

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TRAIL MICHIGAN CITY, IN 46360			
(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	
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 07/07/21</p> <p>Facility Number: 000993 Provider Number: 15G479 AIM Number: 100244950</p> <p>At this Emergency Preparedness survey, Dungarvin Indiana LLC, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 07/13/21</p>		E 0000				
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/07/21</p> <p>Facility Number: 000993 Provider Number: 15G479 AIM Number: 100244950</p> <p>At this Life Safety Code survey, Dungarvin Indiana, LLC was found not in compliance with</p>		K 0000				

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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K S100 Bldg. 01	<p>Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 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 with a basement was not sprinklered. The facility has a monitored fire alarm system with smoke detection on both levels including the corridors and in common living areas, as well as heat detection within the unused attic space. There were hardwired smoke detectors located in the client sleeping rooms. 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 Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.88.</p> <p>Quality Review completed on 07/13/21</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 fire extinguishers in the home were inspected. NFPA 10, Standard for Portable Fire Extinguishers, 7.2.1.2 requires that fire extinguishers shall be inspected either</p>		K S100	All fire extinguishers will be check no later than 8/6/21. All checks will be documents as having been done. Moving forward the Lead DSP will monitor this after each		08/06/2021	

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K S345 Bldg. 01	<p>manually or by means of an electronic monitoring device / system at a minimum of 30-day intervals. Where monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection, shall be recorded. Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, or on an inspection checklist maintained in a file, or by an electronic method. Records shall be kept to demonstrate that at least 12 monthly inspections have been performed. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Program Director on 07/07/21 between 12:40 p.m. and 12:50 p.m., none of the four portable fire extinguishers located throughout the facility had been checked monthly for May and June of 2021. Based on interview at the time of observation, the Program Director acknowledged the aforementioned fire extinguishers as all having undocumented monthly visual checks for May and June of 2021 adding that the Maintenance Man must have missed them on his monthly house inspections. During the exit conference with the Program Director at 1:05 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt)</p>				<p>maintenance visit and inform Program Director if the fire extinguishers were not inspected. The Program Director will check the fire extinguishers monthly to ensure the safety checks have been complete. The Area Director will monitor this quarterly to ensure checks are being complete.</p>		

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	<p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1) Based on record review and interview, the facility failed to ensure 12 of 12 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1.1 refers to NFPA 72, National Fire Alarm Code at 14.4.5.3.1 states sensitivity shall be checked within 1 year of installation, and 14.4.5.3.2 sensitivity shall be checked every alternate year thereafter. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 07/07/21 at 11:55 a.m., there was no current smoke detector sensitivity testing documentation available for record review. Neither of the fire alarm system inspection documents that were presented, dated 06/21/21 or 06/11/20 had a documented sensitivity test showing a listed smoke detector range or trip point on them. Based on interview at the time of records review, the Program Director acknowledged that there was no documentation available to show a sensitivity test was conducted in the past two years listing a smoke detector range or trip point. During the exit conference with the Program Director at 1:05 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p>			K S345	<p>All sensitivity testing and semi fire alarm inspections will be complete no later and 8/6/21. The maintenance department will be retrained on the importance of ensure all inspections are complete timely and uploaded to the server for review. The Program Director will review the server monthly to ensure all inspections are up to date. The Area Director will review the server quarterly to ensure all inspections are up to date.</p>		08/06/2021

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	<p>2) Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 33.2.3.4.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g., duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 07/07/21 at 11:57 a.m., no documentation could be provided regarding a visual semi-annual fire alarm system inspection. Based on interview at the time of record review, the Program Director agreed that the documentation of a visual semi-annually inspection of the fire-alarm system was not available for review at the time of this survey. During the exit conference with the Program Director at 1:05 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p>						