

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G418	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/27/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5105 N GUION RD INDIANAPOLIS, IN 46254
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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: 03/27/13</p> <p>Facility Number: 000932 Provider Number: 15G418 AIM Number: 100244560</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, bedrooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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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	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/01/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 6 sleeping room doors would close and latch into the door frame. This deficient practice could affect 2 of 8 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:25 a.m. to 12:00 p.m. on 03/27/13, the northwest bedroom door did not latch into the door frame to keep the door closed after five attempts to close and latch the door into the door frame. The door latch failed to protrude into the latch plate on the door frame. Based on interview at the time of observation, the DSP acknowledged the northwest bedroom door did not latch into the door frame.</p>	K01S018	<p>The northwest bedroom door latch was repaired by the Indiana Mentor maintenance staff on April 2, 2013 so that the door now properly latches into the door frame.</p> <p>The Home Manager will receive retraining on ensuring any maintenance issues that need to be fixed are reported to the maintenance staff as soon as possible so repairs can be made.</p> <p>Ongoing, the Home Manager will complete weekly walkthroughs of the home to note if any repairs need to be made. The Home Manager will report needed repairs to maintenance staff and will continually follow up with maintenance staff to ensure requests are followed up on in a timely manner. If maintenance requests are not being completed in a timely manner, the Home Manager will report to the Area</p>	04/26/2013

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			<p>Director. The Area Director will work with the Maintenance Supervisor to ensure that repairs are made in a timely manner.</p> <p>Responsible party: Home Manager, Area Director, Maintenance staff, maintenance supervisor.</p>		