

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/10/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906
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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: 10/10/13</p> <p>Facility Number: 000784 Provider Number: 15G264 AIM Number: 100243500</p> <p>Surveyor: Phillip Komsiski, 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 facility with a basement was sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in common living areas and hard wired smoke detectors in all client rooms. There were two client bedrooms located in the basement. The facility has a</p>	K010000		
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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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	<p>capacity of eight and had a census of eight at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.15.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S051	<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, interview and record review; the facility failed to maintain 1 of 1 fire alarm control panels (FACP) in continuously proper operating condition. LSC 4.6.12.1 requires any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all clients, staff and visitors</p> <p>Findings include:</p> <p>Based on observation on 10/10/13 at 12:20 p.m. with the House Manager, the FACP located in the basement laundry room had a trouble light on and a silence light on and the alarm system could not be reset. Based on interview on 10/10/13 concurrent with the observation with the House Manager, it was acknowledged the facility was aware of the problem and was</p>	K01S051	The facility's maintenance person contacted the vendor to come and look at the fire panel on 10/11/13 and repaired the faulty detector and left the fire system in service. (see attachment A). In the future the Indiana Mentor Fire watch procedure will be implemented when the system indicates trouble. Responsible Party: Program Director	11/09/2013			

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	in the process of getting it corrected. Based on record review on 10/10/13 at 12:45 p.m., the annual fire alarm inspection report conducted on 08/05/13 indicated the fire alarm system was normal so the alarm system failure occurred after the inspection.				