

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5625 E 56TH ST INDIANAPOLIS, IN 46226
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K 000 Bldg. 01	<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: 02/23/15</p> <p>Facility Number: 000931 Provider Number: 15G417 AIM Number: 100244550</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, sleeping rooms and in all living areas. The facility has a capacity of 8 and had a census of 6 at the time of this survey.</p>	K 000		

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 046 Bldg. 01	<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 1.2.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15.</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 Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all clients and staff.</p>	K 046	<p>1.The power strip has been removed from the garage refrigerator.</p> <p>All staff, Home Manager and Program Director will receive retraining to include ensuring that no power strips are used in any areas of the household, including the garage.</p> <p>1. The cover plates on all electric boxes have been replaced as needed so no electrical wiring is exposed.</p>	03/25/2015

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	<p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:50 a.m. on 02/23/15, the refrigerator in the garage was plugged into a power strip. Based on interview at the time of observation, the Home Manager acknowledged the refrigerator in the garage was plugged into a power strip.</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of over 10 electrical boxes in the facility was provided with a cover plate. LSC 9.1.2 refers to NFPA 70, National Electrical Code. NFPA 70, 1999 Edition, Article 370-25, Covers and Canopies, states "In completed installations each box shall have a cover, faceplate or fixture canopy." 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 11:50 a.m. on 02/23/15, the following wall mounted electrical box locations each had a missing cover plate which exposed electrical wiring;</p> <p>a. in the garage where a refrigerator was</p>		<p>Home Manager and Program Director will receive retraining on ensuring that all maintenance needs are addressed in a timely manner to ensure the safety of all consumers.</p> <p>The Home Manager and/or Program Director will complete walkthroughs of the home a minimum of twice weekly for four weeks to ensure that no power strips are used in the home, all electrical boxes are covered and all maintenance issues are reported.</p> <p>Ongoing the Home Manager and/or Program Director will complete walkthroughs of the home a minimum of once weekly to ensure that no power strips are used in the home, all electrical boxes are covered and all maintenance issues are reported. If any maintenance issues are discovered, they will be reported to the Area Director, Regional Director and/or maintenance supervisor. Follow up will be completed weekly to ensure that maintenance issues are being completed in a timely manner.</p> <p>Responsible Party: Home Manager, Program Director, Maintenance supervisor</p>				

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K 051 Bldg. 01	<p>plugged into an electrical outlet. b. in the wall behind the corridor door which was held open by a magnetic door holding device by the front entrance where a light switch box and a separate electrical outlet box were located. Based on interview at the time of the observations, the Home Manager stated the inside of the house was painted last year, the painters did not affix all cover plates after painting and acknowledged the aforementioned three electrical box locations each had a missing cover plate which exposed electrical wiring for the electrical box.</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. Based on observation and interview, the facility failed to ensure 1 of 13 smoke detectors connected to the fire alarm system was properly separated from an air supply vent. LSC 9.6.1.4 requires fire alarm systems to be installed, tested, and</p>	K 051	US Automatic has been notified of the fact that the ceiling mounted smoke detector connected to the fire alarm system in the laundry room was located eighteen inches from the air supply vent and the fact that the proximity of the air supply	03/25/2015

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K 056 Bldg. 01	<p>maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:50 a.m. on 02/23/15, the ceiling mounted smoke detector connected to the fire alarm system in the laundry room was located eighteen inches from an air supply vent. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned smoke detector was located eighteen inches from an air supply vent which could impede the function of the smoke detector.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation</p>		<p>vent could impede the function of the smoke detector.</p> <p>Maintenance supervisor will work with US Automatic to remedy this situation. Ongoing, the Maintenance staff, maintenance supervisor and US Automatic will work to ensure that all smoke detectors are far enough away from air supplies so that the function of the smoke detectors is not impeded.</p> <p>Responsible Party: maintenance staff, maintenance supervisor, US Automatic</p>				

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	<p>facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with</p>			

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	<p>Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p>			

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	<p>33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure</p>	K 056	1.US Automatic has been notified of the unsatisfactory test	03/25/2015

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	<p>the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Fire & Security "Report of Inspection - Addendum Report: Deficiencies" documentation dated 01/25/13 with the Home Manager during record review from 10:30 a.m. to 11:15 a.m. on 02/23/15, the "relief on back flow preventer failed testing". In addition, review of "Backflow Prevention Assembly Test & Maintenance Report"</p>		<p>results of the Backflow Prevention Assembly Test and Maintenance report concerning the reduced pressure principal assembly relief valve failing the initial test . Maintenance supervisor will work with US Automatic representative to ensure that the follow up testing has been completed and pressure principal assembly relief valve has been adjusted or replaced as needed. Maintenance Supervisor will also confirm that documentation of the outcome of the testing is available for review.</p> <p>1.US Automatic has been notified of the missing escutcheon plate in the laundry room leaving a 2 inch opening in the ceiling. Maintenance supervisor will work with US Automatic representative to ensure that the missing escutcheon plate in the laundry room is replaced and will confirm that documentation of the outcome of the repair is available for review.</p> <p>1.US Automatic has been notified of paint on the sprinkler head deflector in the laundry room. Maintenance supervisor will work with US Automatic representative to ensure that the sprinkler head deflector that has paint on it in the laundry room is repaired or replaced and will confirm that documentation of the outcome of the repair is available</p>	

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	<p>dated 01/29/14 stated "reduced pressure principal assembly relief valve failed initial test". Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:50 a.m. on 02/23/15, the hanging tag affixed to the sprinkler system riser by USAutomatic Fire & Security stated the "RP valve failed 01/20/15 testing". Based on interview at the time of record review and of the observation, the Home Manager stated he did not know if the backflow prevention assembly had been repaired or replaced and acknowledged there was no documentation available for review to verify the backflow prevention assembly had been repaired or replaced on or after 01/20/15.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of over 10 sprinkler heads in the facility were maintained. NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, Section 2-4.5.7 states escutcheon plates used to create a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p>		<p>for review.</p> <p>Ongoing, the Indiana Mentor maintenance supervisor will work with US Automatic to ensure that all reports are completed thoroughly and accurately and all necessary equipment to be tested is included in all reports. In addition, the maintenance supervisor will work with US Automatic to ensure that when inspections show deficiencies that follow up by the Indiana Mentor maintenance staff or US Automatic is completed so that repairs or adjustments can be made in a timely manner.</p> <p>Responsible Party: Maintenance supervisor</p>	

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	<p>Based on observation with the Home Manager during a tour of the facility from 11:15 a.m. to 11:50 a.m. on 02/23/15, the laundry room had a sprinkler head location with a missing escutcheon plate which left a two inch opening in the ceiling. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned sprinkler head location had a missing escutcheon plate which left a two inch opening in the ceiling.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of over 10 sprinkler heads in the facility were maintained. NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, Section 2-4.5.8 states sprinklers shall be permitted to be factory painted or enameled as ornamental finish in accordance with 2-4.5.8.2; otherwise, sprinklers shall not be painted, and any sprinklers that have been painted shall be replace with new, listed sprinklers. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from</p>			

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K 152 Bldg. 01	<p>11:15 a.m. to 11:50 a.m. on 02/23/15, the laundry room had a sprinkler head location with white paint on the deflector. Based on interview at the time of observation, the Home Manager acknowledged the aforementioned sprinkler head location had white paint on the deflector.</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 paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview,</p>	K 152	The staff working in the home will	03/25/2015			

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	<p>the facility failed to conduct fire drills under varied conditions on the third shift for 3 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 Home Manager during record review from 10:30 a.m. to 11:15 a.m. on 02/23/15, fire drills conducted on the third shift on 06/19/14, 09/08/14 and 12/10/14 were conducted at, respectively, 2:35 a.m., 3:00 a.m. and 2:30 a.m. Based on interview at the time of record review, the Home Manager acknowledged three of four third shift fire drills in 2014 were not conducted under varied conditions.</p>		<p>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 forward the database to the Area Director no less than monthly.</p> <p>Responsible Party: Home Manager, Program Director, Quality Assurance Specialist</p>		