

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2014
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385
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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: 03/10/14</p> <p>Facility Number: 012557 Provider Number: 15G791 AIM Number: 201017960A</p> <p>Surveyor: Phillip Komsiski, 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 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, in common living areas and hard wired detectors in all resident sleeping rooms. The facility has a capacity of four and had a census of four at the time of this</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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K01S051	<p>survey.</p> <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 0.26.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/18/14.</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 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 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>1. Based on record review and</p>	K01S051	K0051 483.470(j)(1)(i) LIFE SAFETY	03/21/2014			

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	<p>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 review of Fire Alarm Inspection reports on 03/10/14 at 12:55 p.m. with the House Manager, the last fire alarm inspection was done on 01/22/13. Based on interview on concurrent with review with the House Manager, it was acknowledged after consulting with Central Office staff, no other documentation for an annual Fire Alarm Inspection report was available for review for 2014.</p> <p>2. Based on record observation and interview, the facility failed to ensure 1</p>		<p>CODE STANDARD The QDDP, House Manager, Maintenance Director, and Lead Counselor will be retrained on this expectation. 1. The new fire alarm system has been installed, tested, and will be tested and inspected quarterly. If there are any issues identified that indicate the system is not operating according to code, the system will be promptly repaired. All reports and evidence of servicing will be maintained and available for inspection. 2. The manual pull station next to the exit door at the west side of the garage leading to the outside is no longer blocked, is visible, and readily accessible. 3. Upon discovery the fire alarm control panel was not in working condition, approved Fire Watch was immediately implemented according to Policy, and was implemented continuously until the new system was installed and tested.. On 3/21/14, the new fire alarm system was been installed, tested, is in proper operating condition, and will be tested and inspected quarterly. If there are any issues identified that indicate the system is not operating according to code, the system will be promptly repaired. System wide, all House Managers, Program Directors, and QDDPs will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's. Completed: 3/21/14 Persons Responsible: Lead Counselor, House Manager, and</p>				

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	<p>of 4 Manual fire alarm boxes were readily accessible. LSC 9.6.2.6 requires manual fire alarm boxes shall be accessible, unobstructed and visible in accordance with NFPA 72, National Fire Alarm Code. This deficient practice could affect all clients, visitors and staff in the event of a fire emergency.</p> <p>Findings include:</p> <p>Based on observation on 03/10/14 at 12:32 p.m. with the House Manager, the exit door at the west side of the garage leading to the outside was completely blocked by a full size refrigerator and was not visible or easily accessible. Based on interview on 03/10/14 at 12:34 p.m., it was acknowledged by the House Manager, staff were unaware there was a manual pull station located next to the west garage exit behind the refrigerator.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm control panels 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. This deficient practice could</p>		Maintenance Director				

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	<p>affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation at 1:15 p.m. on 03/10/14 with the House Manager, the fire alarm panel lights did not illuminate to indicate the system was active and in ready state. Based on interview concurrent with the observation, the House Manager indicated the fire alarm control panel was not working and has been disabled since January 1, 2014.</p>						

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K01S053	<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 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>1. Based on record review and interview, the facility failed to ensure 1 of 9 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA</p>	K01S053	<p>K0053 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 1. The QDDP, House Manager, Maintenance Director, and Lead Counselor will be retrained on this expectation to ensure all smoke detectors are within their listed and</p>	04/09/2014

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	<p>72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with 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 that 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 		<p>marked sensitivity range. The new fire alarm system has been installed, tested, and will be tested and inspected quarterly to ensure all smoke detectors are within their listed and marked sensitivity range. If there are any issues identified that indicate the system is not operating according to code, Maintenance Director will promptly arrange for the system to be repaired. All reports and evidence of servicing will be maintained and available for inspection. 2. The QDDP, House Manager, Maintenance Director, and Lead Counselor will be retrained on this expectation to ensure all required areas are provided with a smoke detector. Maintenance Director will arrange for a smoke detector to be installed in the main dining area by the front door. System wide, Maintenance Director, all House Managers, Program Directors, and QDDPs will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.</p> <p>Date of Completion: 1. 3/21/14, 2. 4/9/14</p> <p>Persons Responsible: House Manager and Maintenance Director</p>	

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	<p>acceptable to the authority having jurisdiction.</p> <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 clients 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 03/10/14 at 12:50 p.m. with House Manager, a smoke detector sensitivity report was not available for review. Based on interview on 03/10/14 at 12:54 p.m. it was acknowledged by the House Manager after consulting with Maintenance staff, no other evidence of inspections could be produced to verify the smoke detectors had been sensitivity tested in the last two years.</p> <p>2. Based on observation and interview the facility failed to ensure 1 of 3 common living areas was provided with automatic smoke alarm detection. This deficient practice could affect any client,</p>				

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	<p>visitor or staff if smoke and fire developed in the main dining room and a smoke detector was not present to elicit an early warning signal.</p> <p>Findings include:</p> <p>Based on observation on 03/10/14 at 12:30 p.m. with the House Manager, the main dining area, a common living space, by the front door was not provided with a smoke detector. Based on interview on 03/10/14 at 12:32 p.m., it was acknowledged by the House Manager that smoke detector protection was not provided for the main dining room.</p>						

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</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, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. 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. 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 materials providing a 15 minute thermal barrier.</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</p>			
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	<p>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 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</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 and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</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.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</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 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. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</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 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. All</p>			

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</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 1 of 1 sprinkler systems was maintained in accordance with NFPA 25. 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 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 "sprinkler system inspection report" dated 01/20/14 reviewed on 03/10/14 with the House</p>	K01S056	<p>K0056 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Agency will continue to ensure the sprinkler system is inspected, tested, and maintained in accordance with NFPA 25. According to VFP Inspector/Technician,"... the '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. The valve is recommended to keep the system at a recommended level with out incurring additional cost for recharging the anti freeze system."</p> <p>Maintenance Director will continue to ensure the sprinkler system is inspected, tested, and maintained in accordance with NFPA</p>	03/10/2014

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K01S154	<p>Manager at 1:15 p.m., the "Explanation of No Answers" section stated the following:</p> <p>a. Main drain not made at riser, due to no isolation valve for antifreeze</p> <p>b. ITV tested manually needs to be piped out.</p> <p>Based on interview at the time of record review with the House Manager it was acknowledged no repairs had been made to aforementioned (a) and (b) since the problem was noted in the sprinkler report of 01/20/14.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of</p>	K01S154	<p>25.</p> <p>Date of completion: 3/10/14 Persons Responsible: Maintenance Director</p> <p>K0154 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The QDDP, House Manager, Maintenance Director, and Lead Counselor will be retrained on this</p>	03/21/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/10/2014	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
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K01S155	<p>service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1.</p> <p>Findings include:</p> <p>Based on review of "Policies & Procedures: Fire Watch" documentation on 03/10/14 at 1:20 p.m. with the House Manager, the written policy and procedure for an impaired automatic sprinkler system did not state "four hours or more in a 24 hour period" or identify notifying any authorities having jurisdiction such as the Indiana State Department of Health. Based on interview concurrent with the record review at 1:25 p.m. with the House Manager, it was acknowledged no other documentation was available for review concerning the Fire Watch policy.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to protect 4 of 4 clients by providing a written policy containing</p>	K01S155	<p>expectation to ensure the site specific, "POLICY AND PROCEDURE For Emergency Situations" is available at the site, maintained and available for inspection. This Policy contains procedures to be followed in the event the sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period. System wide, Maintenance Director, all House Managers, Program Directors, and QDDPs will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.</p> <p>Completed: by 3/21/14 Persons Responsible: House Manager and Maintenance Director</p> <p>K0155 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The QDDP, House Manager,</p>	03/21/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/10/2014
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	<p>procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on Fire Safety record review on 03/10/14 at 1:10 p.m. with the House Manager, the facility could not produce a written policy and procedure for an impaired fire alarm system.</p> <p>Based on interview on 03/10/14 at 1:12 p.m. with House Manager, it was acknowledged the facility did not have a policy readily available for review at this time.</p>		<p>Maintenance Director, and Lead Counselor will be retrained on this expectation to ensure the site specific, "POLICY AND PROCEDURE For Emergency Situations" is available at the site, maintained and available for inspection. This Policy contains procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period. System wide, Maintenance Director, all House Managers, Program Directors, and QDDPs will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.</p> <p>Completed: by 3/21/14 Persons Responsible: House Manager and Maintenance Director</p>		