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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G456 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/15/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>DAMAR SERVICES INC--EL CAMIN | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4912 EL CAMINO CT<br>INDIANAPOLIS, IN 46221 |
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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: 02/15/13</p> <p>Facility Number: 000970<br/>Provider Number: 15G456<br/>AIM Number: 100239760</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely Code survey, Damar Services Inc.-El Camino 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 monitored fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</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>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 0.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/18/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> |               |   |                      |

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| KS018 | <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>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.<br/>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.<br/>Based on observation and interview, the facility failed to ensure 1 of 4 sleeping room doors would close and latch into the door frame. This deficient practice could affect 1 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager during a tour of the facility from 10:40 a.m. to 11:00 a.m. on 02/15/13, the northeast bedroom door did not latch into the door frame to keep the door closed after five attempts to close and latch the door due to a loose latch plate on the door frame. Based on interview at the time of observation, the Residential Manager acknowledged the latching plate was missing one screw, was loosely attached to the door frame and the door would not latch into the door frame.</p> | KS018 | <p><b>K0018 483.470(j)(1)(i) Life Safety Code Standard</b> 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. 1. The identified Northeast bedroom door will be repaired by Damar maintenance personnel and now demonstrates a positive latch when closed. 2. All bedroom doors and all additional doors identified as required for fire safety purposes will be inspected by Damar maintenance personnel to ensure they demonstrate a positive latch when closed. 3. All group home staff will receive documented training on the definition and demonstration of a positive door latch and the requirement of a positive latch on identified doors. Training will include the procedure for immediately reporting the deficiency to the home Manager</p> | 03/17/2013 |
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|                    |  |               | and Damar maintenance personnel for repair. The QDDPD and Residential Manger will complete random home checks to ensure that the home is within safety compliance and that any deficiencies are reported to the maintenance supervisor in a timely manner. 4. An unbiased reporter assigned by the Damar Performance & Quality Improvement Committee conducts a monthly environmental Life Safety Survey of the home. Completed Surveys are retained by the Group Home Services Coordinator. The demonstration of a positive door latch on all bedroom and other identified doors is part of the survey checklist. 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. 5. Systemic changes will be completed by March 17, 2013 |                      |

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| KS046  | <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 electric light switches in the northwest bedroom was provided with a cover plate. LSC 9.1.2 refers to NFPA 70, National Electrical Code. NFPA 70, 1999 Edition, Article 370-25, Covers and Canopies, states "In completed installations each box shall have a cover, faceplate or fixture canopy." This deficient practice could affect one client, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager during a tour of the facility from 10:40 a.m. to 11:00 a.m. on 02/15/13, the light switch on the wall in the closet in the northwest bedroom was missing the cover plate which exposed the electric wiring for the light switch. Based on interview at the time of observation, the Residential Manager acknowledged the light switch on the wall in the closet in the northwest bedroom was missing the cover plate which exposed the electric wiring for the light switch.</p> | KS046   | <p><b>K0046 483.470 (j) (1) (i) LIFE SAFETY CODE STANDARD</b><br/><b>Utilities comply with Section 9.1 32.2.5.1, 33.2.5.1</b></p> <p>1. The light switch cover on the wall in the northeast bedroom will be replaced by Damar maintenance. 2. The QDDPD and Residential Manager will conduct a survey of the home to ensure any other life safety issues or concerns are addressed. All other light switches at the El Camino have been checked and are within regulatory standards. 3. The Residential Manager and staff have received documented training to ensure they are aware of the safety regulations and how to complete work orders and report deficiencies to the maintenance department. The QDDPD and Residential Manger will complete random home checks to ensure that the home is within safety compliance and that any deficiencies are reported to the maintenance supervisor in a timely manner. 4. An unbiased reporter assigned by the Damar Performance &amp; Quality Improvement Committee conducts a monthly environmental Life Safety Survey of the home. Completed Surveys are retained by the Group Home Services Coordinator. Results of</p> | 03/17/2013   |  |   |  |

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|                    |  |               | <p>the environmental Life Safety Survey are reported to the Damar Performance &amp; 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. 5. Systemic changes will be completed by March 17, 2013.</p> |                      |

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| KS152              | <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -<br/>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br/>(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 -<br/>(i) Actually evacuate clients during at least one drill each year on each shift;<br/>(ii) Make special provisions for the evacuation of clients with physical disabilities:<br/>(iii) File a report and evaluation on each drill;<br/>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and<br/>(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.<br/>Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the third shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:<br/><br/>Based on review of "Fire Drill Procedure" documentation with the Residential</p> | KS152         | <p><b>K0152 483.470 (j) (1) (i) LIFE SAFETY CODE STANDARD</b><br/><b>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to-</b> (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</p> | 03/17/2013           |

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|  | Manager during record review from 9:50 a.m. to 10:40 a.m. on 02/15/13, fire drills conducted on the third shift on 06/02/12, 09/06/12 and 12/06/12 were conducted, respectively, at 1:23 a.m., 1:15 a.m. and 1:06 a.m. Based on interview at the time of record review, the Regional Manager acknowledged third shift fire drills for three of four quarters were not conducted under varied conditions. |   | <b>facility's emergency and disaster plans and procedures. (2) The facility must-</b> (i) <b>Actually evacuate clients during at least one drill each year on each shift;</b> (ii) <b>Make special provisions for the evacuation of clients with physical disabilities;</b> (iii) <b>File a report and evaluation on each drill;</b> (iv) <b>Investigate all problems with evacuation drills, including accidents and take corrective action;</b> and (v) <b>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. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of the section for any live-in and relief staff that they utilize.</b> 1. The Residential Manager at the El Camino Group Home will ensure that the fire drills are completed at least quarterly for each shift of personnel and under varied conditions including random times within the shift during the year. The Residential Manager will ensure that all staff involved in a scheduled fire drill during their shift complete the fire drill documentation forms and route the completed forms to the Residential Manager for evaluation. An additional drill will be completed on 2 nd shift (outside the identified |                      |   |

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|                    |  |               | <p>non-random time frame) as part of this plan of corrections to ensure both staff and clients have adequate and appropriate practice evacuating the home.</p> <p>2. The Residential Manager at the El Camino Group Home will ensure that the fire drills are completed at least quarterly for each shift of personnel and under varied conditions including random times within the shift during the year. The Residential Manager will ensure that all staff involved in a scheduled fire drill during their shift complete the fire drill documentation forms and route the completed forms to the Residential Manager for evaluation. An additional drill will be completed on 3<sup>rd</sup> shift (outside the identified non-random time frame) as part of this plan of corrections to ensure both staff and clients have adequate and appropriate practice evacuating the home.</p> <p>3. The QDDPD shall provide documented training to the Residential Manager and staff on the requirements for completing fire drills at least quarterly for each shift, including the requirement to conduct the drills at random times within each shift. The QDDPD shall complete a group home quality inspection at least monthly at the El Camino group home. This inspection shall include reviewing all evacuation drills to ensure they are completed at least quarterly for</p> |                      |

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|  |  |   | each shift and at random times within each shift and that the Residential Manager has evaluated the drill documentation. 4. The QDDPD shall complete a group home quality inspection at least monthly at the El Camino group home. This inspection shall include reviewing all evacuation drills to ensure they are completed at least quarterly and at random times for each shift. An unbiased reporter assigned by the Damar Quality Plus committee conducts a monthly Environmental & Life Safety Survey of the home. Evacuation drill documentation will be reviewed as part of this internal survey process. Noted deficiencies in this area will be reported to the Group Home Manager and QDDPD for immediate corrections. Results of the Environmental & Life Safety Survey are reported to the Safety committee monthly with deficiencies forwarded to the Operations and Safety Director and the Group Home Administrator for immediate corrective action. 5. Systemic changes will be completed by March 17, 2013. |                      |   |