STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G287	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANGRAM INC	752 E MCKENZIE GREENFIELD, IN 46140

(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
K 000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/04/15 Facility Number: 000806 Provider Number: 15G287 AIM Number: 100243520 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Tangram 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. This one story facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 6 and had a census of 6 at the	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	time of this survey. 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 1.80. Quality Review by Dennis Austill, Life Safety Code Specialist on 03/12/15. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K 130 Bldg. 01	Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers were inspected at least monthly and the inspections were documented for 11 of 12 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and	K 130	Staff conduct monthly safety fire drills at the home. During these drills, staff will now be required to check the portable fire extinguishers and document said checks on the accompanying tags. In order to ensure that these monthly checks occur, the Program Manager will conduct routine audits of the safety fire drill documentation and the portable fire extinguisher tags. Program Manager will correct any instances of staff failure to complete the proper checks. In a further effort to ensure compliance, the Program Manager will document the aforementioned audits on a	04/03/2015

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	the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff. Findings include: Based on observation during a tour of the facility with the home manager on 03/04/15 from 9:20 a.m. to 11:00 a.m., service and inspection tags for the portable fire extinguishers located in the kitchen, the medicine room, and the living room closet each bore a service inspection tag indicating the most recent annual inspection was 03/14/14, but no monthly checks were documented on the inspection tags for April, May, June, August, September, October, November, December of 2014, and January of 2015. Based on interview at the time of observation, the home manager stated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not perform monthly fire extinguisher inspections for the months listed above. This was acknowledged by the home manager at the exit conference on		spreadsheet that can then be reviewed by the Director of Compliance and Risk Management during her internal on-site audits. The Director of Compliance and Risk Management will also review this documentation during her quarterly internal on-site audits.	

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	03/04/15 at 11:05 a.m.			
K 016 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3 Based on observation and interview, the facility failed to ensure the interior finish in 1 of 14 rooms was rated Class A or Class B for a Slow rated facility. This deficient practice could affect all clients in the facility. Findings include: Based on observation on 03/04/15 at 10:50 a.m. with the home manager, the medicine room walls were covered with wood paneling. Based on an interview with the home manager on 03/04/15 at 10:20 a.m., there was no evidence the wood paneled walls in the medicine room had a flame spread rating of a Class A or Class B interior finish. This was verified by the home manager at the time of observations and interview and acknowledged at the exit conference on 03/04/15 at 11:05 a.m.	K 016	Tangram has scheduled to have the wood paneling in the medicine room painted with an interior paint that meets Life and Safety Code standards for fire. The Director of Compliance and Risk Management has the class rating information on the interior paint used in the home and will have it available for surveyors to ensure compliance. Furthermore, the Director of Compliance and Risk Management will monitor issues in relation to state Life and Safety Code standards to try to help identify when issues need to be addressed. Tangram has maintenance and service individuals with whom it works to ensure that all maintenance and repairs in the home are conducted in a professional and proper manner to ensure the safety of the consumers in the home. Tangram will continue to work with these professionals to remain within the Life and Safety Code guidelines when issues are identified.	04/03/2015
K 046 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1			

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	1. Based on observation and interview, the facility failed to ensure 1 of 2 bathrooms sinks was provided with ground fault circuit interrupter (GFCI) protection against electric shock near an electrical outlet. NFPA 101, 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and electrical insulation is more subject to failure. This deficient practice affects all clients who would use client bathroom #1. Findings include: Based on observation on 03/04/15 at 10:15 a.m. with the home manager, the client bathroom #1 had an electric outlet five inches from the hand wash sink not provided with a ground-fault circuit interrupter. Furthermore, the main electric panel in the furnace room was checked and confirmed that the electric	K 046	The electrical outlet in client Bathroom #1 has been serviced and is now a grounded outlet. The Director of Compliance and Risk Management will monitor issues in relation to state Life and Safety Code standards to try to help identify when issues need to be addressed. Tangram has maintenance and service individuals with whom it works to ensure that all maintenance and repairs in the home are conducted in a professional and proper manner to ensure the safety of the consumers in the home. Tangram will continue to work with these professionals to remain within the Life and Safety Code guidelines when issues are identified.The Program Manager at the home has already	04/03/2015

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	receptacle in the client bathroom #1 located five inches from the handwash sink was not provided with GFCI protection to prevent electric shock. This was verified by the home manager at the exit conference on 03/04/15 at 11:05 a.m. 2. Based on observation and interview, the facility failed to ensure 2 of 14 rooms were not using electrical extension cords as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects all clients in the facility. Findings include: Based on observations and interview on 03/04/15 during a tour of the facility with the home manager from 9:20 a.m. to 11:00 a.m., the north client sleeping room #1, and the staff office each had a a ten foot long thin wired brown or orange extension cord in use to power television sets, lights, and a copier machine. This was verified by the home manager at the		removed the extension cord and plugged applicable items into a power-surge protector cord. To ensure that this does not recur, the Program Manager will discuss with staff the importance of not using extension cords without proper power-surge protection in the home. In addition, the Director of Compliance and Risk Management will review safety issues at the home during her quarterly internal on-site audits.	

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	time of observations and at the exit conference on 03/04/15 at 11:05 a.m.			
K 053 Bldg. 01	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. 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. 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. Based on observation and interview, the facility failed to ensure 1 of 8 smoke detectors was not located where airflow	K 053	Tangram has scheduled to have the applicable smoke detector moved	04/03/2015

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	could prevent the operation of the detector. LSC 9.6 refers to NFPA 72. NFPA 72, 2-3.5.1 requires spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice affects all clients in the facility. Findings include: Based on observation on 03/04/15 at 9:40 a.m. with the home manager, the smoke detector located in the living room was located one foot from a ceiling fan. Furthermore, the smoke detector was completely covered in dust. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 03/04/15 at 11:05 a.m.		away from the ceiling fan in an appropriate distance so as to ensure that the air movement will not affect the efficacy of the smoke detector. The Director of Compliance and Risk Management will monitor issues in relation to state Life and Safety Code standards to try to help identify when issues need to be addressed. Tangram has maintenance and service individuals with whom it works to ensure that all maintenance and repairs in the home are conducted in a professional and proper manner to ensure the safety of the consumers in the home. Tangram will continue to work with these professionals to remain within the Life and Safety Code guidelines when issues are	

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			identified.Furthermore, Tangram works with a mechanical engineering company specifically on all required fire alarm, sprinkler and smoke detector checks. Tangram will request further checks of the cleanliness and working condition of related items, such as smoke detectors and sprinkler heads. If issues are spotted with regard to the visual condition or cleanliness of these items, Tangram will request that these issues are communicated to the property Director or to the Program Manager so that the issues can be resolved. Additionally, the Director of Compliance and Risk Management will conduct safety observations in the home during her quarterly internal on-site audits. If	

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			items need to be cleaned or dusted, this requirement will be communicated to the Program Manager, who will be responsible for communicating to the Director of Compliance and Risk Management that the actions have been taken.	
K 056 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT 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. 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. Exception No. 2: Not applicable			

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	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. 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. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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. Exception No. 1: Not Applicable Exception No. 2: Not Applicable 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			

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	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. 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. Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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. Exception No. 1: Not Applicable. 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			

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	bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable. 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 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. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.			
	1. Based on observations and interview, the facility failed to ensure 2 of 34 sprinkler heads free of corrosion. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the	K 056	The corroded sprinkler heads in the home have been replaced by our mechanical engineering company, Grunau. The Director of Compliance and Risk Management will monitor issues in relation to state Life and Safety Code standards to try to help identify when issues need to be addressed. Tangram has maintenance and service individuals with whom it works to ensure that all maintenance and repairs in the home are conducted in a professional and proper manner to ensure the	04/03/2015

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	improper orientation. This deficient practice could affect all clients in the facility. Findings include: Based on observations on 03/04/15 during a tour of the facility from 9:20 a.m. to 11:00 a.m. with the home manager, the sprinkler in the laundry room was completely covered in brown corrosion and the sprinkler in the staff office was completely covered in black corrosion. This was verified by the home manager at the time of observations and acknowledged at the exit conference on 03/04/15 at 11:05 a.m. 2. Based on observation and interview, the facility failed to ensure 1 of 34 sprinkler heads in the facility was maintained. This deficient practice could 2 clients in bedroom #1. Findings include: Based on observation on 03/04/15 at 10:40 a.m. with the home manager, client bedroom #1 sprinkler had a one inch gap where the sprinkler escutcheon was not tight fitting to the ceiling. This was verified by home manager at the time of observation and acknowledged at the exit conference on 03/04/15 at 11:05		safety of the consumers in the home. Tangram will continue to work with these professionals to remain within the Life and Safety Code guidelines when issues are identified. Furthermore, Tangram works with our mechanical engineering company specifically on all required fire alarm, sprinkler and smoke detector checks. Tangram will request further checks of the cleanliness and working condition of related items, such as smoke detectors and sprinkler heads. If issues are spotted with regard to the visual condition or cleanliness of these items, Tangram will request that these issues are communicated to the property Director or to the Program Manager so that the issues can be resolved. Additionally, the Director of Compliance and Risk Management will conduct safety observations in the home during her quarterly internal on-site audits. If items need to be cleaned or dusted, this requirement will be communicated to the Program Manager, who will be responsible for communicating to the Director of Compliance and Risk Management that the actions have been taken. If there is an item that may need to be replaced because of questionable condition, such as corrosion or damage, then the Director of Compliance and Risk Management will notify the	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANGRAM INC	752 E MCKENZIE GREENFIELD, IN 46140

(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
	a.m.		property Director so that an appropriate maintenance call can be scheduled.	