

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G673	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  11/05/2014
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3521 OXFORD SOUTH BEND, IN 46615
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K020000	<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: 11/05/14</p> <p>Facility Number: 009114 Provider Number: 15G673 AIM Number: 100244780</p> <p>Surveyor: Brett Overmyer, Life Safety Code Supervisor, Thomas Forbes Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dungarvin Indiana, LLC 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 facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K020000		
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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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K020130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.5.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/19/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers was provided maintenance no more than one year apart. Section 4.6.12.1 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 10 Standard for Portable Fire Extinguishers, Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. NFPA 10, 4-3.4.3 requires records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides a permanent record.</p>	K020130	<p>The Program Director will ensure that there are tags on all the portable fire extinguishers in the home. Monthly, the Lead DSP or designated staff conducts a monthly site risk assessment. This assessment is documented on the Monthly Site Risk Checklist. The person that completes the checklist will ensure the portable fire extinguishers are inspected to ensure they are in working order. The check will be documented on the Monthly Site Risk Management Checklist, and the staff will initial the tag on the fire extinguisher to document the check. Weekly, the Program Director will complete an onsite visit. One time per month, the Program Director will check the</p>	12/05/2014

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K02S046	<p>This deficient practice would affect all clients, staff and visitors.</p> <p>Findings include: Based on observation with Mid Support Staff # 1 on 11/05/14 at 11:17 A.M., the last annual inspection tag for the portable fire extinguisher located in the dining room near the Washer and dryer was missing. The Mid Support Staff was unsure why the fire extinguishers had not received the tag and annual inspection paper work not could be found at the same time as the other two fire extinguishers.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 1 of 7 residents.</p> <p>Findings include: Based on observation with the Mid</p>	K02S046	<p>tags on the fire extinguishers to ensure the staff are placing their initials on the tag after the check. The Area Director will conduct at least quarterly site visits and ensure the staff are checking the fire extinguishers monthly and documenting the checks on the tags. System wide, all Program Directors and the Maintenance Director will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.</p> <p>The power strips were removed from the home and the phone charger was plugged directly into the wall outlet. System wide, all Program Directors, Lead DSPs, and the Maintenance Director will review this standard and ensure that this requirement is being applied to all Dungarvin ICF-MR's.</p>	12/05/2014

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K02S147	<p>Support Staff on 11/5/14 at 11: 26 a.m. there was a extension cord power strip plugged in to another extension cord power strip providing power to a phone charger in the client's bedroom located across from the staff office. Based on interview, the Mid Support Staff at the time of observation acknowledge that extension cord power strip plugged in to another extension cord power strip.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility failed to include the proper operation of the fire extinguishers in the written fire safety plan to protect 7 of 7 clients. This deficient practice affects all</p>	K02S147	All Dungarvin Direct Support Staff and Program Directors receive training during orientation and annually thereafter on the proper operation of fire extinguishers per OSHA guidelines. Staff are trained to use the PASS	12/05/2014	

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	<p>clients in the facility.</p> <p>Findings include</p> <p>Based on observation during record review with the Mid Support Staff on 11/06/2014, at 11:17 a.m., "The Policy and Procedure For Emergency Situations" under fire response fail to show the proper procedure for the operation of the fire extinguishers located within the facility. The Mid Support staff confirmed that the proper operation of the fire extinguishers was not located in policy.</p>		<p>technique:</p> <p><b>P</b> - Pull the pin. It is there to prevent accidental discharge.</p> <p><b>A</b> - Aim low at the base of the fire. This is the where the fuel source is.</p> <p><b>S</b> - Squeeze the lever above the handle. Release to stop the flow. (Some extinguishers have a button instead of a lever)</p> <p><b>S</b> - Sweep from side to side. Move toward the fire, aiming low at its base. Sweep until all flames are extinguished. Watch for re-igniting. Repeat as necessary. Have site inspected by fire department.</p> <p>Training also specifies that staff can only use an extinguisher if the fire is in its incipient stage and the written safety plan specifies that the fire must be smaller than a basketball. Staff are also trained that extinguishers can be used only if a second staff is present to evacuate the individuals and call 911. Extinguishers also have directions for proper operation printed directly on the extinguisher for quick reference in the event of a fire.</p> <p>System wide, Dungarvin will continue to ensure that all Direct Care Staff and Program Directors receive annual training on the proper operation of fire extinguishers.</p>		