons Responsible: Program Director and Maintenance Director	

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	or replaced. 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 occupants in the facility including staff, and visitors. Findings include: Based on review of the facility's fire safety inspection records on 01/13/14 at 10:30 a.m. with the Maintenance Coordinator, the smoke detector sensitivity test dated 06/05/13 indicated 9 of the 10 smoke detectors in the facility failed the sensitivity test. Based on interview at 12:00 p.m. on 01/13/14, the Maintenance Coordinator acknowledged there was no written documentation or other evidence available for review to show the nine smoke detectors had been been cleaned and recalibrated, or replaced.			