

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G418	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5105 N GUION RD INDIANAPOLIS, IN 46254
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K010000	<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: 05/08/14</p> <p>Facility Number: 000932 Provider Number: 15G418 AIM Number: 100244560</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, in bedrooms and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		

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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K01S051	<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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/12/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in</p>	K01S051	US Automatic visited the group home to complete an inspection on the manual fire alarm box a the kitchen door that failed to activate the fire alarm system the fire alarm box was pulled. The manual fire alarm box was repaired so that it activates the	06/07/2014			

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K01S152	<p>accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, Section 7-1.1.2 states system defects shall be corrected. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Home Manager during a tour of the facility from 11:15 a.m. to 11:45 a.m. on 05/08/14, the manual fire alarm box located at the kitchen door exit to the exterior of the building failed to activate the fire alarm system when the fire alarm box was pulled at 11:30 a.m. and at 11:33 a.m. Based on interview at the time of the observations, the Home Manager acknowledged the aforementioned fire alarm box failed to activate the fire alarm system when the fire alarm box was pulled two separate times.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (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 facility's</p>		<p>fire alarm system when pulled. Ongoing, the Home Manager will work with staff to ensure the manual fire alarm boxes activate the fire alarm system when they are pulled. The Direct Care staff and/or Home Manager will test the manual fire alarm boxes a minimum of monthly when monthly fire drills are completed. If any manual fire alarm boxes are found to be faulty the Home Manager will notify the maintenance staff or Area Director immediately to ensure that US Automatic can be called to check for any possible repairs as soon as possible. Responsible Party: Home Manager, Program Director, Area Director</p>	

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	<p>emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift and third shift for 2 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Regional Director during record review at the Corporate Office from 10:00 a.m. to 10:45 a.m. on 05/08/14, documentation of a fire drill conducted on the third shift (11:00 p.m. to 7:00 a.m.) in the fourth quarter of 2013 was not available for</p>	K01S152	<p>The staff working in the home will be retrained on Evacuation Drills, including ensuring that drills on different shifts are completed at least quarterly. An Evacuation Drill Schedule is located in the home which includes the type of drill to be completed, the date the drill is to be completed, and the time frame that the drill is to be completed in.</p> <p>All drills are turned into the Quality Assurance Manager for review. The Quality Assurance Manager will return the drill if corrections are needed. The original drill will remain in the home. The Quality Assurance Manager and Area Director will track the drills in a database and</p>	06/07/2014

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	review. In addition, documentation for the fire drill conducted on 07/08/13 did not include the time of day the drill was conducted. Based on interview at 11:15 a.m. on 05/08/14, the Home Manager stated the fire drill conducted on 07/08/13 was intended to be a first shift fire drill. Based on interview at the time of record review, the Regional Director acknowledged documentation of a fire drill conducted on the first shift and third shift for the third and fourth quarter of 2013 was not available for review.		forward the database to the Area Director no less than monthly. Responsible Party: Home Manager, Program Director, Quality Assurance Specialist		