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

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

AND PLAN OF CORRECTION    IDENTIFICATION NUMBER:   15G479	STATEMENT OF DEFICIENCIES X1) PROVID		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		SURVEY		
STREET ADDRESS, CITY, STATE, ZIP CODE  422 MARQUETTE TRAIL  MICHIGAN CITY, IN 46360  CX3]  SIMMARY STATEMENT OF DEFICIENCES  PREFEX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  REGULATORY OR LSC (DENTIFYING INFORMATION)  Bidg. —  An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 0707/21  Facility Number: 150479  AlM Number: 100244950  At this Emergency Preparedness survey, Dungarvin Indiana LLC, was found in compliance with Emergency Preparedness survey, the census was 8.  Quality Review completed on 07/13/21  K 0000  Bidg. 01  A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.479()).  Survey Date: 07/07/21  Facility Number: 000993  Provider Number: 150479  AlM Number: 150479  AlM Number: 1504490  At this Life Safety Code survey, Dungarvin Indiana, LLC was found in compliance with Indiana, LLC was found not in compliance with Indiana Indiana, LLC was found not in compliance with Indiana I	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING COM		COMPL	ETED	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC  (X4) ID SUMMARY STATEMENT OF DEPICIENCIES  (RACH DEFICIENCY MUST HE PRECEIPO BY PELL TAG  REGULATORY OR LSC (DENTIFYING INFORMATION)  BIdg. —  An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 07:07/21  Facility Number: 100244950  At this Emergency Preparedness survey, Dungarvin Indiana LLC, was found in compliance with Emergency Preparedness survey, Incertainly Suppliers, 42 CFR 483.475.  The facility has Recriffed beds. All 8 beds are certified for Medicare and Medicard Participating Providers and Suppliers, 42 CFR 483.475.  The facility has Recriffed beds. All 8 beds are certified for Medicare with 42 CFR 483.475.  The facility has Recriffed beds. All 8 beds are certified for Medicare with 12 CFR 483.475.  The facility has Recriffed beds. All 8 beds are certified for Medicare with Emergency Preparedness Requirements for Medicare and Welicare and Suppliers, 42 CFR 483.475  The facility has Recriffed beds. All 8 beds are certified for Medicare on 07/13/21  K 0000  Bldg. 01  A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470().  Survey Date: 07/07/21  Facility Number: 156479 AlM Number: 100244950  At this Life Safety Code survey, Dungarvin Indiana, LLC was found not in compliance with			15G479	B. WING		07/07/	07/07/2021	
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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.

Facility ID:

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

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

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ONSTRUCTION 01	(X3) DATE SURVEY  COMPLETED		
ANDILAN	15G479	A. BUILDING B. WING	01	07/07/2021		
	100 110	CTREET	ADDRESS, CITY, STATE, ZIP CODE	01/01/2021		
NAME OF I	PROVIDER OR SUPPLIER		RQUETTE TRAIL			
DUNGARVIN INDIANA LLC		MICHIGAN CITY, IN 46360				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE		
	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.					
	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.					
	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.					
	Quality Review completed on 07/13/21					
K S100	NFPA 101					
	General Requirements - Other					
Bldg. 01	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.	IZ G100	All fire extinguishers will be ab	ook 00/06/2021		
	Based on observation and interview, the facility failed to ensure 4 of 4 fire extinguishers in the	K S100	All fire extinguishers will be ch no later than 8/6/21. All check	00:00:2021		
	home were inspected. NFPA 10, Standard for		will be documents as having b			
	Portable Fire Extinguishers, 7.2.1.2 requires that		done. Moving forward the Lea	<b>I</b>		
	fire extinguishers shall be inspected either		DSP will monitor this after each	h		
I		I	I	l l		

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Event ID:

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	of correction identification number:  15G479	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE:  COMPL  07/07/	ETED		
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE  422 MARQUETTE TRAIL  MICHIGAN CITY, IN 46360  ID (X5)				
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORI CROSS-REFE	DER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE		
	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.  Findings include:  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.	Program E extinguish The Progra the fire ext ensure the been comp The Area I	Director will monitor this o ensure checks are			
K S345 Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt)					

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	OF CORRECTION  OF CORRECTION  15G479	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction  01	(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	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  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.  Findings include:  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.	K S345	All sensitivity testing and sem alarm inspections will be comno later and 8/6/21. The maintenance department will retrained on the importance of ensure all inspections are complete timely and uploaded the server for review.  The Program Director will review the server monthly to ensure inspections are up to date.  The Area Director will review server quarterly to ensure all inspections are up to date.	olete  pe f  to  ew all	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	A. BU	(2) MULTIPLE CONSTRUCTION       (X3) DATE SURV.         A. BUILDING       01       COMPLETED         B. WING       07/07/2021		ETED		
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	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	facility failed to ma systems in accordar required by LSC 10 9.6. NFPA 72, Sec otherwise permitted shall be performed schedules in Table required by the auth Table 14.3.1 states visually inspected s a. Control unit troul b. Remote annuncia c. Initiating devices fire alarm boxes, he detectors, etc.) d. Notification appl e. Magnetic hold-op This deficient pract occupants.  Findings include:  Based on record rev Director on 07/07/2 documentation coul visual semi-annual Based on interview the Program Direct documentation of a inspection of the fir available for review During the exit con Director at 1:05 p.n	ble signals tors (e.g., duct detectors, manual cat detectors, smoke  iances ben devices ice could affect all building  view with the Program 1 at 11:57 a.m., no d be provided regarding a fire alarm system inspection. at the time of record review,						

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