

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G369	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/24/2014
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NAME OF PROVIDER OR SUPPLIER  REM- INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7044 CASTLE MANOR INDIANAPOLIS, IN 46214
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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: 04/24/14</p> <p>Facility Number: 000883 Provider Number: 15G369 AIM Number: 100244300</p> <p>Surveyor: Mark Caraher, 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 one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, in bedrooms 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>	K010000		
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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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K01S147	<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 3.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/28/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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>			

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	<p>Based on record review and interview, the facility failed to document periodic instruction of the plan for special staff response, including fire protection procedures needed to ensure the safety of 8 of 8 clients in the facility. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 states the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the Area Director at the Corporate Office from 9:30 a.m. to 10:40 a.m. on 04/24/14, records of staff instruction and review of the facility's written protection plan were not available for review. Based on interview at the time of record review, the Area Director stated records of staff instruction regarding the protection plan</p>	K01S147	All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned into and reviewed by Quality Assurance for accuracy and thoroughness of each drill.	05/24/2014			

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K01S152	483.470(j)(1)(i)  were available for review at the facility. Based on review of "Inservice Training Report: Evacuation Drill Schedule/Emergency Training" documentation with the Home Manager from 10:55 a.m. to 11:20 a.m. on 04/24/14, the date of staff training was not documented for the third and fourth quarter of 2013. Based on interview at the time of record review, the Home Manager acknowledged the aforementioned staff training was not dated as being conducted in the third and fourth quarter of 2013. Furthermore, based on review of "Fire Drill Report" documentation with the Home Manager from 10:55 a.m. to 11:20 a.m. on 04/24/14, documentation of a fire drill conducted for the following shifts and quarters was not available for review: a. the first and second shift in the fourth quarter of 2013. b. the third shift in the third and fourth quarter of 2013.				

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	<p><b>LIFE SAFETY CODE STANDARD</b></p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective 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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first, second and third shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Area Director at the Corporate Office from</p>	K01S152	All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's	05/24/2014			

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	<p>9:30 a.m. to 10:40 a.m. on 04/24/14, documentation of fire drills conducted in the most recent twelve month period was not available for review. Based on interview at the time of record review at the Corporate Office, the Area Director stated fire drill documentation would be available at the facility. Based on review of "Fire Drill Report" documentation with the Home Manager from 10:55 a.m. to 11:20 a.m. on 04/24/14, documentation of a fire drill conducted for the following shifts and quarters was not available for review:</p> <p>a. the first shift in the fourth quarter of 2013.</p> <p>b. the second shift in the fourth quarter of 2013 and in the first quarter of 2014.</p> <p>c. the third shift in the third and fourth quarter of 2013 and the first quarter of 2014.</p> <p>Based on interview at the time of record review, the Home Manager acknowledged documentation of fire drills conducted on the aforementioned shifts and quarters was not available for review.</p>		needs are met. Ongoing, all completed fire drill reports will be turned into and reviewed by Quality Assurance for accuracy and thoroughness of each drill.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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