

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/31/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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K0000	<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: 10/31/12</p> <p>Facility Number: 000836 Provider Number: 15G318 AIM Number: 100243940</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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 building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, client sleeping rooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</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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	<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 1.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/02/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 1 of 4 portable fire extinguishers. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:40 a.m. to 12:05 p.m. on 10/31/12, the portable fire extinguisher located in the upstairs hallway had an inspection and maintenance tag indicating the last yearly inspection date was March 2011. Based on interview at the time of observation, the DSP acknowledged the portable fire extinguisher located in the upstairs hallway room had an inspection and maintenance tag indicating the last yearly inspection date was March 2011.</p>	K0130	<p>Office Manager will work with US automatic to ensure that all fire extinguisher inspections are completed with the required annual timeline and uploaded to the database for immediate accessibility from Administration. Office Manager will work with US Automatic to ensure portable extinguishers are emptied and subjected to the applicable maintenance procedures every 6 years as required by NFPA 10, Section 4-43. Program Director will retrain Home Manager on completing monthly home inspections, to include, checking fire extinguishers for monthly and annual checks, replacing any missing inspection stickers and notifying administration when an annual inspection has not been completed by US automatic. Home Manager will retrain staff on inspecting fire extinguishers monthly during routine evacuation drills. Program Director will inspect extinguishers during routine bi-weekly home inspections to ensure they have been inspected and signed off per regulation. Responsible Parties: Office Manager, Home Manager, Program Director</p>	11/30/2012			

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	<p>2. Based on observation and interview, the facility failed to ensure one portable fire extinguisher located in the basement was inspected at least monthly and the inspections were documented for 11 of 12 months, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:40 a.m. to 12:05 p.m. on 10/31/12, the portable fire extinguisher located in the basement had an inspection and maintenance tag indicating the only monthly check documented for the most recent twelve month period was in February 2012. Based on interview at the</p>			
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	<p>time of observation, the DSP stated no other documentation of monthly fire extinguishers was available for review and acknowledged the portable fire extinguisher located in the basement had only one monthly check documented for the most recent twelve month period.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 4 fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:40 a.m. to 12:05 p.m. on 10/31/12, the portable fire extinguisher located in the upstairs hallway had an affixed label and collar stating the most</p>				

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	<p>recent six year maintenance had been performed in February 2006. Documentation of six year maintenance performed after February 2006 was not available for review. The portable fire extinguisher's manufacturer label indicated it is a stored pressure fire extinguisher. Based on interview at the time of observation, the DSP acknowledged the portable fire extinguisher located in the upstairs hallway was past due for the six year maintenance procedure.</p>			