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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G378 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>05/22/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4002 N MOLLER RD<br>INDIANAPOLIS, IN 46254 |
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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: 05/22/13</p> <p>Facility Number: 000892<br/>Provider Number: 15G378<br/>AIM Number: 100244290</p> <p>Surveyor: Mark Caraher, 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 one story building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, bedrooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> | K010000       |   |                      |

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 Slow with an E-Score of 3.5.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 05/24/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> |               |   |                      |

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| K010130            | <p>Based on observation and interview, the facility failed to ensure 1 of 2 smoke barrier door sets held open by devices arranged to automatically close would self close and latch into the door frame once the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 12:05 p.m. to 12:35 p.m. on 05/22/13, the smoke barrier door in the north hallway which is held open by magnetic hold device and arranged to automatically close did not fully close and latch into the door frame when the fire alarm system was activated. A hand railing installed on the corridor wall next to the latch plate side of the door jamb prevented the door from fully closing and latching and left an eight inch gap between the door and the door jamb. Based on interview at the time of observation, the Home Manager acknowledged the hand railing prevented the north hallway smoke barrier door from closing and latching into the door</p> | K010130       | <p>A maintenance request has been issued to have USAutomatic fixthe barrier door.</p> <p>The Home Manager will be retrained to include maintenancissues on the monthly Home Manager/PD checklist. If any problems should arise,the Home Manager will inform the appropriate maintenance personnel.</p> <p>Ongoing, the Home Manager will complete the monthly HomeManage/PD checklist and request that any repairs be made in the appropriatetimeframe.</p> <p>Responsible Party: USAutomatic and Home Manager</p> <p>Completion Date: June 20, 2013</p> | 06/20/2013           |

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|   | frame when the fire alarm system was activated.  |   |   |                      |   |

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| K01S152   | <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -<br/>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br/>(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 -<br/>(i) Actually evacuate clients during at least one drill each year on each shift;<br/>(ii) Make special provisions for the evacuation of clients with physical disabilities:<br/>(iii) File a report and evaluation on each drill;<br/>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and<br/>(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.<br/>1. Based on record review and interview, the facility failed to provide documentation of fire drills conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:<br/><br/>Based on review of "Fire Drill Report"</p> | K01S152   | The fire drill schedule for 2013 was written so that drillseach month are scheduled in more varied time frames that the previous 2011schedule. The Home Manager and ProgramDirector will ensure staff run all 2013 fire drills and that they are completedper the 2013 schedule monthly which will ensure the drills on all shifts arevaried in time frame. | 06/20/2013           |   |

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|   | <p>documentation with the Home Manager during record review at 12:00 p.m. on 05/22/13, documentation of a fire drill being conducted on the first shift in the first quarter of 2013 was not available for review. Based on interview at the time of record review, the Home Manager acknowledged documentation was not available for review of a fire drill being conducted on the first shift in the first quarter of 2013.</p> <p>2. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the third shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Home Manager during record review at 12:00 p.m. on 05/22/13, fire drills conducted on the third shift on 06/27/12, 09/07/12 and 12/09/12 were conducted, respectively, at 3:50 a.m., 3:15 a.m. and 3:30 a.m. Based on interview at the time of record review, the Home Manager acknowledged third shift fire drills for three of four quarters were not conducted under varied conditions.</p> |   | <p>Responsible Party: Program Director and Home Manger</p> <p>Completion Date: 6-20-2013</p>                    |   |  |   |  |