

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G265	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 926 S TENTH ST LAFAYETTE, IN 47905
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K010000	<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: 08/26/13</p> <p>Facility Number: 000785 Provider Number: 15G265 AIM Number: 100249010</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</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 two story facility with a basement was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels in corridors, in living areas, and in sleeping rooms. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</p>	K010000		

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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/04/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010130	<p>1. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was given maintenance at periods not more than one year apart. LSC 4.6.12.2 requires life safety features, if not required by the Code, shall be continuously maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. NFPA 10, 4.2.2 defines maintenance as a "thorough check" of the extinguisher. It is intended to give maximum assurance the extinguisher will operate effectively and safely. This deficient practice could affect affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the house manager at 1:15 p.m. on 08/26/13, a service and inspection tag for the portable fire extinguisher located in the storage room under the front stairway was not found to ensure an annual check had been done in the past year. A sticker on the extinguisher was identified by the house manager as the means by which staff noted monthly checks.</p>	K010130	<p>The facility ensures that all portable fire extinguishers are inspected on a monthly basis. The Program Director will retrain the facility maintenance staff, to check each portable fire extinguisher, monthly. The Maintenance staff will thoroughly check each fire extinguisher as well as ensuring that the veification of service collar for verification of the six year maintenance procedure, as well as documenting monthly maintenance to ensure each fire extinguisher is fully charged, and has been subject to at least annual maintenance. Facility maintenance staff, will ensure that all portable fire extinguishers are mounted, per policy on a hanger, or a bracket. The Home Manager will note, in the weekly home manager checklist, that all maintenance needs have been addressed, including proper maintenance and storage of portable fire extinguishers. Responsible Persons: Facility Maintenance, Home Manager, Program Director Completion Date: 9/25/13</p>	09/25/2013	

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	<p>2. Based on observation and interview, the facility failed to provide 2 of 12 portable fire extinguishers with a verification of service collar. LSC 4.6.12.2 requires life safety features, if not required by the Code, shall be continuously maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, at 4-4.4.2 requires each extinguisher that has undergone maintenance which includes internal examination or has been recharged (see 4-5.5) shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed. The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month and year the service was performed, indicated by a perforation such as is done by a hand punch. Each extinguisher that has undergone the six year maintenance procedure shall have a "Verification of Service Collar" around the neck of the extinguisher indicating the date of 6 year maintenance. This deficient practice could affect all occupants.</p>			

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	<p>Findings include:</p> <p>Based on observation with the house manager on 08/26/13 at 1:15 p.m., the fire extinguisher located in the storage room under the front stairway had no verification of service collar. Upon closer inspection, the fire extinguisher was found to be stamped with a manufacture date of 2005. The house manager agreed had the time of observation, the fire extinguisher was overdue for it's six year maintenance procedures.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was maintained. LSC 4.6.12.2 requires life safety features, if not required by the Code, shall be continuously maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. NFPA 10, 4-3.2 requires the monthly inspection to include a check of the pressure gauge reading or indicator to ensure it is in the operable range or position. NFPA 10, 4-3.3 requires immediate corrective action be taken when an inspection reveals a deficiency such as the pressure gauge indicating a need for recharge. This</p>				

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	<p>deficient practice affects all client, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 08/26/13 at 1:25 p.m., the needle for the pressure gauge for the fire extinguisher located on the west side of the first floor was positioned to indicate the fire extinguisher needed to be recharged. The house manager said at the time of observation, she was unaware of the maintenance needs for the extinguisher.</p> <p>4. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was installed on a hanger, bracket, mounted in a cabinet or set on a shelf. LSC 4.6.12.2 requires life safety features, if not required by the Code, shall be continuously maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1-6.7 requires extinguishers shall be installed on the hangers or in the brackets supplied, mounted in cabinets or set on shelves. NFPA 10 1-6.8 requires extinguishers installed under conditions where they are subject to dislodgement shall be installed in brackets specifically designed to cope with this problem. This deficient practice could affect visitors, staff and any</p>			

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	<p>resident in the north ground floor corridor where the resident laundry, exercise, and activities rooms are located.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 08/26/13 at 12:50 p.m., a fire extinguisher in the basement was found sitting on the floor. The house manager said at the time of observation, the extinguisher was not intended for use but she did not know how to dispose of it. She acknowledged the extinguisher had nothing to identify it as unusable.</p>			

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K01S056	<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 including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>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 Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<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 Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>			

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	<p>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 and interview, the facility failed to ensure an annual test to check backflow preventers for 1 of 1 sprinkler systems. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems. NFPA 25, 9-6.2.1. requires all backflow preventers installed in fire protection system piping shall be tested annually. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of sprinkler system test and inspection records provided with the house manager on 08/26/13 at 1:05 p.m., a current backflow test was not found in the inspection records provided. The last record of backflow testing was dated 03/18/09. The house manager said at the time of record review, she did not know if it had been done.</p>	K01S056	<p>The facility ensures that annual tests are conducted on its sprinkler systems. The facility contracts with a professional provider company to inspect and test its fire and sprinkler systems. This includes ensuring that sprinklers and backflow preventers are tested on an annual basis. The provider agency utilized for back flow testing will provide a written report to the agency. The Program Director will ensure that current copies of back flow testing are available for review. Copies of testing will be maintained in the safety book in the home. Persons Responsible: Program Director Completion Dates: 9/25/13</p>	09/25/2013			

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 8 of 8 clients, which is amended or revised whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K01S147	The facility ensures a plan in place to protect all persons in the event of fire, for keeping persons in place, for evacuatin persons to areas of refuge, and for evacuating persons from the building when necessary. The Program Director will be retrained on policy and procedure regarding ensuring that an evacuation drill is run on a monthly basis. The Home Manager will ensure that all staff are trained, upon hire, the policy and procedure for running an evacuation drill. The Home Manager will keep a schedule of evacuation drills and ensure that staff are running them per policy. The Home Manager will review	09/25/2013

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	Based on Fire Drill Reports reviewed with the house manager on 08/26/13 at 1:50 p.m., a lapse in staff fire safety training time was more than the two months allowed as evidenced by the lack of any record of a fire drill or other training for the periods between 03/09/13 to date and the third quarter of 2012 for the 11:00 p.m. to 9:00 a.m. shift; between 10/06/12 to 04/08/13 for the 9:00 a.m. to 3:00 p.m. shift; or for the 3:00 p.m. to 11:00 p.m. shift between 01/07/13 and 07/18/13. The house manager said at the time of record review, there was no fire drill documentation available for these periods.		the evacuation drill for accuracy, and will submit a copy of the drill to the Program Director for review. The Home Manager will maintain a copy of all evacuation drills in the safety book located in the home. The Home Manager will document on the Home Manager checklist that the evacuation drill has been run, per the standard. Responsible Parties: Program Director, Home Manager Completion Date:9/25/13		

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K01S148	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on record review, observation and interview; the facility failed to ensure facility smoking regulations were enforced. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the Smoking Procedures for the 10th Street Group Home with the house manager on 08/26/13 at 1:30 p.m., the facility smoking policy states, "All smoking will occur ONLY under the carport, away from the door....., Cigarette butts, ashes, matches and any other waste produced by a cigarette will be discarded in an appropriate ash can. Any cigarette waste found in the driveway, yard or any other part of the Mento owned property will result in corrective action and a no smoking policy for this home." During a tour with the house manager on 08/26/13 at 12:50 p.m., the the wooden deck abutting the back of the house had a thick mat of lint, presumably from the clothes dryer. An open ashtray with a cigarette butt sat upon the accumulated lint. Another butt lay on the mat of lint on the deck. An "appropriate waste can was not</p>	K01S148	The facility ensures that smoking rules and regulations are adhered to. The Home Manager will retrain all staff, and clients who smoke, regarding the designated smoking area for the home. The Home Manager will ensure that there is a suitable receptacle for cigarette waste available at the approved smoking location. The House Manager will monitor the house and the surrounding grounds to ensure that cigarette waste is not thrown anywhere, except the cigarette butt receptacle. Responsible Parties: Home Manager Completion Date: September 25, 2013	09/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G265	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2013
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	observed there or under the carport designated as the smoking area. The house manager said, at the time of record review, smokers often smoked "in the back yard" and she had been unaware the cigarette butts and ashtray were on the back deck. She agreed the smoking policy was not followed.			

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K01S152	<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 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. Based on record review and interview, the facility failed to ensure fire and evacuation drills were provided for each shift for 3 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include: Based on the Fire Drill Report review with the house manager on 08/26/13 at</p>	K01S152	The facility holds evacuation drills on a monthly basis. The Program Director will be retrained on policy and procedure regarding ensuring that an evacuation drill is run on a monthly basis. The Home Manager will ensure that all staff are trained, upon hire, the policy and procedure for running an evacuation drill. The Home Manager will keep a schedule of evacuation drills and ensure that	09/25/2013			

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	1:50 p.m., fire drill records were not provided for periods between 03/09/13 to date and the third quarter of 2012 for the 11:00 p.m. to 9:00 a.m. shift; between 10/06/12 to 04/08/13 for the 9:00 a.m. to 3:00 p.m. shift; or for the 3:00 p.m. to 11:00 p.m. shift between 01/07/13 and 07/18/13. The house manager said at the time of record review, all the fire drill records had been provided.		staff are running them per policy. The Home Manager will review the evacuation drill for accuracy, and will submit a copy of the drill to the Program Director for review. The Home Manager will maintain a copy of all evacuation drills in the safety book located in the home. The Home Manager will document on the Home Manager checklist that the evacuation drill has been run, per the standard. Responsible Parties: Program Director, Home Manager Completion Date:9/25/13		