

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G568	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/23/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 ALLISONVILLE RD INDIANAPOLIS, IN 46250
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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: 04/23/12</p> <p>Facility Number: 001082 Provider Number: 15G568 AIM Number: 100245520</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</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 one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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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	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 4 fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. NFPA 101, Section 4.5.7, requires any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the House Manager during a tour of the facility from 12:15 p.m. to 12:30 p.m. on 04/23/12, the portable fire extinguisher located in the dining room was manufactured in 2005 and did not have any attached documentation showing six year maintenance had been performed. The portable fire extinguisher's manufacturer's label indicated it is a stored pressure fire extinguisher. Based on interview at the</p>	K0130	<p>A request has been made to US Automatic Sprinkler Company to schedule a time to complete the 6 year maintenance inspections on the portable fire extinguisher located in the dining room. Ongoing, the maintenance staff and maintenance supervisor will work with US Automatic Sprinkler Company to ensure that all fire extinguishers are inspected every 6 years prior to the expiration date. Responsible party: Maintenance staff, maintenance supervisor.</p>	05/23/2012			

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	time of observation, the House Manager acknowledged the portable fire extinguisher located in the dining room was past due for the six year maintenance procedure.			

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KS056	<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><b>IMPRACTICAL</b> 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 habitable areas and closets are sprinklered. Automatic</p>			

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	<p>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.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested every five years. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7. LSC 9.7.5 requires automatic sprinkler systems 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, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Sprinkler Corporation "Report of Inspection" documentation with the Area Manager during record review at the Corporate Office from 10:15 a.m. to</p>	KS056	<p>1.A request has been made to US Automatic Sprinkler Company to schedule a time to test, recalibrate and or replace the sprinkler gauges as necessary. Ongoing, the maintenance staff and maintenance supervisor will work with US Automatic Sprinkler Company to ensure that all sprinkler system gauges are tested, recalibrated and/or replaced as necessary every 5 years.</p> <p>2.A request has been made to US Automatic Sprinkler Company to schedule a time to evaluate the sprinkler system control valves to determine if they should be locked, sealed or equipped with a tamper switch. Ongoing, the maintenance staff and maintenance supervisor will work with US Automatic Sprinkler Company to ensure that all sprinkler system valves in the locked position are locked, sealed or equipped with a tamper switch</p> <p>Responsible Party: Maintenance staff, maintenance supervisor.</p>	05/23/2012

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	<p>11:10 a.m. on 04/23/12, the inspection report dated 02/20/12 did not indicate sprinkler system gauges had been replaced. Based on observation with the House Manager during a tour of the facility from 12:15 p.m. to 12:30 p.m. on 04/23/12, the one sprinkler system gauge was dated 2005 on the face of the gauge with no recalibration date recorded on the gauge. Based on an interview at the time of observation, the Home Manager acknowledged the sprinkler system gauge was dated 2005 and had not been replaced or recalibrated every five years.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler systems control valves was supervised. Where an automatic sprinkler system is installed for prompt and slow evacuation facilities, Exception #3 to LSC 33.2.3.5.2 states the automatic sprinkler system shall be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13 section 5-14.1.1.3 states valves on connections to water supplies, sectional control and isolation valves, and other valves in supply pipes to sprinklers and other fixed water-based fire suppression systems shall be supervised by one of the following methods: (1) Central station, proprietary, or remote station signaling service</p>				

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	<p>(2) Local signaling service that will cause the sounding of an audible signal at a constantly attended point</p> <p>(3) Valves locked in the correct position</p> <p>(4) Valves located within fenced enclosures under the control of the owner, sealed in the open position, and inspected weekly as part of an approved procedure. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Sprinkler Corporation "Report of Inspection" documentation with the Area Manager during record review at the Corporate Office from 10:15 a.m. to 11:10 a.m. on 04/23/12, the most recent inspection report dated 02/20/12 states "No" to "Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?" In the recommendation section, the inspection report states "Since control valve is not equipped with a tamper switch, recommend locking valve in the open position." Based on observation with the House Manager during a tour of the facility from 12:15 p.m. to 12:30 p.m. on 04/23/12, the automatic sprinkler system control valve was observed in the open position but was not locked. Based on interview at the time of observation, the</p>			

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	Home Manager acknowledged the automatic sprinkler system control valve was not locked in the correct position.			

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KS152	<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 conduct fire drills under varied conditions for 3 of 4 third shift fire drills. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Home Manager at</p>	KS152	The fire drill schedule for 2012 was written so that drills each month are scheduled in more varied time frames than the previous 2011 schedule. The Home Manager and Program Director will ensure staff run all 2012 fire drills and that they are completed per the 2012 schedule monthly which will ensure the drills on all shifts are varied in time frame.	05/23/2012	

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	12:10 p.m. on 04/23/12, third shift fire drills conducted on 06/06/11, 09/07/11 and 12/08/11 were conducted at, respectively, 3:16 a.m., 3:20 a.m. and 3:37 a.m. Based on interview at the time of record review, the Home Manager acknowledged third shift fire drills were not conducted under varied conditions.		Responsible Party: Home Manager, Program Director, Quality Assurance Specialist	