

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G750	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/24/2014
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 60680 LILAC RD SOUTH BEND, IN 46614
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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: 07/24/14</p> <p>Facility Number: 011765 Provider Number: 15G750 AIM Number: 200908290</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>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.</p> <p>This one story facility was fully sprinklered. The facility has a monitored 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 the time of this survey.</p>	K010000		
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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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K01S029	<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 0.84.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/29/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or about, a primary means of escape or a sleeping room is protected by one of the following means:</p> <p>(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.18 that has a fire protection rating of not less than ¾ hour. The enclosure is protected by an automatic fire detection system connected to the fire alarm system provided in 32.2.3.4.1.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the</p>						

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K01S046	<p>sleeping area or primary escape route. Any doors in such separation are self-closing or automatic closing in accordance with 7.2.1.8. 32.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure the enclosure of 1 of 1 hazardous areas on the same floor as a primary means of escape was provided with a self closing or automatic closing door. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 07/24/14 at 4:15 p.m. with the Lead Direct Support Professional, the metal door to the garage lacked a door closer. The garage area contained a large quantity of medical supplies such as twenty five cardboard boxes of exam gloves, briefs and souffle cups. Additionally, there were packages of large quantities of paper towels and toilet paper. Finally, there were 20 plastic totes of client belongings and three 96 gallon trash containers. Based on interview at the time of observation, the Lead Direct Support Professional acknowledged the door was not provided with a door closer.</p>	K01S029	<p>K0029 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The Program Director/QDDP and Maintenance Coordinator will be retrained on this standard. A metal door closer has been installed on the metal door to the garage. Immediately, the Program Director, Lead DSP, or other designated DSP will examine this door daily to ensure it closes as expected. If any evidence of this door not closing properly is noted, the designated staff will immediately notify a Program Director who will then immediately notify the Maintenance Coordinator who will ensure the issue is promptly corrected. This will be done for two weeks, and if compliance is noted after this time, ongoing, this will be completed on a monthly basis to ensure compliance. If any staff person does not report the issue per Policy/Protocol, they will receive disciplinary action and/or re-training as appropriate.</p> <p>Completed: 8/6/14 Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Director.</p>	08/06/2014

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	<p>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>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 9.1.2 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 deficient practice would affect approximately 1 of 7 clients.</p> <p>Findings include:</p> <p>Based on observation and interview with the Lead Direct Support Professional on 07/24/14 at 4:15 p.m., there were two refrigerators in the garage plugged into a power strip which was plugged into an extension cord.</p>	K01S046	<p>K0046</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The Program Director/QDDP, Lead DSP, All DSPs, and Maintenance Coordinator will be retrained on this standard; that the facility must ensure no electrical extension cords are used as a substitute for fixed wiring. The power strip and extension cord were removed from the two refrigerators and the two refrigerators were plugged directly into fixed outlets in the garage, per this standard. Immediately, the Program Director, Lead DSP, or other designated DSP will examine the home and garage daily to ensure no extension cords are used as a substitute for fixed wiring. If any evidence of use of extension cords is noted, the designated staff will immediately notify a Program Director who will then immediately notify the Maintenance Coordinator who will ensure the issue is promptly corrected. This will be done for two weeks, and if compliance is noted after this time, ongoing, this will be completed on a monthly basis to ensure compliance. If any staff person does not report the issue per Policy/Protocol, they will receive disciplinary action and/or re-training as appropriate.</p> <p>Completed: 8/11/14</p> <p>Persons Responsible: Program Director/QDDP, Lead DSP, and</p>	08/11/2014			

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K01S051	<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 observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires that any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. NFPA 72 Section 1-5.5.2.3 requires all apparatus requiring rewinding or resetting to maintain normal operation shall be restored to normal as promptly as possible after each alarm and kept in normal condition for operation. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Lead Direct Support Professional on 07/24/14 at 4:30 p.m., the fire alarm control panel (FACP) located in the office area showed the system in "Trouble", indicating "Trouble Dialer Line 1 Dialer Delivery." The FACP was activated by a pull station which sounded the alarm in the home. Based on interview, the Lead Direct</p>	K01S051	<p>Maintenance Director.</p> <p>K0051 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The Program Director/QDDP, Lead DSP, and Maintenance Coordinator will be retrained on this standard, that the manual fire alarm system," ...shall be continuously in proper operating condition." The issue with the "Trouble Dialer Line 1 Dialer Delivery" has been addressed and corrected. All staff and the Lead DSP will be retrained on Agency's reporting policy concerning issues with the fire alarm system, specifically, in the event something indicates there is a problem noted with the system, the Maintenance Coordinator will be immediately notified in order to correct the problem promptly. Immediately, the Program Director, Lead DSP, or other designated DSP will examine the fire-alarm panel daily to ensure there is evidence of trouble. If any evidence of trouble is noted, the designated staff will immediately notify a Program Director who will then immediately notify the Maintenance Coordinator who will ensure the issue is promptly corrected. This will be done for two weeks, and if compliance is noted after this time, ongoing, this will be completed on a weekly basis to</p>	08/23/2014

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K01S053	<p>Support Professional contacted the fire alarm monitoring company and found that the alarm signal was not transmitted. Additionally, based on interview, the Lead Direct Support Professional acknowledged this problem with the trouble signal comes and goes and that this was the second time this week this had occurred.</p> <p>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.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review and interview, the facility failed to ensure 10 of 10 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with</p>	K01S053	<p>ensure compliance. If any staff person does not report the issue per Policy/Protocol, they will receive disciplinary action and/or re-training as appropriate.</p> <p>Will be completed by: 8/23/14 Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Director.</p> <p>K0053 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In conjunction with the plan of correction for K0056, the Program Director/QDDP, Lead DSP, and Maintenance Coordinator will be retrained on this standard; that the facility must ensure all facility fire alarm and sprinkler system inspections are completed per code, any deficiencies noted are promptly corrected, and these reports are available for review. The facility has been maintaining these reports at the</p>	08/11/2014

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	<p>Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall 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:</p> <ol style="list-style-type: none"> (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. 		<p>Agency's South Bend Office. The fire alarm system was inspected on 2/27/14 and all smoke detectors were within their listed and marked sensitivity range (report attached). Immediately, the Program Director/QDDP and Lead DSP will ensure copies of all previous years' fire and sprinkler system inspections are placed in the Life Safety book in the home. Ongoing, once these inspections are completed, the Program Director/QDDP and Lead DSP will ensure they are promptly placed in Life Safety book in the home, and available for inspection as requested.</p> <p>Completed: 8/11/14 Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Director.</p>				

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K01S056	<p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>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.</p> <p>Findings include:</p> <p>Based on review of the facility's fire safety inspection records on 07/24/14 from 3:45 p.m. to 4:30 p.m. with the Lead Direct Support Professional, a smoke detector sensitivity test was not available for review. Based on interview at the time of record review, the Lead Direct Support Professional acknowledged there was no written documentation or other evidence available for review to show that the detectors had been tested for sensitivity.</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</p>				

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	<p>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>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</p>						

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	<p>installations in accordance with 33.2.3.5.5.</p> <p>SLOW</p> <p>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 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>			

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	<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> <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>						

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	<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 observation and interview, the facility failed to maintain 1 of 1 sprinkler system's maintenance records. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and preaction valves. NFPA 25, 1-8.1 requires records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 1-8.2 requires records shall be maintained by the owner. Original records shall be retained for the life of the system. Subsequent records shall be retained for a period of one year after the next inspection, test, or maintenance required by the standard. This deficient practice could affect any client in the home.</p> <p>Findings include:</p>	K01S056	<p>K0056 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In conjunction with the plan of correction for K0053, the Program Director/QDDP, Lead DSP, and Maintenance Coordinator will be retrained on this standard; that the facility must ensure all facility fire alarm and sprinkler system inspections are completed per code, any deficiencies noted are promptly corrected, and these reports are available for review. The facility has been maintaining these reports at the Agency's South Bend Office. The facility's sprinkler systems were inspected per code (attached). Immediately, the Program Director/QDDP and Lead DSP will ensure copies of all previous years' fire and sprinkler system inspections are placed in the Life Safety book in the home. Ongoing, once these inspections are completed, the Program Director/QDDP and Lead DSP will ensure they are promptly placed in Life Safety book in the home, and available for inspection as requested.</p> <p>Completed: 8/11/14 Persons Responsible: Program Director/QDDP, Lead DSP, and Maintenance Director.</p>	08/11/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G750	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/24/2014
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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	
	Based on observation on 07/24/14 with the Lead Direct Support Professional from 3:45 p.m. to 4:30 p.m., the only paperwork to show the sprinkler system was inspected was the attached sprinkler tags. This was acknowledged by the Lead Direct Support Professional at the time of the observation.				