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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G456 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 12/12/2011 |
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| NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--EL CAMIN | STREET ADDRESS, CITY, STATE, ZIP CODE 4912 EL CAMINO CT INDIANAPOLIS, IN46221 |
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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: 12/12/11</p> <p>Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Damar Services Inc.-El Camino Residence 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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| KS018 | <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 Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 12/14/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: 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. 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> | KS018 | K0018 483.470(j)(1)(i) Life Safety Code Standard 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 East bedroom door has been repaired by Damar maintenance personnel and now | 01/11/2012 | |

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| | Based on observation with the Residential Manager during a tour of the facility from 1:00 p.m. to 1:25 p.m. on 12/12/11, the East bedroom door did not latch into the door frame to keep the door closed after five attempts to close and latch the door into the door frame. Based on interview at the time of observation, the Residential Manager acknowledged the latching mechanism was stuck in the door and would not allow the door to latch into the door frame. | | demonstrates a positive latch when closed. 2. All bedroom doors and all additional doors identified as required for fire safety purposes have been 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 and Damar maintenance personnel for repair. 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 | | |

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| | | | 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 January 11, 2012 | | |