

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G495	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  09/09/2011
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6338 GRAHAM RD INDIANAPOLIS, IN46220		
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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: 09/09/11</p> <p>Facility Number: 001009 Provider Number: 15G495 AIM Number: 100244970</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</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 with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including in corridors, all living areas and bedrooms. 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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K0130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>1. Based on observation and interview, the facility failed to ensure 3 of 4 portable fire extinguishers were inspected at least monthly and the inspections were documented for 5 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</p>	K0130	<p>1. All fire extinguishers in the home have completed monthly checks for the month of September. The Home Manager and Program Director will be retrained on the need to ensure that all fire extinguishers in the home receive monthly inspections. Ongoing the Home Manager and/or Program Director will complete weekly walkthroughs fo the home that include checking to ensure that the fire extinguishers receive maintenance checks a minimum of monthly. If any issues are noted, they will be reported to the maintenance staff, maintenance supervisor and/or Area Director so repairs can be scheduled as soon as possible. 2. Us</p>	10/09/2011	

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	<p>quick check 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 observations with the Home Manager during a tour of the facility from 11:45 a.m. to 12:20 p.m. on 09/09/11, service and inspection tags for the portable fire extinguishers located in the basement hallway, the basement storage room and the first floor hallway indicated no monthly checks were documented for July and August 2011 for the basement hallway fire extinguisher, April through August 2011 for the basement storage room fire extinguisher and June, July and August 2011 for the first floor hallway fire extinguisher. Based on interview at the time of observation, the Home Manager stated there is no written documentation of monthly fire extinguisher inspections for the aforementioned fire extinguishers for April through August 2011 and acknowledged the facility did not perform monthly fire extinguisher inspections for April through August 2011.</p>		<p>Automatic Sprinkler Company went to the group home on 9/22/11 to evaluate the report that the first floor smoke barrier door did not self close when the fire alarm system was activated. The system was repaired and tested to ensure the door self closed when the system was activated. The Home Manager will be retrained on the need to ensure that any issues with the fire alarm system are reported to the Program Director, Area Director and/or maintenance staff or supervisor as soon as the problem is noted to ensure timely repairs. Ongoing the Home Manager and/or Program Director will complete weekly walkthroughs fo the home that include checking the fire alarm system to ensure it is functioning properly. If any issues are noted, they will be reported to the maintenance staff, maintenance supervisor and/or Area Director so repairs can be scheduled as soon as possible. Responsible Party: Home Manager, Program Director, Area Director, Maintenance staff, Maintenance supervisor</p>		

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	<p>2. Based on observation and interview, the facility failed to ensure 1 of 1 smoke barrier doors held open by devices arranged to automatically close would self close once the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 11:45 a.m. to 12:20 p.m. on 09/09/11, the first floor hallway smoke barrier door which is held open by magnetic hold open devices arranged to automatically allow the door to close when the fire alarm system was activated at 12:11 p.m. did not self close. The first floor hallway smoke barrier door is equipped with a self closing device which was partially disconnected from the door frame because of two missing screws. The magnetic hold open device released the hallway smoke barrier door when the fire alarm was activated but the door did not close and latch into the door frame. Based on interview at the time of observation, the Home Manager acknowledged the first floor hallway smoke barrier door did not</p>						

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KS051	<p>self close when the fire alarm system was activated because the self closing device was partially disconnected from the door frame.</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from</p>	KS051	US Automatic Sprinkler company went to the group home on 9/22/11 to evaluate the report that the manual fire alarm had panel lights "system trouble" and "trouble silence" illuminated. The system was reset and tested to ensure that it functioned properly. The Home Manager received retraining on how to reset the system as needed. All Direct Support Staff will receive retraining on ensuring that any issues arise with the manual fire alarm panel are reported to the Home Manager, Program Director, Area Director, maintenance supervisor and/or maintenance staff to ensure that timely repairs can be made. Ongoing the Home Manager	10/09/2011	

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	11:45 a.m. to 12:20 p.m. on 09/09/11, the manual fire alarm located in the basement office had panel lights "System Trouble" and "Trouble Silence" each illuminated and the "Trouble Silence" switch was activated. After activation of the manual fire alarm system at 12:11 p.m. on 09/09/11, each trouble light remained illuminated. The manual fire alarm system did function with an audible alarm heard throughout the facility. Based on interview with the Home Manager at the time of observation, the Home Manager was not aware of any trouble with the manual fire alarm system and acknowledge the manual fire alarm trouble lights were illuminated as well as the "Trouble Silence" switch being activated.		and/or Program Director will complete weekly walkthroughs of the home that include checking the fire alarm system to ensure it is functioning properly. If any issues are noted, they will be reported to the maintenance staff, maintenance supervisor and/or Area Director so repairs can be scheduled as soon as possible. Responsible Party: Home Manager, Program Director, Area Director, Maintenance staff, Maintenance supervisor				