

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G407	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/23/2016
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2113 E KESSLER BLVD INDIANAPOLIS, IN 46220
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K 0000  Bldg. 01	<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: 05/23/16</p> <p>Facility Number: 000921 Provider Number: 15G407 AIM Number: 100249310</p> <p>At this Life Safety Code survey, REM - Indiana, 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 two story building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, sleeping rooms and in all 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 Evacuation Difficulty Score (E-Score) using NFPA 101A,</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 S051 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.0.</p> <p>Quality Review completed on 05/26/16 - DA</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>Based on record review and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, Table 7-3.2 states all initiating devices shall be functional tested annually. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p>	K S051	<b>K0051</b> Indiana MENTOR in conjunction with Koorsen, will ensure that the functional testing documentation for the most recent 12 months, is available for review. The Program Coordinator and Program Director will be retrained on ensuring that the fire safety book is kept up to date at all times, as much as possible. This will assist with ensuring that the required documentation is available when needed. Koorsen has been working to complete all required annual testing in all Indiana MENTOR Indianapolis homes to ensure compliance. Indiana MENTOR will continue to work with Koorsen to ensure	06/22/2016

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K S053 Bldg. 01	<p>Based on record review with the Program Coordinator from 12:00 p.m. to 12:30 p.m. on 05/23/16, functional testing documentation for the facility's fire alarm system initiating devices within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Program Coordinator acknowledged functional testing documentation for the facility's fire alarm system initiating devices within the most recent twelve month period was not available for review.</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</p>				<p>completion in a timely manner for each home. Ongoing, the Area Director, in conjunction with the Maintenance Supervisor will review all reports of required testing completed by Koorsen to ensure that any and all needed follow up is completed and on time.</p>		

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	<p>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>Based on record review and interview, the facility failed to ensure 19 of 19 smoke detectors were within their listed and marked sensitivity range. 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 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 that each smoke detector is within</p>	K S053	<p>Indiana MENTOR in conjunction with Koorsen, will ensure that the smoke detector sensitivity testing documentation for the most recent 2 years, is available for review.</p> <p>The Program Coordinator and Program Director will be retrained on ensuring that the fire safety book is kept up to date at all times, as much as possible. This will assist with ensuring that the required documentation is available when needed.</p> <p>Koorsen has been working to complete all required annual testing in all Indiana MENTOR Indianapolis homes to ensure compliance. Indiana MENTOR will continue to work with Koorsen to ensure completion in a timely manner for each home.</p> <p>Ongoing, the Area Director, in conjunction with the Maintenance Supervisor will review all reports of required testing completed by Koorsen to ensure that any and all needed follow up is completed and on time.</p>	06/22/2016

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	<p>its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(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.</li> <li>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</li> </ol> <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, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Program Coordinator from 12:00 p.m. to 12:30 p.m. on 05/23/16, documentation of smoke detector sensitivity testing within the most recent two year period was not available for review. Based on interview</p>			

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K S152 Bldg. 01	<p>at the time of record review, the Program Coordinator acknowledged smoke detector sensitivity documentation for the most recent two year period was not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the third shift</p>	K S152	The Program Director and Program Director will ensure staff run all 2016 fire drills and that they are completed per the 2016	06/22/2016

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	<p>for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Program Coordinator during record review from 12:00 p.m. to 12:30 p.m. on 05/23/16, fire drills conducted on the third shift on 06/09/15, 09/08/15 and 12/09/15 were conducted at, respectively, 2:30 a.m., 3:00 a.m. and 3:00 a.m. Based on interview at the time of record review, the Program Coordinator acknowledged the aforementioned third shift fire drills were not conducted under varied conditions.</p>		<p>schedule monthly which will ensure the drills on all shifts are varied in time frame. All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met.</p> <p>Ongoing, all completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill.</p>		