

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2012
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614
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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: 05/11/12</p> <p>Facility Number: 001015 Provider Number: 15G501 AIM Number: 100245120</p> <p>Surveyor: Robert Booher, 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.48.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 05/16/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors held open by magnetic door holding devices closed when the fire alarm system was activated. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. This deficient practice could affect all occupants in the facility including clients, staff and visitors in the facility in the event of fire, especially at night when all clients would be in their bedrooms.</p> <p>Findings include:</p> <p>Based on observation with the Lead Counselor after activating the fire alarm system at 2:26 p.m. on 05/11/12, the door to the bedroom next to the front entry held open by a magnetic door holding device failed to close. Based on interview with the Lead Counselor at the time of observation, the Lead Counselor acknowledged the door failed to close when the alarm had been activated.</p>	K0130	<p>The Program Director, Maintenance Director, and Lead Counselor will be retrained on this expectation. At least monthly the fire alarm system is implemented and the magnetic holding devices are checked to make sure they are closing properly during that time. In the event that the doors do not close, the Maintenance Director and Program Director will be notified and the door failure will be corrected.</p> <p>System wide, all Program Director/QMRP's will review this standard and ensure that this requirement is being applied to all Dunganvin ICF-MR's.</p> <p>Persons Responsible: Program Director, Maintenance Director, Lead Counselor</p> <p>Completion Date: 6-10-12</p>	06/10/2012			

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KS014	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation, record review and interview;, the facility failed to ensure the wood paneling observed in 4 of 8 common areas had a Class A, Class B or Class C interior finish in this Prompt rated facility to protect 8 of 8 clients. This deficient practice could affect all occupants of the building.</p> <p>Findings include:</p> <p>Based on observations between 02:19 and 2:38 p.m. on 05/11/12 with the Lead Counselor, painted wood paneling was observed on one wall of bedroom hall way, on the walls of the entry vestibule, on the walls of the dining room and on the walls and ceiling of the office. Based on interview of the Lead Counselor during record review at 1:36 p.m. on 05/11/12, a copy of the label of a product used to provide a fire retardant interior finish was used on the carpeting on the lower half of the corridor walls. There was no other documentation of a product appropriate for wood paneling available.</p>	KS014	Documentation will be identified for each of the areas noted in the deficiency, or the materials will be replaced with materials that have fire rated documentation as proof of this rating. This will be kept at the home for review by the Life Safety Surveyor. Going forward, the Maintenance Director will ensure that copies of the fire rating information is made available for all materials that are replaced within the group homes during normal repair. Person Responsible: Maintenance Director	06/10/2012			

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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 6 of 6 smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 7-3.2 requires testing be accordance with Table 7-3.2 Testing Frequencies. Table</p>	KS053	<p>K0053 The Maintenance Director has contacted NOBI, the company that we contract with for smoke detector sensitivity testing. This testing has been scheduled for all of the detectors in the home. Copies of the testing results will be made available at the home.</p>	06/10/2012			

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	7-3.2 at 7-3.2.15(i) Smoke Detectors - Sensitivity (The requirements of 7-3.2.1 shall apply). NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after 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 in areas where nuisance alarms show any 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 following methods: (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (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 the listed sensitivity range, (5) Other calibrated sensitivity test methods approved by the authority having		System wide, the Maintenance Director, Program Directors, and Program Coordinators will review this standard and assure that this concern is being addressed at all Dungarvin ICF-DD's. Person Responsible: Maintenance Director, Program Director, Program Coordinator				

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	<p>jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Initiating and Supervisory Device Tests and Inspections by Nobi dated 05/07/10 and 05/12/11 with the Lead Counselor on 05/11/12 at 1:58 p.m., it was documented for the last two years the smoke detectors had "passed," it was not possible to determine if a sensitivity test had been conducted since nothing was labeled as sensitivity test. The inspection reports were discussed with the Lead Counselor during the record review, and she called the main office to see if more documentation was available.</p>				

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KS056	<p>483.470(j)(1)(i) 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</p>						

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	<p>Residential Occupancies up to and Including 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. Automatic</p>			

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	<p>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.</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler waterflow alarm devices was tested quarterly. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to mechanical water motor gongs, vane-type waterflow devices and pressure switches which provide audible or visual signals to be tested quarterly. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of the Viking Fire Protection Agreement and Report of Inspections with the lead Counselor at 1:41 p.m., the most recent report was dated 01/23/12, more than three months old. During the record review, the Lead Counselor was asked if there was anything newer than the January report,</p>	KS056	<p>Copies of the quarterly inspections for the Fire Sprinkler System will be obtained and given to the Program Director to be placed at the site. The Maintenance Director will also assure that at least six spare sprinkler heads are at the site. Going forward, the Maintenance Director will assure that the inspections to the system will be done at least quarterly and that documentation of that inspection is placed at the facility. A copy of this will be forwarded to the Program Coordinator for tracking and assurance of compliance of this standard. The Maintenance Director will also assure that the spare sprinkler heads are periodically checked and that there are at least six spare heads at the site at all times.</p> <p>System wide, all Program Director/QMRPs and Program Coordinators will review this standard and assure that this concern is being addressed at all Dungarvin ICF-DD's.</p> <p>Person Responsible: Maintenance Director, Program Coordinator</p>	06/10/2012			

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	<p>and after looking through the book, the Lead Counselor called the main office at 2:00 p.m. on 05/11/12 to see if a more recent inspection report could be faxed to the facility, but none had arrived by 2:58 p.m.</p> <p>2. Based on observation and interview, the facility failed to keep a supply of at least six spare sprinkler heads in the spare sprinkler cabinet. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems 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 in Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet for replacement purposes with the stock of spare sprinklers being proportionally representative of the types and temperature ratings of the system sprinklers including a minimum of two sprinklers of each type and temperature rating installed. This deficient practice could affect all eight clients as well as staff in the facility.</p> <p>Findings include:</p> <p>Based on observation at 2:38 p.m. on 05/11/12, the spare sprinkler cabinet in</p>						

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	the utility room contained three spare sprinklers instead of at least six. The requirement for at least six spare sprinkler heads was explained to the Lead Counselor at 2:40 p.m. on 05/11/12, and she was not aware of the requirement.				

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KS154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility did not have a complete policy to address the sprinkler system being out of service for four hours or more in a 24 hour period to protect 8 of 8 clients. This deficient practice could affect all occupants of the facility if a fire should occur while the sprinkler system was not working.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Plan for Facility: York and Fire Watch Log along with the Water Disruption policy with the Lead Counselor on 05/11/12 at 1:13 p.m., the policy only mentioned what to do "in the event water disruption occurs" and did not indicate the authorities having jurisdiction be notified and the facility should be evacuated or an approved fire watch initiated if the sprinkler system might be out of service due to a leak in the system, other system malfunction or for maintenance requiring</p>	KS154	<p>Revisions will be made to the written policy which contains procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This policy shall include either evacuation of the building or the provision of an approved fire watch system, until the sprinkler system can be returned to service. This policy will include the e-mail address and phone number for notifying ISDH of the implementation of the fire watch system.</p> <p>All staff and Program Directors will review this new policy change. System wide, all Program Director/QMRPs, Program Coordinators and the Maintenance Director will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's that use the automatic sprinkler system.</p> <p>Person Responsible: Program Coordinator</p>	06/10/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2012
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	more than four hours to complete. When the Lead Counselor was told about the problems with the policies during the record review, she was not aware of any other policies and procedures addressing this issue.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/11/2012
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2816 YORK RD SOUTH BEND, IN 46614		
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KS155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility did not have a complete policy to address the fire alarm system being out of service for four hours or more in a 24 hour period to protect 8 of 8 clients. This deficient practice could affect all occupants of the facility if a fire should occur while the fire alarm system was malfunctioning.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Plan for Facility: York and Fire Watch Log along with the Electrical Failure policy with the Lead Counselor on 05/11/12 at 1:13 p.m., the policy only mentioned what to do "in the event that electrical failure occurs" and did not mention the authorities having jurisdiction be notified and the facility should be evacuated or an approved fire watch initiated when the fire alarm system might be out of service due to a lightning strike, other system malfunction, or for maintenance requiring</p>	KS155	<p>A written policy is already in place which contains procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. This policy will be revised to address additional situations where the fire alarm system might be out of service due to lightning strike, other system malfunction or for maintenance requiring more than four hours. In addition, the telephone numbers and e-mail address will be updated on the policy and all related forms. System wide, all Program Director/QMRPs, Program Coordinators and the Maintenance Director will review this standard and assure that this concern is being addressed at all Dungarvin ICF-DD's. Person Responsible: Program Coordinator</p>	06/10/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G501	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2012
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	more than four hours to complete. When the Lead Counselor was told about the problems with the policies during record review, she did not indicate any other policies and procedures addressing this issue were available.			