

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226
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K0000	<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: 11/07/12</p> <p>Facility Number: 000913 Provider Number: 15G399 AIM Number: 100249300</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 with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels 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>	K0000		

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 Impractical with an E-Score of 7.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/08/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0130	<p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 3 of 3 portable fire extinguishers. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 states extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations with the Direct Services Provider (DSP) during a tour of the facility from 11:05 a.m. to 11:45 a.m. on 11/07/12, the portable fire extinguisher located in the kitchen, in the west hallway and in the basement by the stairwell each had an inspection and maintenance sticker attached indicating the last yearly inspection date was September 2011. Based on interview at the time of the observations, the DSP acknowledged the portable fire extinguishers located in the facility each had an inspection and</p>	K0130	<p>Office Manager will work with US automatic to ensure that all fire extinguisher inspections are completed with the required timeline and uploaded to the database for immediate accessibility from Administration. Office Manager will work with US Automatic to ensure portable extinguishers are emptied and subjected to the applicable maintenance procedures every 6 years as required by NFPA 10, Section 4-43. Program Director will retrain Home Manager on completing monthly home inspections, to include, checking fire extinguishers for monthly and annual checks, replacing any missing inspection stickers and notifying administration when an annual inspection has not been completed by US automatic. Home Manager will retrain staff on inspecting fire extinguishers monthly during routine evacuation drills. Program Director will inspect extinguishers during routine bi-weekly home inspections to ensure they have been inspected and signed off per regulation. Responsible Parties: Office Manager, Home Manager, Program Director</p>	12/07/2012			

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	<p>maintenance tag indicating the last yearly inspection date was September 2011.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers located in the basement was inspected at least monthly and the inspections were documented for 11 of 12 months, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires monthly at least the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:05 a.m. to 11:45 a.m. on 11/07/12, the portable fire extinguisher located in the basement by the stairwell had an inspection and maintenance tag indicating the only monthly check</p>			

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	<p>documented for the most recent twelve month period was in June 2012. Based on interview at the time of observation, the DSP stated no other documentation of monthly fire extinguisher monthly checks was available for review and acknowledged the portable fire extinguisher located in the basement by the stairwell had only one monthly check documented for the most recent twelve month period.</p> <p>3. Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations with the Direct Services Provider (DSP) during a tour of</p>						

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	<p>the facility from 11:05 a.m. to 11:45 a.m. on 11/07/12, the portable fire extinguisher located in the kitchen, in the west hallway and in the basement by the stairwell each had an affixed label and collar stating the most recent six year maintenance had been performed in February 2006. Documentation of six year maintenance performed after February 2006 was not available for review. Each portable fire extinguisher's manufacturer label indicated it is a stored pressure fire extinguisher. Based on interview at the time of the observations, the DSP acknowledged the aforementioned portable fire extinguishers were past due for the six year maintenance procedure.</p>			

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KS016	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 2 of 5 basement rooms was rated Class A or Class B for an Impractical rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Direct Services Provider (DSP) during a tour of the facility from 11:05 a.m. to 11:45 a.m. on 11/07/12, wood paneling covered each of the walls in the basement living room and the basement sunroom. Based on interview at the time of the observations, the DSP stated they were unaware if the wood paneling had been treated with a flame retardant material and acknowledged documentation of the flame spread rating for the wood paneling in the aforementioned rooms was not available for review.</p>	KS016	Office Manager placed a work order with maintenance to replace wood paneling in basement living room and sunroom with flame retardant material. Maintenance will inspect home to ensure home walls meet the rated Class A or Class B for an impractical rated facility. Responsible Party: Office Manager, Maintenance	12/07/2012	

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KS046	<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>Based on observation and interview, the facility failed to ensure 1 of 2 electrical outlets in the basement bathroom was provided with functional ground fault circuit interrupter (GFCI) protection against electric shock. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces.</p> <p>Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice all clients.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:05 a.m. to 11:45 a.m. on 11/07/12, one of two electrical outlets were one foot from the sink in the bathroom adjoining the basement sunroom and was not provided with GFCI protection against electrical shock. The</p>	KS046	Office Manager submitted work order for maintenance to convert the electrical outlet in the bathroom with Ground- Fault Circuit- Interrupter Protection. Maintenance will inspect all outlets in the home in bathroom and kitchen area to ensure there is GCCI protection against electrical shock. Responsible Party: Office Manager, Maintenance	12/07/2012			

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	electrical outlet without GFCI protection was installed in the wall above an electrical outlet with GFCI protection. The electrical outlet was tested with a GFCI tester and the outlet did not trip when the trip button on the tester was pushed five times. Based on interview at the time of observation, the DSP acknowledged the aforementioned bathroom electrical outlet was not provided with GFCI protection against electrical shock.			