

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G599	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/03/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410
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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: 03/03/15</p> <p>Facility Number: 001113 Provider Number: 15G599 AIM Number: 100245610</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 one story facility with a basement was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, resident rooms and common areas. The facility has the capacity for 8 and had a census of 8 at the time of this survey.</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 147 Bldg. 01	<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 4.6.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/11/15.</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</p>			

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	<p>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> <p>Based on review of Fire Drill Reports with the Area Director on 03/03/15 at 2:10 p.m., a 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 7 a.m. to 3:00 p.m. shift during the between 01/01/13 and 10/07/14, a lapse of nine months. The Area Director said at the time of record review, there were no records for when the 7 a.m. to 3:00 p.m. staff completed any other fire safety/evacuation training during the nine month period.</p>	K 147	<p>The facility is committed to maintaining the health and safety of all the clients we serve. The staff will be trained to complete a fire drill according to the evacuation schedule which designates rotating shifts each month for a drill to be completed in accordance with the regulations. The Program Director and Home Manager will be trained to ensure that the fire drills are being completed and that adequate documentation is kept in the home. In addition, the PD and HM will be trained to review the evacuation schedule and evacuation plans with staff at least every two months. For the next 3 months the Area Director will monitor the documentation in the home to make sure all correct information is recorded and that the documents are in the home for review. Responsible Party: Area Director Completion date: April 2, 2015</p>	04/02/2015

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K 152 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</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.</p> <p>1. Based on record review and interview, the facility failed to ensure a written fire protection plan included the necessary means for evacuating 1 of 8 clients during the night shift in the event of fire. This deficient practice affects 1 of 8 clients.</p> <p>Findings include:</p>	K 152	The facility is also committed to monitoring and maintaining the health and safety of each client in accordance to state regulations. Client #1 will be reassessed by an administrative staff to determine if the client does require assistance of two staff to evacuate in the event an evacuation is necessary. Once the client has been assessed, a plan will written for the safe evacuation of client #1 in	04/02/2015

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	<p>Based on review of the Fire Drill Procedure with the Area Director on 03/03/15 at 2:10 p.m., clients were to be evacuated in the event of fire to a location outside the home. A review of the F-1's, Worksheet for Rating Residents on risk factors, noted Client #1 needed "full assistance from two staff" (to evacuate). The Area Director acknowledged the aforementioned rating for the resident and confirmed only one staff was on duty during the 11 p.m. to seven a.m. shift at the time of record review. She could provide no documentation of any means the resident could be safely evacuated by one staff.</p> <p>2. Based on record review and interview, the facility failed to ensure fire and/or evacuation drills were provided for each shift for 3 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 03/03/15 at 2:10 p.m. with the Area Director, fire evacuation drills were not found for the for the first shifts during the first, second and third quarters of 2014. The Area Director agreed at the time of record review there was no drill documentation for these time frames.</p>		<p>the event evacuation is necessary and staff will be trained on the plan. All staff will be trained to assist the clients according to their needs during a possible evacuation. In addition, all staff will be trained to complete evacuation drills in accordance with the evacuation schedule. The Program Director and the Home Manager will be trained to ensure staff completion of evacuation drills in accordance with the evacuation drill schedule as well as keeping the required documentation in the safety book in the home. The Area Director will monitor completion of drills for the next two months to ensure completion. Responsible Party: Area Director</p>	