

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G793	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/12/2015
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385
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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: 06/12/15</p> <p>Facility Number: 012584 Provider Number: 15G793 AIM Number: 201018520</p> <p>At this Life Safety Code survey, Dungarvin Indiana LLC, 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 32, New Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, in bedrooms and in all living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		
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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 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.1.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 5 fire extinguishers was provided maintenance when the gauge on the fire extinguisher indicated it needed recharging. NFPA 10, Standard for Portable Fire Extinguishers, in Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. This deficient practice could affect clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on an observation with the Direct Support Professional on 06/12/15 at 11:19 a.m., the gauge on the portable fire extinguisher located in the "Common Area Back" indicated the extinguisher needed to be recharged. This was acknowledged by the Direct Support Professional at the time of observation.</p> <p>2. Based on written review and interview, the facility failed to maintain documentation for maintenance and</p>	K 0130	<p><b>K130 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>The Program Director/QIDP, Area Director, and Maintenance Coordinator have reviewed this Standard. 1. The fire extinguisher that had been discharged was recharged on 6/17/15. 2. The permanent generator was tested on 11/13/14 and the documentation placed in the Life Safety book at the site on 7/7/15.</p> <p>Ongoing, the Program Director/QIDP and Maintenance department will check each month to ensure all fire extinguishers have been maintained and are mounted at a height per Code and all required inspections have been filed in the Life Safety book, and available for review.</p> <p><b>Completed 7/7/15</b></p> <p><b>Persons Responsible: Program Director/QIDP and Maintenance Coordinator</b></p>	07/07/2015			

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K S051 Bldg. 01	<p>testing for the permanent generator per NFPA 99 3-6.4.1 Maintenance and Testing.</p> <p>Findings include:</p> <p>Based on interview and written review on 06/12/15 at 10:36 a.m. with the Direct Lead Professional, she indicated that the facility had a generator. The Direct Lead Professional was unable to provide documentation for inspection and testing of the generator.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on record review, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires that testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient</p>	K S051	<p><b>K0051 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>The Program Director/QIDP, Area Director, and Maintenance Coordinator have reviewed this Standard. The fire alarm system was inspected on 6/16/15 and the inspection report filed in the home's Life Safety book on 7/7/15.</p> <p>Ongoing, the Program Director/QIDP and Maintenance department will check each month to ensure a fire alarm system inspection and report are completed per code and promptly filed in the Life Safety book, and available for review.</p>	07/07/2015

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K S056 Bldg. 01	<p>practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of fire alarm inspection reports with the Direct Support Staff on 06/12/15 at 9:43 a.m., the most recent fire alarm system inspection documentation available for review indicated the inspection occurred on 03/21/14.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p>		<p><b>Completed 7/7/15</b></p> <p><b>Persons Responsible: Program Director/QIDP and Maintenance Coordinator</b></p>				

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	<p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>SLOW</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a</p>						

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	<p>30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p>			

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	<p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review and interview, the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of</p>	K S056	<p><b>K0056 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>The Program Director/QIDP, Area Director, and Maintenance Coordinator have reviewed this Standard.</p> <p>The sprinkler system Report of Inspection that states the explanations to any "No" answers and comments, "A. main drain not</p>	07/07/2015

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	<p>Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of the "Agreement and Report of Inspection" from VFP Fire Systems dated 04/10/15 on 06/12/15 with the Direct Support Professional at 9:42 a.m., the explanatory section indicated "main drain not made at riser, Due to not piped outside inspectors test valve needs to be piped outside."</p> <p>Based on interview at the time of record review, the Direct Support Professional acknowledged the aforementioned condition.</p>		<p>made at riser, due to no isolation valve for antifreeze b. ITV tested manually needs to be piped outside", were intended as a recommendation according to a 3/28/14 memo from the contractor who conducted the inspection. The letter states:</p> <p>As we had discussed in our conversation on 3/28/2014, the Valpo north property was inspected in January of 2014. During that inspection I noted on the report that a "Main Drain "test could not be performed because there was not an isolation valve installed on the system to keep the anti freeze solution from draining out during the test. This comment was intended as a RECOMMENDATION. However, the valve is not required by NFPA 13, the standard for Water Based Sprinkler Systems nor is it a requirement by NFPA 25, the standard for Inspection of a Water Based Sprinkler System.</p> <p>The valve is recommended to keep the system at a recommended level with out incurring additional cost for recharging the anti freeze system.</p>		

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K S152  Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.  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		Ongoing, the Maintenance department will continue to ensure the sprinkler system is maintained, inspected, and tested according to Code. This letter will be made available for review in the Life Safety binder at the facility.  Ongoing, the Program Director/QIDP and Maintenance department will check each month to ensure this letter is filed in the Life Safety book, and available for review.  <b>Completed 7/7/15</b>  <b>Persons Responsible: Program Director/QIDP and Maintenance Coordinator</b>	

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	<p>drills, including accidents and take corrective action: and</p> <p>(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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Fire Drill Record" on 06/12/2015 at 10:05 a.m., the Direct Support Professional acknowledged documentation for all shifts for the third quarter and fourth quarter of 2014 were not available for review. Based on interview at the time of record review, the Direct Support Professional acknowledged the lack of documentation.</p>	K S152	<p><b>K0152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>The Program Director/QIDP, Area Director, and Maintenance Coordinator have reviewed this Standard.</p> <p>Ongoing, the Program Director/QIDP will check the Life Safety binder at the home at least monthly, to ensure all emergency drills have been completed and documented per this Standard and Agency Policy and Procedure. The Area Director will check the binder on at least a quarterly basis to ensure all drills have been completed and filed in the Life Safety binder at the home.</p> <p><b>Completed 7/7/15</b></p> <p><b>Persons Responsible: Program Director/QIDP and Maintenance Coordinator</b></p>	07/07/2015	