

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G601	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2014
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NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 E THOMPSON RD INDIANAPOLIS, IN 46237
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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: 06/09/14</p> <p>Facility Number: 001183 Provider Number: 15G601 AIM Number: 100240080</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Keith Briner, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Tangram 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 facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. The facility has a capacity of 6 and had a census of 6 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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K01S018	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.24.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/10/14.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 6 bedroom doors closed and latched into the door frame. This deficiency could affect the client who resided in that room.</p>	K01S018	Tangram contacted a maintenance repair individual who was able to come to the home and repair the door that was not latching properly. This repair has corrected the deficiency for this individual. To	06/30/2014

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K01S051	<p>Findings include:</p> <p>Based on observation during a tour of the home on 06/09/14 from 10:30 a.m. to 12:45 p.m. with the Program Manager, the southeast bedroom door failed to securely latch into the door frame when the door was closed. Interview with the Program Manager during the observation confirmed the door did not latch securely into the frame.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not</p>		<p>ensure that other individuals are not affected by this issue, the Program Manager at the home will conduct weekly checks of all doors to ensure that they are latching properly. Tangram has recently revised its Maintenance Request form that is submitted to the Director of Business Development, who is responsible for coordinating all repairs at Tangram's Group Homes. Program Managers now complete a fillable form for all requested maintenance repairs, and these forms are sent to the Director of Business Development. The Director of Business Development tracks all repairs when made, documents when no further follow-up is needed, and maintains the forms for future review. The Program Manager will follow this process for maintenance repair requests if it is found that a door is not latching properly in the home. The Director of Business Development will track any requests in this area to ensure that doors are fixed in a timely manner when a latch issue has been reported.</p>	

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	<p>less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, 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 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 practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Program Manager on 06/09/14 at 12:15 p.m., the most recent fire alarm inspection occurred 01/29/13. Based on interview at the time of record review, the Program Manager acknowledged the documentation of the 01/29/13 fire alarm</p>	K01S051	<p>Tangram is working with Grunau, the company that conducts our fire alarm, smoke detector, and sprinkler systems checks on a regular basis, to ensure that all fire alarm system checks have occurred as required. Tangram's Director of Business Development will request from Grunau a report showing that the annual fire alarm system check has occurred. The lack of these system checks and the appropriate documentation in the home has the potential to affect all clients in the home.</p> <p>Therefore, Tangram will continue to implement its practice of scanning all reports from Grunau into a shared drive so that staff at the homes have access to it when needed. The Director of Business Development, who is scheduled to receive copies of reports of system checks by Grunau, will forward said documentation to the Director of Compliance and Risk Management, who will ensure that it is saved in a place where it can be accessed. To ensure that we stay on track with required annual and other system checks, the Director of Compliance and Risk Management will work with</p>	07/09/2014

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K01S053	<p>inspection was the most recent documented inspection and contacted the Property Manager for a more recent inspection.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing</p>		<p>applicable clerical staff to create a tracking system for when these system checks are due. If Tangram has not received the proper notification that the system checks have been conducted by Grunau, the Director of Compliance and Risk Management will request that the Director of Business Development work with Grunau to ensure that the checks have occurred on a timely basis.</p>	

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	<p>battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and record review, the facility failed to ensure 100 % of the smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 7-3.2 requires testing be accordance with Table 7-3.2 Testing Frequencies. Table 7-3.2 at 7-3.2.15(i) Smoke Detectors - Sensitivity (The requirements of 7-3.2.1 shall apply). NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after 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 in areas where nuisance alarms show any 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 following</p>	K01S053	<p>Tangram is working with Grunau, the company that conducts our fire alarm, smoke detector, and sprinkler systems checks on a regular basis, to ensure that all smoke detector sensitivity tests have occurred as required.</p> <p>Tangram's Director of Business Development will request from Grunau a report showing that the required smoke detector sensitivity test has occurred. The lack of these system checks and the appropriate documentation in the home has the potential to affect all clients in the home.</p> <p>Therefore, Tangram will continue to implement its practice of scanning all reports from Grunau into a shared drive so that staff at the homes have access to it when needed. The Director of Business Development, who is scheduled to receive copies of reports of system checks by Grunau, will forward said documentation to the Director of Compliance and Risk Management, who will ensure that it is saved in a place where it can be accessed. To ensure that we stay on track with required annual and other system checks, the Director of Compliance and Risk Management will work with applicable clerical staff to create a</p>	07/09/2014

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	<p>methods:</p> <p>(1) Calibrated test method,</p> <p>(2) Manufacturer's calibrated sensitivity test instruments,</p> <p>(3) Listed control equipment arranged for the purpose,</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range,</p> <p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Program Manager on 06/09/14 at 12:15 p.m., the most recent smoke detector sensitivity test occurred 01/12/12. Based on interview at the time of record review, the Program Manager acknowledged the</p>		<p>tracking system for when these system checks are due. If Tangram has not received the proper notification that the system checks have been conducted by Grunau, the Director of Compliance and Risk Management will request that the Director of Business Development work with Grunau to ensure that the checks have occurred on a timely basis.</p>		

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K01S147	<p>documentation of the 01/12/12 smoke detector sensitivity test was the most recent documented inspection and contacted the Property Manager for a more recent inspection.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 Based on record review and interview, the facility failed to ensure staff reviewed the "Individual Emergency Preparedness Plan" at least every 2 months for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the home. This deficient practice could affect all staff and clients.</p>	K01S147	Tangram maintains an "Individual Emergency Preparedness Plan" for each client to ensure that there is a plan for individuals when an emergency or a disaster occurs. Tangram also maintains an agency-wide Disaster Preparedness Plan that addresses proper staff response in cases of fire, tornado, and other emergencies. In order to	07/09/2014

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	<p>Findings include:</p> <p>Based on record review with the Program Manager on 06/09/14 from 10:30 a.m. to 12:45 p.m., the facility has a written copy of a fire safety protection plan but lacked documentation of review by staff. Based on interview at the time of record review, the Program Manager acknowledged the lack of staff review.</p>		<p>correct this deficiency and meet the standards, Tangram's Director of Compliance and Risk Management has revised the Individual Emergency Preparedness ("IEPP") form to now include an additional page specifically intended to document the fire protection procedures for each specific individual, including any special staff response and when clients should be evacuated. These fire protection procedures will be in addition to the procedures already in place through Tangram's Disaster Preparedness Plan. The Director of Compliance and Risk Management will request that the Program Manager complete this additional page for each client. Additionally, a signature page for staff review has been added. This page will be maintained in the home. Staff will sign the signature page when review of the client's IEPP has occurred. The Program Manager will ensure that review by staff occurs at least every two (2) months by reviewing the IEPPs at staff meetings and also by reviewing the signature pages for each client's IEPP to ensure that review is occurring within the required time frames. Tangram's Director of Compliance and Risk Management will also include review of the signature pages in her compliance reviews at the home.</p>	

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation 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>(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.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the fire drill documentation at 10:45 a.m. on 06/09/14</p>	K01S152	The Program Manager at the home will conduct an audit each month of the fire drill documentation. This monthly audit will occur during the third week of each month. If, at the time of review, it is determined that a drill has not occurred for the month, the Program Manager will instruct staff to conduct the appropriate drill, noting the shift on which the drill should occur.	07/09/2014

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	with the Program Manager, there was no record of fire drills for the second and third shifts of the first quarter of 2014. This was acknowledged by the Program Manager at the time of record review.		Program Manager will instruct staff to document in writing via an email to the manager when the drill has occurred. The Program Manager will continue to audit the fire drill documentation until the end of the month to ensure that drills are occurring on the proper shifts. Tangram is now utilizing its internal client database, CASPer, to track information related to client services and health and safety procedures. Fire drills are being entered into this database. Tangram's Director of Compliance and RiskManagement will review the fire drills entered into this database for the time frames in which the drills are completed and will communicate any issues to the Program Manager so that they can be resolved.		