

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G599		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/13/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410			
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 02/17/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/13/12</p> <p>Facility Number: 001113 Provider Number: 15G599 AIM Number: 100245610</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this PSR 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 fully sprinklered. The facility has a fire alarm system with smoke detection on both levels, in corridors and all living areas. The facility has a capacity of 8 and had a census of 8 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 Prompt with an E-Score of 0.88.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/15/12.</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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KS056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>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 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</p>						

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	<p>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 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>			

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	<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. 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</p>			

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	<p>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>Based on observation and interview, the facility failed to ensure sprinklers in 3 of 9 rooms and 1 of 1 hallways were free of paint and dirt. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-2.1.1 requires sprinklers shall be free of corrosion, foreign materials and paint. Any sprinkler shall be replaced which is painted, corroded, damaged or loaded. This deficient practice could affect any clients in the living room, family room, kitchen or hallway between the family room and kitchen.</p> <p>Findings include:</p> <p>Based on observations between 10:40 am and 11:30 am on 03/13/12 with the facility Program Director, the following was noted: 1 of 2 sprinklers in the living room and 1 of 1 sprinklers in the family room had paint on the deflectors which matched the color of the ceiling. The</p>	KS056	<p>The vendor has been contacted to replace or clean the sprinkler through out the home that were observed to have paint on them specifically including 1 in the living room and 1 1 of 1 in the family room. In addition to the sprinklers that were observed to have dirt on them will be cleaned specifically including 1 in the kitchen, 1 in the family room and 2 in the hallway between and family room. In the future, the Home Manager will do monthly walk through of the home to ensure that sprinklers are free from paint or other debris that could interfere with their functioning properly. If it is noted that the sprinklers need cleaned or replaced, the Home Manager will notify the Program Director and Program Director will contact vendor. Responsible Party: Area Director Completion Date: 4/12/2012</p>	03/27/2012

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	<p>following sprinklers had dirt collected on the sprinkler deflectors: 1 of 1 sprinklers in the kitchen, 1 of 1 sprinklers in the family room and 2 of 2 sprinklers in the hallway between the kitchen and family room. This was acknowledged by the Program Director at the time of the observations.</p> <p>This deficiency was cited on 02/17/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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KS148	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1</p> <p>Based on observation and interview, the facility failed to ensure the facility administration had developed and implemented a smoking policy for the home to protect 8 of 8 clients in the home. This deficient practice could affect all the occupants of the home.</p> <p>Findings include:</p> <p>Based on review of the facility's undated smoking policy on 3/13/12 at 10:40 am with the Program Director, the staff were to smoke only in a designated area and "cigarette butts, ashes and matches were to be disposed of properly and not left on the ground." Interview with the Program Director at 10:45 am on 3/13/12 indicated the smoking area was on the front porch. Observation of the front porch area, which occurred during the interview found that there was no receptacle for smoking materials. Interview with the facility's house manager at 10:48 am indicated they used a coffee can but it was stored in the garage out of the weather when not in use. Based on observation, the used coffee can in the garage had an open top with a lid.</p>	KS148	<p>The facility currently has a smoking policy staff and clients are trained to follow the smoking policy. An appropriate receptacle for cigarette butts will be purchased and placed at the home in the designated smoking area. All staff and clients will be trained to only smoke in the designated smoking area and place their cigarette butts in the appropriate receptacle. The Home Manager will monitor the smoking area on a weekly basis to ensure that cigarette butts have been disposed of properly and to ensure that staff and clients are using the designated area for smoking. Responsible party: Area Director Completion Date: 4/12/2012</p>	03/27/2012			

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KS154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility's written policy failed to contain complete procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period to protect 8 of 8 clients. LSC 33.7.1 requires plans for the protection of residents shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's undated "Procedures for a Fire Watch" on 03/13/12 at 10:40 am with the Program Director, "staff on duty to complete a walk through of the home to include the basement and the garage every two hours." The procedures also failed to indicate the survey agency be contacted when the sprinkler system was down for four or more hours. The Program</p>	KS154	<p>The facility has a policy in place that contains procedures to follow in the event that the automatic spinkler system or fire system is out of service for more than 4 hours in a 24 hour period.The policy has been updated to include that the survey agency be contacted when the sprinkler system is down for four or more hours. In addition the policy includes that staff will complete a walk through of the home every 15 minutes which will be documented.All staff will be trained on the updated policy and the documentation page will be placed in the home. The Indiana Mentor Procedures for a Fire Watch will be reviewed with staff upon hire and every quarter thereafter.Responsible Party: Area DirectorCompletion Date: 4/12/2012</p>	03/27/2012			

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	<p>Director indicated during interview on 3/13/12 at 10:40 am, direct care staff on duty and assigned to the supervision of residents were responsible to complete the walk through and documentation every two hours. Therefore, it could not be assured the facility had a system that would alert staff and residents in sufficient time in the event of a fire occurring when the sprinkler system was down.</p> <p>This deficiency was cited on 02/17/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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KS155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility's written policy failed to contain complete procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period to protect 8 of 8 clients. LSC 33.7.1 requires plans for the protection of residents shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's undated "Procedures for a Fire Watch" on 03/13/12 at 10:40 am with the Program Director, "staff on duty to complete a walk through of the home to include the basement and the garage every two hours." The procedures also failed to indicate the survey agency be contacted when the sprinkler system was down for four or more hours. The Program</p>	KS155	<p>The facility has a policy in place that contains procedures to follow in the event that the automatic sprinkler system or fire system is out of service for more than 4 hours in a 24hr period. The policy has been updated to include that the survey agency be contacted when the sprinkler system is down for four or more hours. In addition, the policy includes that staff will complete a walk through of the home every 15 minutes which will be documented. All staff will be trained on the updated policy and documentation page will be placed in the home. The Indiana Mentor Procedures for a Fire Watch policy will be reviewed with staff upon hire and every quater thereafter. Responsible Party: Area Director Completion date: 4/12/2012</p>	03/27/2012			

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	<p>Director, during interview on 3/13/12 at 10:40 am indicated direct care staff on duty and assigned to the supervision of residents were responsible to complete the walk through and documentation every two hours. Therefore, it could not be assured the facility had a system that would alert staff and residents in sufficient time in the event of a fire occurring when the fire alarm system was down.</p> <p>This deficiency was cited on 02/17/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				