

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G722	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 645 E BRIDGE ST BROWNSTOWN, IN 47220
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 03/02/12</p> <p>Facility Number: 004445 Provider Number: 15G722 AIM Number: 200518250</p> <p>Surveyor: Lex Brashear, 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 NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) 2000 Edition, Chapter 32, New Residential Board and Care Occupancies</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridor, common</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>living areas, and sleeping rooms. The facility has a capacity of four and had a census of four at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 4.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/06/12.</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>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 fire extinguishers were maintained in accordance with NFPA 10. LSC 4.5.7 says whenever any device, equipment or system are required for compliance with provisions of this Code, such device, equipment or systems shall be thereafter maintained unless the Code exempts such maintenance. NFPA 10, 4-4.3 states every 6 years, stored pressure fire extinguishers that require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. 4-4.4.2 states each extinguisher that has undergone maintenance that includes internal examination or that has been recharged shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed.</p>	K0130	<p>Fire extinguishers will be brought in compliance with provisions of code NFPA 10. LSC 4.5.7 Home Manager during her weekly house check will review fire extinguishers and ensure they remain in compliance. If they are out of compliance, Home Manager will notify Program Director. Program Director during her monthly house checks will review fire extinguishers to ensure they are in compliance. Anytime they are found to be out of compliance or need of maintenance, Program Director will notify USA Automatic to ensure they remain in compliance. Person responsible Program Director, Home Manager</p>	03/16/2012			

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	<p>The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month and year the service was performed, indicated by a perforation such as is done by a hand punch. 4-5.5 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year recharging was performed and that identifies the person performing the services. A "Verification of Service" (maintenance or recharging) collar in accordance with 4-4.4.2 shall also be attached to the extinguisher. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 03/02/12 between 11:00 a.m. and 11:15 a.m. during a tour of the facility with the Home Manager, all three fire extinguishers in the facility were manufactured in 2004 according to the labels attached to each fire extinguisher. None of the three fire extinguishers were</p>						

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	provided with Verification of Service collars or a tag or label attached indicating the month and year recharging was performed. This was acknowledged by the Home Manager at the time of each observation.						