

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/17/2014	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342			
(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			
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: 03/17/14</p> <p>Facility Number: 001107 Provider Number: 15G593 AIM Number: 100245570</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 was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000					

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 Prompt with an E-Score of 1.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/20/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S147	<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> <p>Based on record review and interview, the facility administration failed to provide evidence 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>	K01S147	The facility is committed to treating all the clients we serve with dignity and respect. The facility is also committed to maintaining the health and safety of all the clients. The program director will be retrained by the Area director to retrain all staff on the policies and procedures and how to implement their job duties and responsibilities in regards to an emergency situation. The program director will be retrained by the Area director to make sure that the fire drills are done during various shifts and times and that adequate documentation is kept in the home. For the next 3 months the Area director will monitor the documentation in the	04/11/2014			

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	Based on review of Fire Drill Reports with the program director 03/17/14 at 12:05 p.m., fire drill training documentation was missing for the first shift (7:00 a.m. to 3:00 p.m.) between 04/08/13 to 10/05/13, a period of six months. The program director immediately reviewed the training documentation and acknowledged there was no evidence of training for the first shift staff during this time frame.		home to make sure all the correct information is recorded and that the documents are present in the home for review. The program director will also be retrained by the Area director that if for any reason the needs of the clients change or if we receive a new client staff will assist the client with responding to an emergency situation according to their most current needs during that timeframe. Staff will be retrained by the program director on their job duties and responsibilities and how to implement the policies and procedures during an emergency situation. Staff will also be retrained by the program director that if for any reason the needs of the clients change or if we receive a new client staff will assist the client following the clients most current needs during that timeframe. Responsible Party: Area Director		

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K01S152	<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 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: Based on review of Fire Drill Reports with the program director 03/17/14 at</p>	K01S152	The facility is committed to maintaing the health and safety of all the clients we serve. Staff will be retrained to review and follow the fire drill schedule and implement the schedule as it is written. The Home Manager and the Program Director will be retrained by the Area director to review and monitor the evacuation schedule and make sure staff are following the times	04/11/2014			

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	12:05 p.m., fire drill training documentation was missing for the first shift (7:00 a.m. to 3:00 p.m.) between 04/08/13 to 10/05/13, the third quarter of 2013. The program director immediately reviewed the fire drill documentation and acknowledged there was no evidence of training for the first shift staff during this time frame.		as written per month. For the next 3 months the Area Director will monitor the documentaion in the home to make sure the schedules are being implemented and that the documentaion is correct and present in the home.Responsible Party: Area Director		