

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/01/2016
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5625 E 56TH ST INDIANAPOLIS, IN 46226
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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: 04/01/16</p> <p>Facility Number: 000931 Provider Number: 15G417 AIM Number: 100244550</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 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		
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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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K 0130  Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.6.</p> <p>Quality Review completed on 04/06/16 - DA</p> <p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 1 of 3 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 Program Coordinator during a tour of the facility from 11:00 a.m. to 11:30 a.m. on 04/01/16, the portable fire extinguisher located in the sprinkler riser room had an</p>	K 0130	The Area Director and Maintenance Supervisor will work with Koorsen to ensure that all three fire extinguishers have the annual inspection completed. The Program Coordinator will be retrained on checking the fire extinguishers monthly to ensure that all appropriate checks have been completed, including making sure that all are charged appropriately. The fire extinguisher in the sprinkler rise room and the east bathroom will be reviewed for the monthly checks for each month going forward. The fire extinguisher in the sprinkler rise room will be reviewed for the 2016 annual inspection that is known to be incomplete. The Program Coordinator will review the fire extinguishers monthly and report back to the Area Director and/or maintenance supervisor if the annual check remains incomplete. Ongoing, the Home Manager and Program Director will complete a monthly walk thru of the group home, according to	04/29/2016

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	<p>inspection and maintenance sticker attached indicating the most recent yearly inspection date was January 2015. Based on interview at the time of observation, the Program Coordinator acknowledged the portable fire extinguisher located in the sprinkler riser room had an inspection and maintenance tag indicating the most recent yearly inspection date was January 2015.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 3 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented 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, staff and visitors.</p> <p>Findings include:</p>		the Home Manager/PD checklist.	

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K S051  Bldg. 01	<p>Based on observations with the Program Coordinator during a tour of the facility from 11:00 a.m. to 11:30 a.m. on 04/01/16, the portable fire extinguisher located in the sprinkler riser room had an affixed inspection and maintenance tag lacking documentation of monthly inspections after November 2015. In addition, the portable fire extinguisher located by the east bathroom had an affixed inspection and maintenance tag lacking documentation of monthly inspections after December 2015. Based on interview at the time of observation, the Program Coordinator stated no other documentation of monthly portable fire extinguisher inspections was available for review and acknowledged documentation of monthly inspections for the aforementioned portable fire extinguishers after November 2015 was not available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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>			

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	<p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, Table 7-3.2 states all initiating devices shall be functional tested annually. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp; Security "Systems Service" documentation dated 04/02/15 during record review with the Program Coordinator from 10:00 a.m. to 11:00 a.m. on 04/01/16, documentation of the location and results of initiating device testing in the facility within the most recent twelve month period was not available for review. The aforementioned documentation stated a total of six fire alarm boxes and fourteen detectors were located in the facility. Based on interview at the time of record review, the Program Coordinator stated</p>	K S051	<p>Indiana MENTOR, in conjunction with Koorsen, will ensure that the Alarm and Detection Equipment Test Report has been completed within the last 12 months.</p> <p>Koorsen has been working to complete all required annual testing in all Indiana MENTOR Indianapolis homes to ensure compliance. Indiana MENTOR will continue to work with Koorsen to ensure completion in a timely manner for each home.</p> <p>Ongoing, the Area Director, in conjunction with the Maintenance Supervisor will review all reports of required testing completed by Koorsen to ensure that any and all needed testing and follow up is completed and on time.</p>	04/29/2016

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K S053 Bldg. 01	<p>no other documentation was available for review indicating the location and results of functional testing of manual fire alarm box locations and smoke detector locations within the most recent twelve month period. Based on observation with the Program Coordinator during a tour of the facility from 11:00 a.m. to 11:30 a.m. on 04/01/16, six manual fire alarm boxes and fourteen smoke detectors were installed in the facility.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical</p>			

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	<p>system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review and interview, the facility failed to ensure all facility smoke detectors were within their listed and marked sensitivity range. 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</p>	K S053	Indiana MENTOR, in conjunction with Koorsen, will ensure that the Smoke detector sensitivity Test has been completed with in the last 24 months. Koorsen has been working to complete all required annual testing in all Indiana MENTOR Indianapolis homes to ensure compliance. Indiana MENTOR will continue to work with Koorsen to ensure completion in a timely manner for each home. Ongoing, the Area Director, in conjunction with the Maintenance Supervisor will review all reports of required testing completed by Koorsen to ensure that any and all needed testing and follow up is completed and on time.	04/29/2016			

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	<p>increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(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.</li> <li>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</li> </ol> <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. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp; Security "Systems Service" documentation dated 04/02/15 during</p>			

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K S056 Bldg. 01	<p>record review with the Program Coordinator from 10:00 a.m. to 11:00 a.m. on 04/01/16, documentation of facility smoke detector sensitivity testing within the most recent two year period was not available for review. The aforementioned documentation stated "sensitivity performed during inspection" but it did not provide the location and sensitivity testing results for each of fourteen facility smoke detectors tested. Based on interview at the time of record review, the Program Coordinator stated no additional smoke detector sensitivity testing within the most recent two year period was available for review and acknowledged written smoke detector sensitivity documentation for the most recent two year period for all facility smoke detectors was not available for review.</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</p>			

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	<p>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 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</p>			

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	<p>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> <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.</p>			

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	<p>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 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 record review, observation and interview; the facility failed to ensure</p>	K S056	Indiana MENTOR, in conjunction with Koorsen, will ensure that the quarterly sprinkler system	04/29/2016

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	<p>sprinkler waterflow alarm devices were tested for 3 of 4 quarters. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices, including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Program Coordinator during record review from 10:00 a.m. to 11:00 a.m. on 04/01/16, documentation of quarterly sprinkler system inspection of waterflow alarm devices within the most recent twelve month period was not available for review. Based on observation with the Program Coordinator during a tour of the facility from 11:00 a.m. to 11:30 a.m. on 04/01/16, Koorsen Fire &amp; Security had affixed a hanging tag to the automatic sprinkler system in the sprinkler riser room indicating waterflow alarm device inspection was conducted in September 2015. Based on interview at the time of record review and of the observation, the</p>		<p>inspection of water flow alarm devices has been completed within the last quarter. Koorsen has been working to complete all required annual testing in all Indiana MENTOR Indianapolis homes to ensure compliance. Indiana MENTOR will continue to work with Koorsen to ensure completion in a timely manner for each home. Ongoing, the Area Director, in conjunction with the Maintenance Supervisor will review all reports of required testing completed by Koorsen to ensure that any and all needed testing and follow up is completed and on time. The Area Director and Maintenance Supervisor, in conjunction with Koorsen, will ensure that 6 additional sprinklers are stored in the spare sprinkler cabinet. Indiana MENTOR has notified Koorsen of this deficiency and will ensure that an extra sprinkler is added to the five already available. Ongoing, the Maintenance Supervisor, and/or 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.</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Program Coordinator acknowledged the only documented sprinkler system inspection of waterflow alarm devices available for review was performed in September 2015.</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 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). NFPA 25, Section 2-4.1.8 states sprinklers shall not be altered in any respect after shipment from the place of manufacture. This deficient practice could affect all clients, staff and visitors in the facility.</p>				

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	<p>Findings include:</p> <p>Based on observation with the Program Coordinator during a tour of the facility from 11:00 a.m. to 11:30 a.m. on 04/01/16, a total of five spare sprinklers were noted on the premises in the spare sprinkler cabinet in the sprinkler system riser room. Based on interview at the time of observation, the Program Coordinator acknowledged a supply of at least six spare sprinklers were not stored in a cabinet on the premises for replacement purposes.</p>			