

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G471	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220
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K 0000 Bldg. 01	<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: 01/05/16</p> <p>Facility Number: 000985 Provider Number: 15G471 AIM Number: 100244650</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 one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and in all living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		

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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K S017 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.2.</p> <p>Quality Review on 01/06/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¼ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements</p>			
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	<p>that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 sleeping room doors were capable of resisting fire for at least 1/2 hour. This deficient practice could affect 1 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Program Coordinator during a tour of the facility from 12:20 p.m. to 12:50 p.m. on 01/05/16, the southeast bedroom door had two holes in the door each measuring one quarter inch in diameter and two additional holes in the door each measuring one eighth of an inch in diameter near the top of the door which</p>	K S017	The Area Director will work with the Maintenance Supervisor to ensure that the door is repaired and in working order. The Area Director will retrain the Program Coordinator and Program Director on completing the monthly walk through checklist that addresses all concerns of the house, including the maintenance concerns. Ongoing, the	02/08/2016

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K S018 Bldg. 01	<p>were not capable of resisting fire for at least 1/2 hour. Based on interview at the time of observation, the Program Coordinator acknowledged the aforementioned openings in the door to the southeast bedroom was not capable of resisting fire for at least 1/2 hour.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 sleeping room doors would close and latch into the door frame. This deficient practice could affect 2 of 5 clients in the facility.</p> <p>Findings include:</p>	K S018	<p>Program Coordinator and/or Program Director will report any maintenance issues to the Maintenance Crew for repair.</p> <p>The Area Director will work with the Maintenance Supervisor to ensure that the door is repaired and in working order. The Area Director will retrain the Program Coordinator and Program Director on completing the monthly walk through checklist that addresses all concerns of the house, including the maintenance</p>	02/08/2016

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K S056 Bldg. 01	<p>Based on observation with the Program Coordinator during a tour of the facility from 12:20 p.m. to 12:50 p.m. on 01/05/16, the entry door to the northwest bedroom did not latch into the door frame after five attempts to close and latch the door. The door latch failed to protrude into the latch plate on the door frame. Based on interview at the time of observation, the Program Coordinator acknowledged the aforementioned bedroom door failed to latch into the door frame.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24</p>				<p>concerns. Ongoing, the Program Coordinator and/or Program Director will report any maintenance issues to the Maintenance Crew for repair.</p>		

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	<p>sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p>			

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	<p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic</p>			

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	<p>sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation and interview, the facility failed to ensure 3 of over 10 sprinkler heads in the facility were maintained. NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, Section</p>	K S056	<p>The Maintenance Supervisor has requested that Koorsenrepair/replace the eschutcheon plates that were noted to be missing. The Regional Director and Maintenance Supervisor, in conjunction with Koorsen, will ensure that 6 additional sprinklers</p>	02/08/2016

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	<p>2-4.5.7 states escutcheon plates used to create a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Program Coordinator during a tour of the facility from 12:20 p.m. to 12:50 p.m. on 01/05/16, the southeast bedroom, the northwest bathroom and the storage room with the main fire alarm panel each had sprinkler head locations missing its escutcheon plate which each left a two inch opening in the ceiling. Based on interview at the time of the observations, the Program Coordinator acknowledged the aforementioned sprinkler head locations each had a missing escutcheon plate which left a two inch opening in the ceiling.</p> <p>2. Based on observation and interview, the facility failed to keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet. LSC 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section</p>		<p>and sidesprinkler are stored in the spare sprinkler cabinet.</p> <p>Indiana MENTOR has notified Koorsen of this deficiency and will ensure that extra sprinklers are added to the four already available. Ongoing, the Maintenance Supervisor, Regional Director, and/or the Area Director will stay in constant contact with the contact from Koorsen to ensure that all work and updates are completed and followed up with. Responsible Party: Koorsen, Regional Director, and Maintenance Supervisor of Indiana Mentor.</p>	

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	<p>2-4.1.4 states a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Program Coordinator during a tour of the facility from 12:20 p.m. to 12:50 p.m. on 01/05/16, residential sprinklers were installed throughout the facility and only four spare residential sprinklers were noted on the premises in the spare sprinkler cabinet at the sprinkler system riser. In addition, two sidewall sprinklers were installed at the inside patio location and only one spare sidewall sprinkler was noted on the premises in the spare sprinkler cabinet at the sprinkler system riser. Based on interview at the time of the observations, the Program Coordinator acknowledged a minimum of six spare sprinklers representative of the</p>			

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K S152 Bldg. 01	<p>types of installed sprinklers was not provided on the premises in the spare sprinkler cabinet.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(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.</p> <p>(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 of the Life Safety Code.</p> <p>(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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted: a. on the first shift for 3 of 4 quarters. b. on the second shift for 2 of 4 quarters.</p>	K S152	The fire drill schedule for 2015 was written so that drills each month are scheduled in more varied time frames that the previous 2014 schedule. The Home Manager and Program	02/08/2016

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	<p>c. on the third shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Program Coordinator from 11:30 a.m. to 12:20 p.m. on 01/05/16, documentation of a fire drill conducted on the following shifts and quarters was not available for review:</p> <p>a. on the first shift for the first, second and third quarter of 2015.</p> <p>b. on the second shift for the second and third quarter of 2015.</p> <p>c. on the third shift for the second quarter of 2015.</p> <p>Based on interview at the time of record review, the Program Coordinator acknowledged documentation of fire drills conducted on the aforementioned shifts and quarters in 2015 was not available for review.</p>		<p>Director will ensure staff run all 2015 fire drills and that they are completed per the 2015 schedule monthly which will ensure the drills on all shifts are varied in time frame. All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned into and reviewed by Quality Assurance for accuracy and thoroughness of each drill.</p>	