

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7310 E 55TH 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: 12/01/15</p> <p>Facility Number: 000957 Provider Number: 15G443 AIM Number: 100244630</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 S053 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.6.</p> <p>Quality Review completed 12/03/15 - DA.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 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>			
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	Based on record review and interview, the facility failed to ensure 12 of 12 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 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: (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit	K S053	Addendum: Indiana MENTOR had a phone conference with Koorsen on January 19, 2016, and it was discovered that the full sensitivity testing was not fully completed. Koorsen agreed to complete the required sensitivity testing at this particular group home within the next 72 hours. Koorsen will provide a full report with all sensitivity ratings once completed. The Regional Director will follow up with Koorsen to ensure that no other group homes have outstanding sensitivity testing that is required, instead of an annual function test. Responsible Party: Koorsen, Maintenance Supervisor, Regional Director	12/31/2015

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	<p>arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <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 record review with the Program Coordinator from 11:00 a.m. to 12:15 p.m. on 12/01/15, documentation of smoke detector sensitivity testing within the most recent two year period was not available for review. Based on interview at the time of record review, the Program Coordinator acknowledged written smoke detector sensitivity documentation for the most recent two year period was not available for review.</p>			

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K S154 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 8 of 8 clients by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC A.9.7.6 explains a fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Those individuals should be specifically trained in fire prevention and in the use of fire extinguishers and occupant hose lines, in notifying the fire department, in sounding the building fire alarm, and in understanding the particular fire safety situation for public education purposes. This deficient practice affects all clients, staff and visitors in the facility.</p>	K S154	<p>The Indiana MENTOR Safety Policy does include the mandatory notification of all required parties, including but not limited to the local fire department, and the Indiana State Dept of Health. See attachment for more information.</p> <p>The Program Coordinator and the Direct Support Staff will be retrained on Indiana Mentor's policy and procedures on fire and safety. The Program Coordinator and the Direct Support Staff will be retrained on Indiana Mentor's policy and procedures on the fire watch. Ongoing, the staff will implement the fire policy at all times as needed and/or required.</p>	12/31/2015
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	<p>Findings include:</p> <p>Based on review of "Operating Practices - Supervised Group Living Services" and "Indiana Mentor Procedures for a Fire Watch" documentation with the Program Coordinator during record review from 11:00 a.m. to 12:15 p.m. on 12/01/15, the facility's written policy and procedure for an impaired automatic sprinkler system did not include notification of the Indiana State Department of Health and the local fire department which are the authorities having jurisdiction. In addition, the aforementioned policy did not indicate the individual conducting the fire watch shall be trained in the duties and responsibilities of a fire watch and the individual shall be assigned no other duties or responsibilities while conducting the fire watch. Based on interview at the time of record review, the Program Coordinator acknowledged the fire watch policy and procedure did not included notification of the authorities having jurisdiction and did not indicate the individual conducting the fire watch shall be trained in the duties and responsibilities of a fire watch and the individual shall be assigned no other duties or responsibilities while conducting the fire watch.</p>			
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K S155 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Operating Practices - Supervised Group Living Services" and "Indiana Mentor Procedures for a Fire Watch" documentation with the Program Coordinator during record review from 11:00 a.m. to 12:15 p.m. on 12/01/15, the facility's written policy and procedure for an impaired fire alarm system did not include notification of the Indiana State Department of Health and the local fire department which are the authorities having jurisdiction. In addition, the aforementioned policy did not indicate the individual conducting the fire watch</p>	K S155	<p>The Indiana MENTOR Safety Policy does include the mandatory notification of all required parties, including but not limited to the local fire department, and the Indiana State Dept of Health. See attachment for more information.</p> <p>The Program Coordinator and the Direct Support Staff will be retrained on Indiana Mentor's policy and procedures on fire and safety.</p> <p>The Program Coordinator and the Direct Support Staff will be retrained on Indiana Mentor's policy and procedures on the fire watch.</p> <p>Ongoing, the staff will implement the fire policy at all times as needed and/or required.</p>	12/31/2015	

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