

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/26/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637
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K 000 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: 03/26/2015</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</p> <p>Surveyors: Scott Wytosick, Life Safety Code Specialist and Amy Kelley, 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 with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in the living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K 000		
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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 130 Bldg. 01	<p>Calculation of the Evaluation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.4.</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, record review and interview the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 1 portable fire extinguishers in the basement. NFPA 101 in 4.6.12.2 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, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at</p>	K 130	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	04/25/2015

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	<p>least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation and record review of the fire extinguisher inspection/maintenance tag on the one fire extinguisher in the facility with the Lead Direct Support on 03/26/2015 at 2:09 p.m., there was no documentation on the tag to show the one fire extinguisher in the basement had received a monthly inspection in January or February of 2015. This was acknowledged by the Lead Direct Support at the time of observation and record review of the fire extinguisher.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 basement portable fire extinguisher pressure gauge readings was in the acceptable range. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.2(g) requires the periodic monthly check shall ensure the pressure gauge reading is in the operable range. 4-3.3.1 requires any fire extinguisher with a deficiency in any condition listed in 4-3.2 (c), (d), (e), (f) and (g) shall be subjected</p>		<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-ID's.</p>				

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K 046 Bldg. 01	<p>to applicable maintenance procedures. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Lead Direct Support on 12/09/13 at 2:09 p.m., the gauge on the portable fire extinguisher located in the basement indicated the extinguisher was overcharged. The Lead Direct Support agreed at the time of observation, the gauge reading was not in the normal operating range.</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. 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 affects 6 residents in the dining room.</p> <p>Findings include:</p>			K 046	<p>The flexible cord was 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-ID's.</p>		04/25/2015

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	<p>Based on observation with Lead Direct Support on 03/26/2015 at 1:48 p.m. in the Medical Area, a flexible extension cord was used to power a cell phone charger. Based on interview at the time of observation with the Lead Direct Support, she acknowledged and removed the flexible extension cord.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires 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 facility staff.</p> <p>Findings include:</p> <p>Based on an observation with the Lead Direct Support on 03/26/2015 at 2:17 p.m., a multiplug adapter was located in the basement computer area. Computer components were plugged into a multiplug adapter. Based on interview at the time of observation, the multiplug adapter was acknowledged by the Lead Direct Support.</p>						

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K 051 Bldg. 01	<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> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was provided in accordance with Section 9.6. Section 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, Section 7-4.3 states all apparatus requiring resetting to maintain normal operation shall be reset as promptly as possible after each test and alarms. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/26/2015 at 3:06 p.m. the Lead Direct Support never activated the fire alarm</p>	K 051	<p>The pull station for the basement has been installed. The manual pull station in the dining room does not require a tool to reset it. In order to reset it the handle is pushed back into place. All staff will be retrained on resetting the alarm system by 4/25/15. 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-ID's.</p>	04/25/2015

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K 056 Bldg. 01	<p>system using the manual pull station in the dining room and was unable to confirm she had the tool required to reset the manual pull station and therefore reset the fire alarm system. If this pull station was accidentally or intentionally activated the fire alarm system could not be reset until the fire alarm service company's arrival.</p> <p>2. Based on observations and interview the facility failed to ensure 1 of 2 levels was provided with manual fire alarm boxes. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural path to exit an area. This deficient practice affects residents, staff and visitors during a time of a fire emergency while on the second floor.</p> <p>Findings include:</p> <p>Based on observation on 03/26/2015 at 2:17 p.m. the only one natural path to an exit from the basement did not have a manual fire alarm box installed. Based on interview, the Lead Direct Support acknowledged the lack of a manual fire alarm box in the basement.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p>				

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	<p>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 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>			

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	<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 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</p>				

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	<p>installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL</p> <p>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> <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</p>			

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	<p>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 observation and interview, the facility failed to replace 1 of 5 corroded sprinklers in the basement. LSC 9.7.5 requires all automatic sprinkler systems shall 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, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice was located in the basement and could affect all staff.</p> <p>Findings include:</p> <p>Based on observation with the Lead Direct Support on 03/26/2015 at 2:19 p.m., 1 of 5 automatic sprinkler in the basement was corroded with a green substance. Based on interview at the time of the observation, the Lead Direct Support acknowledge the condition of the sprinkler head.</p> <p>2. Based on observation and interview,</p>	K 056	<p>The Maintenance Director verified on 3/26/15 that there were 8 replacement quick response replacement sprinkler heads available in the home. There was 1 replacement angled sprinkler head available in the home. The required second replacement angled sprinkler head has been ordered and will be placed in the home by 4/25/15. The Lead DSP will be retrained on the location of the spare sprinkler heads by 4/25/15. On 3/30/15 VSP, the company that maintains the home's sprinkler system, came to the home and inspected all sprinkler heads and determined that all are within code and in operating order. The outdated gauge was located on a test handle but was replaced on 3/30/15. System wide, all Program Directors and Area Directors will review this standard and assure that this concern is being addressed at all Dungarvin ICF/ID's.</p>	04/25/2015

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	<p>the facility failed to maintain 1 of 2 kitchen sprinkler heads. LSC 9.7.5 requires all automatic sprinkler systems shall 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, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice was located in the kitchen and could affect all staff.</p> <p>Findings include:</p> <p>Based on observation with the Lead Direct Support on 03/26/2015 at 1:50 p.m., 1 of 2 automatic sprinkler heads in the kitchen was covered in grime and dust. Based on interview at the time of the observation, the Lead Direct Support acknowledge the condition of the sprinkler head.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated</p>			

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	<p>gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation with the Direct Lead Support on 05/24/10 at 2:13 p.m., the sprinkler system located in the basement had one of two pressure gauges with a date indicating the gauges were manufactured in 2006. Based on interview at the time of observation, the Direct Support Lead acknowledged the gauges were manufactured in 2006.</p> <p>4. Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires 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</p>			

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K 149 Bldg. 01	<p>rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include: Based on observation with the Lead Direct Support on 03/26/2015 at 2:13 p.m., there were only 1 quick response sprinklers in the spare sprinkler cabinet. Based on observation during the tour, there were quick response sprinkler heads located in the basement. This was acknowledged by the Lead Direct Support at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to enforce 1 of 1 smoking policies. This deficient practice could affect all occupants.</p> <p>Findings include: Based on observation with the Lead Direct Support on 03/26/2015 at 1:53</p>	K 149	All staff at the home will be re-trained on the agency policy on smoking by 4/25/15. A designated smoking area for employees is established a safe distance from the home with an approved, designated receptacle for disposing of the butts. Going forward, the Lead DSP, Maintenance Coordinator, Program Director, and Area Director will all be responsible to	04/25/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/26/2015
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K 152 Bldg. 01	<p>p.m., at least 9 cigarette butts were in the grass and along the back wheelchair ramp. Based on an interview with the Lead Direct Support at the time of observation, the backyard was the designated smoking area with an approved noncombustible safety type receptacle.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective</p>		<p>check these areas of compliance. The Program Director will complete weekly walk-thru checks of the home and the Maintenance Director is at the home at least monthly. The Area Director is at the home as another layer of safeguard at a minimum once per quarter. All of the employees in these key positions are being re-trained on the expectations that these concerns will be reported and acted on in a timely fashion. System wide, all Program Directors and Area Directors will review this standard and assure that this concern is being addressed at all Dungarvin ICF/ID's.</p>	

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	<p>action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>1. Based on record review and interview, the facility failed to ensure 12 of 12 fire drills were conducted under varied conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Record on 03/26/2015 at 12:55 p.m. with the Lead Direct Support, the following was noted:</p> <p>a) Three of four 1st shift fire drills conducted in the past year occurred between the hours of 7:55 a.m. and 8:35 a.m.</p> <p>b) Four of four 2nd shift fire drills conducted in the past year occurred between the hours of 7:20 p.m. and 7:50 p.m.</p> <p>c) Three of four 3rd shift fire drills conducted in the past year occurred between the hours of 11:30 p.m. and 11:55 p.m.</p> <p>Based on interview at the time of review, the Lead Direct Support acknowledged</p>	K 152	<p>The Program Director had identified that this was an issue in February and completed retraining with the Lead DSP and all staff in the home when the issue was found. Going forward, the evacuation drills will be completed according to the requirement, including fire drills being conducted at various times and under various conditions. Copies of the evacuation drills will be sent to the Administrative Coordinator for tracking on a monthly basis. A report will be sent to the Program Director and Area Director following that tracking to notify administrative staff if any evacuation drills are not submitted according to this standard.</p> <p>System wide, all Program Directors and Area Directors will review this standard and assure that this concern is being addressed at all Dungarvin ICF/ID's.</p>	04/25/2015

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	<p>the above time frames of the fire drills.</p> <p>2. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of "Fire Drill Record" on 03/26/2015 at 12:59 p.m., Lead Direct Support acknowledged documentation of a first shift fire drill for the second quarter of 2014 were not available for review.</p>				