

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2016
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637
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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
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/02/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/22/16</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</p> <p>At this PSR 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in the living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evaluation Difficulty</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 S014 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.8.</p> <p>Quality Review completed on 06/23/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 NE corridor and 1 of 1 Basement was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Coordinator on 06/22/16 between 2:22 p.m. and 2:43 p.m., the facility was previously cited for having carpet covering the walls in the North East corridor and wood paneling covered one basement wall. Based on interview at the time of observation, the Maintenance</p>	K S014	The wood paneling on the walls in the basement has been treated with Fire Stop and documentation of treatment will be attached to this survey for verification purposes. Going forward, records of the treatment will be maintained in the home, with the Maintenance Coordinator and with the Area Director for the home. The Program Director, Maintenance Coordinator, and Lead DSP will be retrained on the expectation that records of Fire Stop treatments be maintained in the home by 7/22/16. System wide, all Program Directors and Area Directors will review this standard and assure that this concern is being addressed at all Dungarvin ICF/ID's.	07/22/2016

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	<p>Coordinator confirmed there was no documentation available to show the finish on the wood paneling provided a Class A, B or C interior finish.</p> <p>This deficiency was cited on 05/02/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				