

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G403	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2011
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--BRADFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 8835 E CR 200 S AVON, IN46168
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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
K0000	<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: 12/12/11</p> <p>Facility Number: 000917 Provider Number: 15G403 AIM Number: 100249320</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Damar Services Inc.-Bradford Residence 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 two story building with a basement was determined to be nonsprinklered. The facility has a monitored fire alarm system with smoke detection on all levels in corridors, in bedrooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this</p>	K0000		

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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K0130	<p>survey.</p> <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 0.9.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 12/14/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 1 of 4 portable fire extinguishers. NFPA 101, Section 4.5.7, requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an</p>	K0130	<p>K 130 NFPA 101 MISCELLANEOUS NFPA 101, Section 4.6, General requirements in 4.6.12.2 requires existing safety features obvious to the public be either maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires that extinguishers shall be inspected monthly. NFPA 10, 4.2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. 1. The 4 portable fire extinguishers in the Bradford</p>	01/11/2012	

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	<p>inspection. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations of Fire Extinguisher inspection and maintenance tags with the Residential Manager during a tour of the facility from 11:20 a.m. to 12:00 p.m. on 12/12/11, the inspection and maintenance tag on the portable fire extinguisher in the garage next to the washing machine indicated the last yearly inspection date was July 2010. Based on interview at the time of observation, the Residential Manager acknowledged the fire extinguisher in the garage next to the washing machine had an inspection tag indicating the most recent maintenance date exceeded the one year inspection requirement.</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. This deficient practice could affect all occupants in the facility including staff, visitors and residents if the facility were required to evacuate in an emergency during a loss of</p>		<p>group home were inspected by Fire Systems, lld. on December 12, 2011. The documentation of the inspection is attached to each of the portable fire extinguishers at the home. Emergency lighting at the Bradford Group Home has been repair and is operational. A 1 ½ hour check has been completed and will be completed and documented annually on the Group Home Monthly Quality Survey form. Documentation of both monthly and annual 1 ½ hour checks will be maintained by the group home Residential Manager within the home. 2. All fire extinguishers in all Damar Group Homes have received an updated inspection to ensure they are well maintained and operational. All inspections are documented on the tags attached to each extinguisher and include the month and year of the inspections. A documented training will be completed with all Residential Managers of the group homes on how to inspect the fire extinguishers and ensure they are in compliance with standards. Fire System, lld, and the unbiased reporter for the Damar Performance & Quality Improvement Committee have been notified of the number and location of each of the portable fire extinguishers within each group home that are required to be inspected monthly and/or yearly. A documented training will be completed with all group</p>				

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	<p>normal power.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager during a tour of the facility from 11:20 a.m. to 12:00 p.m. on 12/12/11, the facility has three battery powered emergency lights. The battery powered emergency light in the basement living room and the battery powered emergency light in the second floor hallway each failed to illuminate when the test button was pressed. Based on interview at the time of observation, the Residential Manager stated the facility does not keep a written record of the results of monthly or annual 1 ½ hour duration testing for each battery powered light and acknowledged the battery powered emergency light in the basement living room and the battery powered emergency light in the second floor hallway each failed to illuminate when the test button was pressed.</p>		<p>home Residential Managers on how to properly complete a 1 ½ hour emergency lighting check and document it. All Damar Group Homes have completed a 1 ½ hour check on all emergency lighting and and additional tests will be completed and documented annually on the "Group Home Monthly Quality Survey" form. Documentation of both monthly and annual 1 ½ hour checks will be maintained by the group home Residential Manager within the home. 3. The facility is contracted with Fire Systems lld, to conduct annual inspections of all fire extinguishers. The facility's Operations and Safety Director is responsible for overseeing the contract and ensuring inspections are completed at least annually. Fire System, lld, has been notified of the number and location of each of the portable fire extinguishers within each group home that are required to be inspected monthly and/or yearly. Contact information for the contracted provider is available in each home for the group home staff to contact regarding needed correction of an identified deficiency. Annual 1 ½ hour emergency lighting checks have been added to the "Group Home Monthly Quality Survey" form and will be completed annually. Documentation of these checks will be completed and maintained within the homes. The QDDPD</p>		

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			will check and review all "Group Home Monthly Survey" forms for each home monthly to ensure they are within compliance.4. An unbiased reporter assigned by the Damar Quality Plus committee conducts a monthly environmental Life Safety Survey of the home. The checking of the fire extinguisher inspection and emergency lighting is part of the survey checklist. The unbiased reporter for the Damar Performance & Quality Improvement Committee has been notified of the number and location of each of the portable fire extinguishers within each group home that are required to be inspected. Results of the environmental Life Safety Survey are reported to the Damar Performance & Quality Improvement Committee monthly with deficiencies forwarded to the Damar Safety Committee, Residential Manager, and Group Home Services Coordinator. A Plan of Improvement is required to be submitted to the Damar Safety Committee for all deficiencies on the environmental Life Safety Survey and immediate corrective action will be taken to correct the deficiencies. The QDDPD will review the monthly "Environmental Life Safety Survey" forms for each home for monthly to ensure they are within compliance. 5. Systemic changes will be completed by January 11, 2012		