

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G729	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 MELBOURNE RD INDIANAPOLIS, IN 46228
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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: 01/14/15</p> <p>Facility Number: 011220 Provider Number: 15G729 AIM Number: 200839230</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Benchmark Human Services 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 32, New Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 4 and had a census of 2 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K010000		
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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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.6.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/16/15.</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. 32.2.3.4.1. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system components and devices was complete. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. NFPA 72,</p>	K01S051	The inspections identified were completed as required. Evidence of this has been attached and included in this correction plan. The forms will be kept in the group home in the fire drill binder. The Group Home QDDP-Designee will monitor the completion and storage of all inspection reports, and will be aware of their location in the home for future survey visits.	02/13/2015

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K01S053	<p>7-5.2.2 requires a permanent record of all inspections, testing and maintenance that includes all applicable information on the NFPA 72, figure 7-5.2.2, Fire Alarm Inspection and Testing form. Applicable information includes Location, Device Type, Type of Test, Factory and Measure Settings, if applicable and individual Pass or Fail results. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Systems Service" documentation dated 09/10/14 during record review with the Home Manager from 10:20 a.m. to 10:55 a.m. on 01/14/15, the aforementioned documentation did not list the location and results of each notification appliance, battery, and initiating device tested. Based on interview at the time of record review, the Home Manager stated no additional fire alarm system inspection documentation for this facility was available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl</p>						

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	<p>spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system components and devices was complete. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within</p>	K01S053	<p>The inspections identified were completed as required. Evidence of this has been attached and included in this correction plan. The forms will be kept in the group home in the fire drill binder. The Group Home QDDP-Designee will monitor the completion and storage of all inspection reports, and will be aware of their location in the home for future survey visits. A complete smoke detector sensitivity test will be scheduled with Koorsen Fire and Security company at this group home location as required. The Benchmark Director will notify the Koorsen company that documentation verifying the sensitivity alarm point for each detector must be included with their inspection reports and will review reports to ensure this is completed. The bi-annual sensitivity report for this location, which occurred October 22, 2013, has been included with this correction plan (it was mistakenly left out of the attachment with the previous plan of correction submission.</p>	02/13/2015

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	<p>its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector.</p> <p>NFPA 72, 7-5.2.2 requires a permanent record of all inspections, testing and maintenance that includes all applicable information on the NFPA 72, figure 7-5.2.2, Fire Alarm Inspection and Testing form. Applicable information includes Location, Device Type, Type of Test, Factory and Measure Settings, if applicable and individual Pass or Fail results.</p> <p>This deficient practice could affect all</p>			

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	<p>clients staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Service Work Order" documentation dated 10/22/13 during record review with the Home Manager from 10:20 a.m. to 10:55 a.m. on 01/14/15, an itemized list of smoke detector locations in the facility and the sensitivity range and results of smoke detector sensitivity testing within the most recent two year period was not available for review. The aforementioned documentation only stated sensitivity testing was performed and all smoke detectors passed. No other smoke detector sensitivity documentation was available for review. Based on interview at the time of record review, the Home Manager acknowledged an itemized list of smoke detector locations in the facility and the sensitivity range and results of smoke detector sensitivity testing within the most recent two year period was not available for review.</p>			
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