

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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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: 01/30/12</p> <p>Facility Number: 000836 Provider Number: 15G318 AIM Number: 100243940</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor</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 including 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>	K0000		
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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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	<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 1.1</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/03/12.</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 3 portable fire extinguishers was installed in accordance with NFPA 10,1998 Edition, Standard for Portable Fire Extinguishers. NFPA 101, Section 4.5.7 requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, 1-6.10 requires fire extinguishers having a gross weight not exceeding 40 lb shall be installed so that the top of the fire extinguisher is not more than 5 feet above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches. This deficient practice could affect any staff using the basement.</p> <p>Findings include:</p> <p>Based on observation at 1:25 p.m. on 01/30/12 with the Direct Service Personnel (DSP), the portable fire extinguisher located in the basement was on the floor. A hanger was provided on the wall but was not the proper hanger for that particular fire extinguisher. Based on interview at the time of observation, the</p>	K0130	<p>The Area Director will ensure that the basement fire extinguisher is mounted on the wall per regulations.</p> <p>The Area Director will train the Home Manager on reporting maintenance issues related to fire safety equipment in the home immediately so the issues can be taken care of in a timely manner.</p> <p>The Program Director will check the fire safety related equipment at the home and note in her review of the home that all is in working order when she visits at the home every other week for 4 weeks after the assigned completion date.</p> <p>Responsible party: Area Director, Program Director and Home Manager.</p>	02/29/2012			

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	DSP acknowledged the fire extinguisher was on the floor.				

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KS017	<p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on</p>			
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	<p>Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 client sleeping rooms was separated from the corridor. This deficient practice could affect 4 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation at 1:15 p.m. on 01/30/12 with the Direct Service Personnel (DSP), the upstairs, northeast bedroom was not separated from the corridor because the door was not in the door frame. Based on interview with the DSP at the time of observation, the door was damaged last week and reported to maintenance.</p>	KS017	<p>The Area Director will ensure that the northeast bedroom door is mounted in its frame as it should be. The Area Director will train the Home Manager on reporting maintenance issues immediately and following up to be sure repairs are made in a timely manner. The Program Director will check all doors in the home as well as any other maintenance related issues in the home and note in her review of the home when she visits at the home every other week for 4 weeks after the assigned completion date. Responsible party: Area Director, Program Director, Home Manager</p>	02/29/2012	

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KS018	<p>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.</p> <p>Based on observation and interview, the facility failed to ensure a door to 1 of 6 client sleeping rooms would close. This deficient practice could affect 4 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation at 1:15 p.m. on 01/30/12 with the Direct Service Personnel (DSP), the door to the upstairs, northeast bedroom could not be closed and latched because the door was not in the door frame. Based on interview with the DSP at the time of observation, the door was damaged last week and reported to maintenance.</p>	KS018	<p>The Area Director will ensure that the northeast bedroom door is mounted in its frame as it should be. The Area Director will train the Home Manager on reporting maintenance issues immediately and following up to be sure repairs are made in a timely manner. The Program Director will check all doors in the home as well as any other maintenance related issues in the home and note in her review of the home when she visits at the home every other week for 4 weeks after the assigned completion date. Responsible party: Area Director, Program Director, Home Manager</p>	02/29/2012			