STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAMAR SERVICES INC--CAMBY RD	10600 E CR 700 S CAMBY, IN 46113

(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
K 0000 Bldg. 01	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: 05/04/15 Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460 At this Life Safety Code survey, Damar Services Inc.-Camby Rd. 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 building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety,	K 0000		

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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	Chapter 6, rated the facility Prompt with an E-Score of 0.2.			
K S046 Bldg. 01	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 electrical outlets in the bathroom for the northeast bedroom was provided with functional ground fault circuit interrupter (GFCI) protection against electric shock. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect one client. Findings include: Based on observation with the 1st shift Direct Care Staff during a tour of the facility from 10:20 a.m. to 10:50 a.m. on 05/04/15, the electrical outlet in the	K S046	1. Electrical outlet socket have been replacedand grounded 2. All outlets have checked to ensure GFCI protectionis in place 3.Monthly Maintenance PreventativeChecklist is completed by maintenance staff. The verification of grounded outlet and GFCI are included on the list. Items out of compliance are documented on theform and work orders submitted. Completion of work needed is assessed as u 4.Monthly PreventativeChecklist are submitted to Maintenance Manager and Dir. Of Maintenance forreview. Items out of compliance areassessed and given a time for completion. Urgent (within 24 hours) or prompt (within the week if needed materialand/or equipment. Completion of all workorders are tracked and monitored monthly at Quality Assurance Review.	06/03/2015

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	bathroom for the northeast bedroom was one foot from the sink and was not provided with GFCI protection against electrical shock. The electrical outlet was tested with a GFCI tester and the outlet did not trip when the trip button on the tester was pushed five times. Based on interview at the time of observation, the 1st shift Direct Care Staff acknowledged the aforementioned bathroom electrical outlet was not provided with GFCI protection against electrical shock.			
K S152 Bldg. 01	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. (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			

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	of the Life Safety Code. (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. 1. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the third shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors. Findings include: Based on review of "Fire Drill Report" documentation with the 1st shift Direct Care Staff during record review from 9:30 a.m. to 10:20 a.m. on 05/04/15, documentation of a fire drill conducted on the third shift (11:00 p.m. to 7:00 a.m.) in the first quarter (January, February, March) of 2015 was not available for review. Based on interview at the time of record review, the 1st shift Direct Care Staff acknowledged documentation of a fire drill conducted on the aforementioned shift for the first quarter of 2015 was not available for review. 2. Based on record review and interview, the facility failed to activate the fire alarm system to simulate emergency fire conditions on 2 of 5 first shift fire drills. This deficient practice affects all clients	K S152	1.All staff has receivedtraining regarding the proper way to conduct a fire drill which includes activatingthe alarm. In addition, all visuals usedto indicate presence of a fire have been enlarged and are able to stand along. 2.Residential Manager and GroupHome staff will receive training regarding the proper way to conduct a firedrill including activating the alarm. 3.All staff and shifts participatein a drill on quarterly basis. A yearlyschedule is provided to each home and reminders of drills are given bi weekly. Documentation of all completed drills are keptin the home and a copy is submitted to Maintenance Dir. 4.Review of compliance is donemonthly during Quality Assurance Review and the criterion is100%complaince. Currently all homes arein compliance.	06/03/2015

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	and staff. Findings include: Based on review of "Fire Drill Report" documentation with the 1st shift Direct Care Staff during record review from 9:30 a.m. to 10:20 a.m. on 05/04/15, documentation for the first shift fire drill conducted at 1:00 p.m. on 01/19/15 and at 6:35 a.m. on 04/30/15 did not include documentation indicating the fire alarm system was activated for each fire drill. Based on interview at the time of record review, the 1st shift Direct Care Staff stated she conducted each of the aforementioned fire drills and did not activate the fire alarm system as part of each fire drill and acknowledged documentation the aforementioned first shift fire drill did not include activation of the fire alarm system.			