

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905
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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: 10/28/14</p> <p>Facility Number: 000947 Provider Number: 15G433 AIM Number: 100244580</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, REM-Indiana 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 determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and living areas. The facility the capacity for 8 and had a census of 7 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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K01S018	<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 0.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/05/14.</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 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 5 sleeping room doors was provided with a latch suitable for keeping the door closed. This deficient practice affects all clients.</p>	K01S018	The facility currently completes routine maintenance checks on the home and then facilitates preventative and apparent repairs to the home to ensure the facility is in compliance with the Life Safety	11/14/2014

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K01S147	<p>Findings include:</p> <p>Based on observation with the program director on 10/28/14 at 3:10 p.m., the "pink" sleeping room door could not be closed to latch into the door frame. Each time the door was pulled closed it hit the door frame. The program director agreed at the time of observation, the door needed repair.</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</p>				<p>Code.</p> <p>The facility has already repaired the bedroom door latch to ensure it closes properly and does not hit the door jam. The facility's maintenance department completed this on 11/3/2014.</p> <p>In the future, the Home Manager will conduct weekly checks of the home to verify the environment of the home meets the requirements of the regulations. As issues arise that need repaired, the Home Manager will facilitate the repair and correction of the issue.</p> <p>Person Responsible: Home Manager and Program Director Completion Date: November 14, 2014</p>		

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	<p>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 5 of 5 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 the Fire Drill Report review with the program manager on 10/28/14 at 3:25 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 between between 09/31/13 and 01/08/14 for the first and third shifts and between 07/01/13 and 10/22/13 for the second shift. The program director said at the time of record review, there was no fire drill documentation available for these periods. As a result, there was a lapse of four months between the 09/31/13 and</p>	K01S147	<p>A fire drill schedule has been developed to inform Program Directors as to when drills are to be completed. This schedule allows for a drill to be completed for each shift of work every quarter as well as to allow for a barricade drill to be completed at least every quarter.</p> <p>The Program Director is responsible for ensuring that the drill has been completed and turned in to the Quality Assurance Specialist to be reviewed and tracked as completed. The Program Director has been trained to alert the home manager to complete drills monthly, turn in form to QAS and track frequency/drill type to ensure drill schedule is followed each month.</p> <p>In the future, the Program Director will alert the Home Manager to complete drills each month, turn in form to QAS after receiving and reviewing. The Program Director will track frequency/drill type to ensure the drill schedule is followed each month thus ensuring all drills are completed for each home.</p> <p>Person Responsible: Home Manager, Program Director, Area Director, and Quality Assurance Specialist Completion Date: November 14, 2014</p>	11/14/2014

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K01S152	<p>01/08/14 fire drills conducted on the first and third shifts and a lapse of three months for fire drills conducted on the second shift. The program director director said, at the time of record review, there were no records for when the staff on these shifts completed any other fire safety/evacuation training during periods lacking fire drill documentation.</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 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</p>						

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	<p>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 2 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on the Fire Drill Report review with the program manager on 10/28/14 at 3:25 p.m., fire drill records were not provided between 09/31/13 and 01/08/14 for the first and third shifts and between 07/01/13 and 10/22/13 for the second shift. The program manager said at the time of record review, all the fire drill records had been provided.</p>	K01S152	<p>A fire drill schedule has been developed to inform Program Directors as to when drills are to be completed. This schedule allows for a drill to be completed for each shift of work every quarter as well as to allow for a barricade drill to be completed at least every quarter.</p> <p>The Program Director is responsible for ensuring that the drill has been completed and turned in to the Quality Assurance Specialist to be reviewed and tracked as completed. The Program Director has been trained to alert the home manager to complete drills monthly, turn in form to QAS and track frequency/drill type to ensure drill schedule is followed each month.</p> <p>In the future, the Program Director will alert the Home Manager to complete drills each month, turn in form to QAS after receiving and reviewing. The Program Director will track frequency/drill type to ensure the drill schedule is followed each month thus ensuring all drills are completed for each home.</p> <p>Person Responsible: Home Manager, Program Director, Area Director, and Quality Assurance Specialist Completion Date: November 14, 2014</p>	11/14/2014	