

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385
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K 000 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: 02/17/15</p> <p>Facility Number: 012557 Provider Number: 15G791 AIM Number: 201017960A</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dungarvin Indiana LLC 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 facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in common living areas and hard wired detectors in all resident sleeping rooms. The facility has a capacity of four and had a census of four at the time of this</p>	K 000		
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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 130 Bldg. 01	<p>survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.28.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/25/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>1. Based on observation and interview, the facility failed to ensure 3 of 4 wet locations were provided with GFCI (ground-fault circuit interrupter) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within</p>	K 130	<p>K130</p> <p>NFPA 101 MISCELLANEOUS</p> <p>The QDDP, House Manager, Area Director, Maintenance Coordinator, and Lead DSP have all reviewed these expectations. 1. At the time of survey, all outlets in locations requiring GFCIs are protected by GFCI breakers on the electrical panel and are appropriately labeled. On 2/17/15 the Maintenance Coordinator double-checked the electrical panel to ensure this was the case. The facility will continue to</p>	02/18/2015			

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	<p>the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Qualified Developmentally Disabled Professional (QDDP) on 02/17/15 between 12:45 p.m. and 1:10 p.m., an electrical outlet in the Kitchen was located 18 inches from the sinks. Outlets in the office and laundry area bathroom each had electrical outlets 18 to 24 inches from sinks. The outlets were not provided with GFCIs (ground fault circuit interrupter) to prevent electric shock. No GFCI breakers were found on the electrical panel. The QDDP said at the time of observation, she didn't know about GFCIs.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers were given maintenance at periods not more than one year apart. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires that extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. 4-2.2</p>		<p>ensure all locations requiring GFCI protection have either GFCI outlets or breakers at the electrical panel, per Code. 2. On 2/18/15 the portable fire extinguisher in the kitchen was replaced with one of compliant status. 3. On 2/17/15, the fire extinguisher in the garage had been mounted on a bracket, and lowered to the correct height per Code. 4. On 2/17/15 all fire extinguishers in the facility were relocated to a mounting height per Code.</p> <p>Ongoing, the Maintenance department will check each month to ensure all fire extinguishers have been maintained and are mounted at a height per Code and all wet location outlets have GFCI protection per Code.</p> <p>Completed 2/18/15</p> <p>Persons Responsible: Maintenance Coordinator</p>		

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	<p>defines maintenance as a "thorough check" of the extinguisher. It is intended to give maximum assurance that extinguisher will operate effectively and safely. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, 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 that an extinguisher is available and will operate. This deficient practice could affect affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the QDDP on 02/17/15 between 12:45 p.m. and 1:10 p.m., the one portable fire extinguisher located in the mud room. The portable fire extinguisher in the kitchen had an annual maintenance tag dated March 2013 and no monthly checks. The Maintenance Coordinator was consulted at the time of observations, he said he was unaware of the noncompliant status of the portable fire extinguishers.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the garage were installed on a hanger, bracket, mounted in a cabinet or set on a shelf.</p>			

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	<p>NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1-6.6 requires that extinguishers shall be installed on the hangers or in the brackets supplied, mounted in cabinets or set on shelves. NFPA 10 1-6.7 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 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 QDDP on 02/17/15 at 12:10 p.m., a fire extinguisher in the garage was sitting on the floor. The Maintenance Coordinator was consulted at the time of observation, he said he did not know the fire extinguisher was there.</p> <p>4. Based on observation and interview, the facility failed to ensure 1 of 8 portable fire extinguishers were mounted within the parameters set by NFPA 10. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1, 1-6.10 requires that the top of portable fire extinguishers weighing 40 pounds or less should be no more than five feet (60 inches) above the</p>						

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K 053 Bldg. 01	<p>floor and those weighing more than 40 pounds should be no more than three and one half feet (42 inches) above the floor. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the QDDP on 02/17/15 between 11:45 a.m. and 12:15 p.m., a fire extinguisher in the dining room and one in the garage garage were each mounted at 72 inches. The portable fire extinguisher in common area B was located 62 inches above the floor. The Maintenance Coordinator was consulted at the time of observations, he said he did not know the fire extinguishers were above the 60 inch limit.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or</p>			

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	<p>residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>1. Based on record review and interview, the facility failed to provide evidence 11 of 11 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended,</p>	K 053	<p>K0053 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The QDDP, House Manager, Area Director, Maintenance Coordinator, and Lead DSP have all reviewed this expectation.</p> <p>The Maintenance Coordinator will arrange for the contractor to note the type of smoke detector sensitivity testing method used during inspection on all future inspection reports.</p> <p>Ongoing, the Maintenance department will check each annual fire system inspection report to ensure the type of smoke detector sensitivity method testing method used during inspection is noted on the report.</p> <p>Will be completed by: 3/19/15</p>	03/19/2015

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	<p>records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients in the facility including staff, and visitors.</p> <p>Findings include:</p>		<p>Persons Responsible: Maintenance Coordinator</p>	

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K 056	<p>Based on review of the facility's fire safety inspection records on 02/17/14 at 1:30 p.m. with QDDP, a fire alarm contractor's inspection report dated 03/21/14 was provided to evidence smoke detectors were sensitivity tested. Results under Initiating And Supervisory Tests and Inspections included a column for: Factory Setting and listed "smoke" and Meas. Setting and listed "least" as the resulting sensitivity measurement. The QDDP said she had no other documentation to provide but would email the information. An 02/18/15 email included the same document. A call to the fire system contractor was made on 02/23/14 at 9:00 a.m .to verify the documentation was meant to be the sensitivity test for the facility. The Contractor said it was the correct information and offered a letter to support the reported sensitivity result. The letter emailed 02/23/15 at 9:26 a.m. proved to be from Underwriters Laboratories. The letter confirmed "the subject model smoke detectors met the sensitivity testing requirements of 2007 edition of NFPA 72". It did not provide the means for verifying the sensitivity of the smoke detectors installed in the facility.</p>			
	483.470(j)(1)(i)			

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Bldg. 01	<p>LIFE SAFETY CODE STANDARD PROMPT</p> <p>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 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>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 habitable areas and closets are sprinklered.</p>			

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	<p>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 1 of 1 sprinkler systems was maintained in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall 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, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system Report of Inspection dated 10/24/15 with the QDDP on 02/17/15 at 12:25 p.m., item 16., the section to Explain any "No"</p>	K 056	<p>K0056 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The QDDP, House Manager, Area Director, Maintenance Coordinator, and Lead DSP have all reviewed this expectation.</p> <p>The sprinkler system Report of Inspection that states the explanations to any "No" answers and comments, "A. main drain not made at riser, due to no isolation valve for antifreeze b. ITV tested manually needs to be piped outside", were intended as a recommendation according to a 3/28/14 memo from the contractor who conducted the inspection. This letter was available for review, at the time of survey, in the Life Safety binder at the facility. The letter states:</p> <p>As we had discussed in our conversation on 3/28/2014, the Valpo north property was inspected in January of 2014. During that inspection I noted on the report</p>	02/17/2015			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>answers and comments" stated:</p> <p>a. Main drain not made at riser, due to no isolation valve for antifreeze</p> <p>b. ITV tested manually needs to be piped outside.</p> <p>The Maintenance Coordinator was consulted at the time of record review and said no changes had been made. No documentation was provided to evidence why a change was not made.</p>		<p>that a "Main</p> <p>Drain "test could not be performed because there was not an isolation valve installed on</p> <p>the system to keep the anti freeze solution from draining out during the test. This</p> <p>comment was intended as a RECOMMENDATION. However, the valve is not required by NFPA 13, the standard for Water Based Sprinkler Systems nor is it a requirement by NFPA 25, the standard for Inspection of a Water Based Sprinkler System.</p> <p>The valve is recommended to keep the system at a recommended level with out</p> <p>incurring additional cost for recharging the anti freeze system.</p> <p>Ongoing, the Maintenance department will continue to ensure the sprinkler system is maintained, inspected, and tested according to Code.</p> <p>each annual fire system inspection report to ensure the type of smoke detector sensitivity method testing method used during inspection is noted on the report.</p> <p>Completed by: 2/17/15</p> <p>Persons Responsible:</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2015
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K 147 Bldg. 01	<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 3 of 3 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>	K 147	<p>Maintenance Coordinator</p> <p>K0147 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The QDDP, House Manager, Area Director, and Lead DSP have all reviewed this expectation. The QDDP, House Manager, and Lead DSP have all been retrained on this Standard and Agency Policy and Procedure concerning the frequency of fire drills.</p> <p>Ongoing, the House Manager and QDDP will each check, on separate days, the Life Safety binder at the home at least monthly, to ensure all</p>	03/19/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/17/2015	
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K 152 Bldg. 01	<p>Findings include:</p> <p>Based on review of Fire Drill Records with the QDDP on 02/17/15 at 12:30 p.m., a seven month lapse in staff fire safety training time was more than the two month minimum allowed as evidenced by the lack of any record of a fire drill for the 11 p.m. to 6:00 a.m. shift during the second quarter of 2014. The QDDP said at the time of record review, there was no fire drill documentation available for this period.</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: (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</p>				<p>emergency drills have been completed and documented per this Standard and Agency Policy and Procedure.</p> <p>Will be completed by: 3/19/15</p> <p>Persons Responsible: House Manager and QDDP</p>		

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	<p>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 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on the review of Fire Drills with the QDDP on 02/17/15 at 12:30 p.m., no record of a fire drill for the 11 p.m. to 6:00 a.m. shift during the second quarter of 2014. The QDDP said at the time of record review, there was no fire drill documentation available for this period.</p>	K 152	<p>K0152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The QDDP, House Manager, Area Director, and Lead DSP have all reviewed this expectation. The QDDP, House Manager, and Lead DSP have all been retrained on this Standard and Agency Policy and Procedure concerning the frequency of fire drills.</p> <p>Ongoing, the House Manager and QDDP will each check, on separate days, the Life Safety binder at the home at least monthly, to ensure all emergency drills have been completed and documented per this Standard and Agency Policy and Procedure.</p> <p>Will be completed by: 3/19/15</p> <p>Persons Responsible: House Manager and QDDP</p>	03/19/2015	