

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G484	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/01/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 50605 WYANDOTTE GRANGER, IN 46530
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K 0000 Bldg. 02	<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: 10/01/15</p> <p>Facility Number: 000998 Provider Number: 15G484 AIM Number: 100239800</p> <p>At this Life Safety Code survey, Dungarvin Indiana LLC 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 facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in client sleeping rooms. The facility has a capacity of 6 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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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K S046 Bldg. 02	<p>Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 1.6.</p> <p>Quality Review completed 10/01/15 - DA.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 1 multiplug adapters and 2 of 2 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and up to 2 residents.</p> <p>Findings include:</p> <p>Based on observation with Lead Direct Support Professional on 10/01/15 between 1:24 p.m. to 1:27 p.m. the following was discovered:</p> <p>a) A multiplug powering a fish tank and a carbon monoxide alarm in the Living Room</p>			K S046	<p>The listed items are all being plugged directly into an appropriate outlet with fixed wiring intended to provide power equipment with a high current draw. If necessary, new outlets will be put in place or the existing outlets will be re-wired by an electrician to ensure that they are appropriate for the needed power supply. The Maintenance Director is reviewing the use of multiplug adapters and flexible cords throughout the entire facility to ensure that there are no other instances of this deficiency found in the home that could affect any of the other individuals in the home. The Maintenance Director, Program Director, Lead DSP are all being trained on this standard to ensure that this deficiency does not recur. Going forward, the use of any flexible cord or multiplug adapters is reviewed during the completion of the monthly site risk management checklist.</p>		10/31/2015

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K S150 Bldg. 02	<p>b) An extension cord powering the garage door motor in the Garage. c) A surge protector powering a refrigerator in the Garage. Based on interview at the time of observation, the Lead Direct Support Professional acknowledged each aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1 Based on interview and observation, the facility failed to ensure new draperies and curtains in 2 of 5 sleeping rooms were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects 2 clients.</p> <p>Findings include: Based on observations with the Lead Direct Support Professional on 10/01/15</p>	K S150	We are looking for the proof that these draperies are flame resistant. If we are unable to locate the needed documentation, new draperies will be purchased with the needed proof of flame resistance. This documentation will be maintained in the emergency binder, together with all evacuation drills, inspections, and related emergency policies. The same will be completed for any future draperies put in place in the home. The Lead DSP, Maintenance Director, and Program Director are all being retrained on this standard to ensure that this deficiency does not recur.	10/31/2015			

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K S152 Bldg. 02	<p>at 1:42 p.m. then again at 1:44 p.m., bedroom #2 had curtains. Then again bedroom #3 had curtains. Based on interview at the time of each observation, the Lead Direct Support Professional was unable to provide documentation for flame resistance and acknowledged the aforementioned conditions.</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 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</p>			

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	<p>paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>1. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the fire drill reports titled "Fire Drill Report" on 10/01/15 at 1:17 p.m., the Lead Direct Support Professional acknowledged documentation for a third shift fire drill for the fourth quarter of 2014 was not available for review. Based on interview, the Lead Direct Support Professional acknowledged the aforementioned condition.</p> <p>2. Based on record review and interview, the facility failed to conduct fire drills at unexpected times in 6 of 12 fire drills. This deficient practice affects all occupants in the facility including staff, visitors and clients.</p> <p>Findings include: Based on review of "Fire Drill Record" documentation with the Lead Direct Support Professional on 10/01/15 at 1:17 p.m., three of four second shift fire drills were conducted between 7:50 p.m. and</p>	K S152	Dungarvin's internal expectation is that one fire drill will be completed on each shift each month to ensure that there is no chance that we will be out of compliance on a quarterly basis. The Lead DSP and Program Director are being re-trained on this expectation and on this standard. All staff at the facility have just been retrained on the expectation that drills must occur at varying times and include fire drills at unexpected times, as this was cited at our annual licensure survey last month. The Program Director is responsible to verify that the records of drills meet these requirements on a quarterly basis. Going forward, the failure of staff to complete evacuation drills as assigned will lead to disciplinary action. The Program Director will review the evacuation drill book at the home each month to review compliance with this standard. The Area Director will conduct an additional level of review during quarterly site visits.	10/31/2015	

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	8:58 p.m. Three out of four third shift drills were conducted between 11:10 p.m. and 12:50 a.m. Based on interview at the time of review, the Lead Direct Support Professional acknowledged the aforementioned condition.				