STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	2816 YORK RD SOUTH BEND, IN 46614

(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		K010000		

A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).

Survey Date: 04/09/14

Facility Number: 001015
Provider Number: 15G501
AIM Number: 100245120

Surveyor: Dennis Austill, Life Safety Code Specialist

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.

This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.

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 1.4.

Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614	

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	04/14/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010130	Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors held open by magnetic door holding devices closed when the fire alarm system was activated. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. This deficient practice could affect all occupants in the facility including clients, staff and visitors in the facility in the event of fire, especially at night when all clients would be in their bedrooms. Findings include: Based on observation with the Direct Support Professional (DSP) on 04/09/14 at 12:10 p.m. when the fire alarm was activated, the south bedroom which was door magnetically held open failed to close. Based on interview at the time of observation, the DSP acknowledged the door failed to close when the alarm had been activated.	K010130	The Program Director, Maintenance Director, and Lead DSP will be retrained on this expectation. The magnet was removed, cleaned and repaired, and the door to the south bedroom is now closing correctly when the fire alarm system is activated. Ongoing, during normal fire drills, the door closing requirement will be reviewed and any time the doors do not close completely, a maintenance request will be submitted for repair. System wide, all Program Director/QMRP's and the Maintenance Director will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.	05/09/2014
K01S046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 1 nonfused multiplug adapters was not used as a	K01S046	The nonfused multiplug adapter has been removed from the home. Work has been completed to replace the current 2-jack, single gang outlet with a 4-jack,	05/09/2014

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	substitute for fixed wiring. LSC 9.1.2 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 would not directly affect clients. Findings include: Based on observation with the Direct Support Professional (DSP) on 04/09/14 at 12:20 p.m., a crockpot, can opener, stove and stove exhaust hood were plugged into a nonfused multiplug adapter next to the stove. Based on interview at the time of observation, the DSP acknowledged the aforementioned appliances plugged into the nonfused multiplug adapter.		double gang outlet which is in compliance with the National Electrical Code.System wide, all Program Director/QMRP's, Lead DSPs, and the Maintenance Director will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.	