

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G407	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/10/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2113 E KESSLER BLVD INDIANAPOLIS, IN 46220
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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: 01/10/13</p> <p>Facility Number: 000921 Provider Number: 15G407 AIM Number: 100249310</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 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, in sleeping rooms and in 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 Slow with an E-Score of 4.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/10/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</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 states 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, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:25 a.m. to 12:05 p.m. on 01/10/13, the portable fire extinguisher located in the upstairs hallway had an inspection and maintenance sticker attached indicating the last yearly inspection date was September 2011. Based on interview at the time of observation, the DSP acknowledged the portable fire extinguisher located in the upstairs hallway had an inspection and maintenance tag indicating the last yearly</p>	K0130	<p>USAutomatic will replace the fire extinguisher with one that has completed the 6 year inspection. The Home Manager will be retrained on checking every fire extinguisher in the home, to ensure that all monthly, annual, and 6 year inspections have been completed in a timely manner. Ongoing, the Home Manager and Program Director will complete the monthly Home Manager and Program Director monthly checklist to ensure that the fire extinguishers are checked and monitored. Responsible Party: Home Manager and Program Director</p>	02/09/2013			

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	<p>inspection date was September 2011.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers which require a 12 year hydrostatic test was 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 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:25 a.m. to 12:05 p.m. on 01/10/13, the portable fire extinguisher located in the upstairs hallway had an affixed label and collar stating the most recent six year maintenance had been performed in March 2006. Documentation of six year maintenance performed after March 2006 was not available for review. The portable fire</p>				

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	<p>extinguisher's manufacturer label indicated it is a stored pressure fire extinguisher manufactured in 1988. Based on interview at the time of the observations, the DSP acknowledged the portable fire extinguisher located in the upstairs hallway was past due for the six year maintenance procedure.</p>			