

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G601	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/28/2015
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NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 E THOMPSON RD INDIANAPOLIS, IN 46237
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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: 08/28/15</p> <p>Facility Number: 001183 Provider Number: 15G601 AIM Number: 100240080</p> <p>At this Life Safety Code survey, Tangram, 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 monitored fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety,</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 S056  Bldg. 01	<p>Chapter 6, rated the facility Slow with an E-Score of 4.2.</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 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</p>						

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	<p>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 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</p>			

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	<p>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. 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</p>			

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	<p>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. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested or replaced every five years. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7. 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 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:  Based on review of Grunau Company</p>	K S056	Tangram's Director of Compliance and Risk Management has contacted Grunau, the Fire Protection Service company that works with Tangram on the testing of its home fire alarm and sprinkler protection systems. Grunau has arranged for a technician to correct this deficiency in the home by the completion deadline. In order to ensure that this deficient practice does not recur, Grunau will now request that its technicians carry the applicable gauges with them when conducting any tests of the home's fire protection systems to ensure that the gauges are calibrated or replaced in accordance with regulations. The Director of Compliance and Risk Management is also working on a more efficient internal tracking system for fire protection systems services for each of its group homes. This Director will work with her QA Support Assistant and with the Program Manager to	09/27/2015

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K S152 Bldg. 01	<p>"Inspection Contract No." documentation dated 07/27/15 with the Program Director during record review from 10:00 a.m. to 11:10 a.m. on 08/28/15, the date of sprinkler gauge replacement or recalibration was not available for review. Based on observation with the Program Director during a tour of the facility from 11:10 a.m. to 11:40 a.m. on 08/28/15, the sprinkler system gauge manufacture date was listed as 2009 on the face of the gauge with no recalibration date recorded on the gauge. Based on interview at the time of record review and of the observation, the Program Director acknowledged the sprinkler system gauge had not been replaced or recalibrated within the last five years.</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:</p>		ensure that Tangram follows up with Grunau to further ensure that the gauges are being checked in accordance with regulatory requirements.				

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	<p>(iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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 provide documentation of a fire drill conducted on the second shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill/Safety Inspection Report", "Emergency Drill Report for Location 333" and "Safety Calendar" documentation with the Program Director during record review from 10:00 a.m. to 11:10 a.m. on 08/28/15, documentation of a fire drill conducted on the second shift in the fourth quarter of 2014 was not available for review. Based on interview at the time of record review, the Program Director acknowledged documentation of a fire drill conducted on the second shift in the fourth quarter of 2014 was not available for review.</p>	K S152	Tangram's Director of Compliance and Risk Management has reviewed these requirements with the home's Program Manager, who is responsible for overseeing drills in the home. When drills are conducted, staff enters the required drill information into Tangram's internal client database, CASPer. In order to prevent these deficient practices from recurring, the Program Manager will review all drill information on a monthly basis by the 20th day of each month, at the latest time for that month. The Program Manager will ensure that a drill is completed each month. Additionally, the Program Manager will audit the drill information in CASPer to ensure that the time the drill was conducted is properly documented. The Program Manager will also audit the drill information in CASPer to ensure that the drills are being conducted at varied times, even when drills are performed on same shifts.	09/27/2015

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	<p>2. Based on record review and interview, the facility failed to activate the fire alarm system to simulate emergency fire conditions on 2 of 4 first shift fire drills and on 2 of 4 second shift fire drills. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill/Safety Inspection Report", "Emergency Drill Report for Location 333" and "Safety Calendar" documentation with the Program Director during record review from 10:00 a.m. to 11:10 a.m. on 08/28/15, documentation for the first shift fire drills conducted at 10:00 a.m. on 05/10/15 and at 11:00 a.m. on 07/26/15 did not state the fire alarm system was activated for each fire drill. In addition, documentation for the second shift fire drills conducted on 03/11/15 at 6:00 p.m. and at 6:00 p.m. on 06/12/15 did not state the fire alarm system was activated for each fire drill. Based on interview at the time of record review, the Program Director acknowledged documentation for the aforementioned first and second shift fire drills did not include activation of the fire alarm system.</p>		<p>Finally, the Program Manager will audit the drill information in CASPer to ensure that the staff are verifying in the report that the alarm was activated and that the time of this activation is documented. In order to assist in this verification of alarm activation times, the Director of Compliance and RiskManagement worked with Tangram's Director of Information Technology to ensure that CASPer has a place in the electronic drill report to document both the fact that the alarm was activated and the time of the activation. If, upon review by the 20th of each month, the Program Manager finds that all of the above requirements have not been met, the Program Manager will have the staff conduct another drill for that month that meets the regulations. Furthermore, Tangram's Director of Complianceand Risk Management will run monthly drill reports from CASPer to provideadditional review of drill report activities. These reports will be run for all Tangram group homes and any missingdrill information will be communicated to the applicable Program Manager forfollow up.</p>				

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	<p>3. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the third shift for 4 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill/Safety Inspection Report", "Emergency Drill Report for Location 333" and "Safety Calendar" documentation with the Program Director during record review from 10:00 a.m. to 11:10 a.m. on 08/28/15, fire drills conducted on the third shift on 12/01/14, 01/12/15, 04/07/15 and 07/01/15 were conducted at, respectively, 11:00 p.m., 11:00 p.m., 11:30 p.m. and 11:00 p.m. Based on interview at the time of record review, the Program Director acknowledged four of four fourth shift fire drills were not conducted under varied conditions.</p> <p>4. Based on record review and interview, the facility failed to provide complete documentation of fire drills conducted on the second shift for 1 of 4 quarters. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p>			

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	Based on review of "Fire Drill/Safety Inspection Report", "Emergency Drill Report for Location 333" and "Safety Calendar" documentation with the Program Director during record review from 10:00 a.m. to 11:10 a.m. on 08/28/15, the fire drill conducted on 11/10/14 did not include the time of day the drill was conducted. Based on interview at the time of record review, the Program Director stated the aforementioned fire drill was a second shift fire drill and acknowledged 11/10/14 fire drill documentation did not include the time of day the drill was conducted.				