

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G618	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032
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K0000	<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: 06/25/12</p> <p>Facility Number: 001173 Provider Number: 15G618 AIM Number: 100235540B</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, sleeping rooms and all living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K0000		
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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>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 4.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS053	<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 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>Based on record review and interview, the facility failed to ensure 7 of 7 smoke detectors 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</p>	KS053	<p>The Area Director has requested that USAutomatic complete all required and incomplete testing be completed, including, but not limited to, the Smoke Detector Sensitivity Testing</p> <p>The Area Director will be retrained on ensuring that all</p>	07/25/2012			

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	<p>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 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, 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>Indiana State Department of Health's mandatory testing be completed by USAutomatic and be followed up on in a timely manner if recommendations are made.</p> <p>Ongoing, the Area Director and/or Maintenance Supervisor will stay in constant contact with USAutomatic to ensure that all work and updates are completed and followed up with.</p> <p>Completion Date: 7-25-2012</p> <p>Responsible Party: USAutomatic, Area Director, Maintenance Supervisor</p>				

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	<p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. 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, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Area Director at the Corporate Office from 9:40 a.m. to 10:40 a.m. on 06/25/12, documentation of smoke detector sensitivity testing within the most recent two year period was not available for review. Based on interview at the time of record review, the Area Director acknowledged written smoke detector sensitivity documentation for the most recent two year period was not available for review.</p>						

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KS147	<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 failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients in the facility. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 states the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire growth, containment, and extinguishment</p>	KS147	<p>All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule.</p> <p>Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met.</p> <p>All completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill.</p>	07/25/2012			

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	<p>necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on review of "Fire Evacuation Plan" documentation with the Home Manager from 10:55 a.m. to 11:25 a.m. on 06/25/12, records of staff instruction and review of the facility's written protection plan were not available for review. Based on interview at the time of record review, the Home Manager acknowledged records of staff instruction regarding the protection plan were not available for review. Furthermore, based on review of "Fire Drill Report" documentation with the Area Director at the Corporate Office from 9:40 a.m. to 10:40 a.m. on 06/25/12, there is no documentation available for review of a fire drill being conducted:</p> <p>a) on the first shift in the third and fourth quarter of 2011 and in the second quarter of 2012 to provide staff training.</p> <p>b) on the third shift in the third and fourth quarter of 2011 to provide staff training.</p>		<p>A Protection Plan has been written for this group home, as of July 7, 2012</p> <p>Ongoing, The Protection Plan will be reviewed quarterly, or more as needed, to ensure that staff are aware and trained on how to handle an emergency situation of this matter.</p> <p>The Protection Plan will be made available to all staff in the home, by being placed in the safety book for their use as needed.</p> <p>Completion Date: 7-25-2012</p> <p>Responsible Party: Program Director and Home Manager</p>		

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KS152	<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>Based on record review and interview, the facility failed to provide documentation of fire drills conducted on the first shift for 3 of 4 quarters and on the third shift for 2 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report"</p>	KS152	The fire drill schedule for 2012 was written so that drills each month are scheduled in more varied time frames that the previous 2011 schedule. The Home Manager and Program Director will ensure staff run all 2012 fire drills and that they are completed per the 2012 schedule monthly which will ensure the drills on all shifts are varied in time frame.	07/25/2012	

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	<p>documentation with the Area Director at the Corporate Office from 9:40 a.m. to 10:40 a.m. on 06/25/12, there is no documentation available for review of a fire drill being conducted:</p> <p>a) on the first shift in the third and fourth quarter of 2011 and in the second quarter of 2012.</p> <p>b) on the third shift in the third and fourth quarter of 2011.</p> <p>Based on interview at the time of record review, the Area Director acknowledged there is no documentation available for review of fire drill being conducted on the aforementioned shifts and quarters.</p>		<p>Responsible Party: Program Director and Home Manger</p> <p>Completion Date: 7-7-2012</p>				