

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G296	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 417 W WALNUT ST KOKOMO, IN 46901
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 09/11/14</p> <p>Facility Number: 000815 Provider Number: 15G296 AIM Number: 100249080</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 two story facility with a basement and a third story attic used for storage was sprinklered. The facility has a fire alarm system with smoke detection on all levels as well as in the corridors, common living areas, however, no smoke detectors in client sleeping rooms. The facility has a capacity of eight and had a</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>census of seven 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 Slow with an E-score of 2.0.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/15/14.</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 3 of 4 levels were provided with manual fire alarm boxes. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural</p>	K01S051	Indiana Mentor has policies and procedures to ensure client safety is met. These include running routine fire drills and safety practices and checking fire safety related equipment. Indiana	10/01/2014			

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	<p>path to exit an area. This deficient practice affects all clients as well visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 09/11/14 at 1245 p.m., the following floors were not provided with manual fire alarm boxes:</p> <ul style="list-style-type: none"> a. Basement b. Second floor c. Third floor attic space which is used to store facility records. The third floor attic space is accessed via a permanent staircase beginning on the second floor. No clients are allowed in the unfurnished attic and is used by staff only to store client and other business records. All floors were provided with smoke detector protection and fully sprinklered. Based on interview with the House Coordinator on 09/11/14 concurrent with the observations it was acknowledged a manual fire alarm box was not provided for the aforementioned floors. 		<p>Mentor has contacted US Automatic and they are scheduling an installation of new alarm boxes on the deficient floors. On going once the boxes are installed Indiana Mentor will check and integrate them with future fire and safety drills. Indiana Mentor will continue to check and ensure safety equipment is in good working order. Responsible Party: QMRP Complete Date: 10/1/2014</p>		