STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING -- B. WING	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 07/25/22 Facility Number: 000966 Provider Number: 15G452 AIM Number: 100244770 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 The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8. Quality Review completed on 07/28/22	E 0000		
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(j). Survey Date: 07/25/22 Facility Number: 000966 Provider Number: 15G452 AIM Number: 100244770 At this Life Safety Code survey, Dungarvin Indiana LLC was found not in compliance with	K 0000		

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 determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING 01 B. WING	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	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 not sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas with none in client sleeping rooms. The facility has a capacity of eight and had a census of seven at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.60. Quality Review completed on 07/28/22			
K S345 Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) 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 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	K S345	K 0345 Fire Alarm System – Testing and Maintenance (Standard) – Failed to maintain fire alarm system in accordance with NFPA 72. Unable	08/25/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING 01 B. WING	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	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: 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 This deficient practice could affect all building occupants. Findings include: During record review on 07/25/22 at 3:20 p.m. with the Program Director., 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 stating that they were not aware of the requirement to have one conducted. 2) Based on record review and interview, the facility failed to ensure 8 of 8 smoke detectors, tested by a qualified service technician, 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 14.4.2.2 requires systems and associated equipment shall be tested according to Table 14.4.2.2. NFPA 72, 14.4.5.3.1 requires sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 requires sensitivity shall be checked every alternate year thereafter unless otherwise permitted by		to provide documentation of a visual semi-annual inspection of the fire alarm system. Unable to provide documentation of sensitivity testing on the eight smoke detectors in the facility completed within the past two years. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID E4VV21 will be fully implemented, including the following specifics: • The Maintenance staff conduct monthly site inspections that include a visual fire alarm system inspection. Maintenance Director has been tasked with ensuring that the Monthly Site Inspection Form is scanned to the shared drive monthly so that a copy can be printed and placed in the Life Safety Binder at the home. • Maintenance Director, Program Director, and facility staff to review this finding and receive retraining on the requirement that the fire alarm system must undergo a visual semi-annual inspection and that evidence of all inspections must be maintained in the Life Safety binder for review by regulatory surveyors. • The annual fire system inspection dated 6/7/2021 is uploaded with this plan of correction. The last page covers the inspection of all smoke	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING 01 B. WING	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	compliance with 14.4.5.3.3. NFPA 72, Table 14.4.2.2 (g), Test Methods requires any of the following tests shall be performed to ensure that each smoke detector is within its listed and marked sensitivity range: (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. This deficient practice could affect all clients in the facility including staff, and visitors. Findings include: Based on record review on 07/25/22 at 3:42 p.m. with the Program Director., the only record available for the review of sensitivity testing on the eight smoke detectors in the facility was the Sensitivity Testing Report dated 02/18/20, which was a period exceeding the two-year testing requirements. The lack of a two-year sensitivity test record for the eight smoke detectors in the facility was acknowledged by the Program Director who stated that she was new to her position and could not locate any other paperwork within the facility for review at the time of this survey.		detectors. The citation was reviewed with the Director of Maintenance and the contracted provider for all inspections to ensure that the 2023 annual inspection will need to include the sensitivity testing documentation. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, Maintenance Director is responsible to ensure that documentation of semi-annual visual inspection of fire alarm systems is made available to the Program Director to file in the Life Safety Binder. Additionally, the contracted provider is required to provide sensitivity testing for all smoke detectors in the facility at least every two years. This documentation is also to be made available to the Program Director to file in the Life Safety Binder.	
K S500 Bldg. 01	NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING 01 B. WING	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	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. Based on record review, observation, and interview; the facility failed to maintain a complete written record of monthly generator load testing for 12 of 12 months. LSC 4.5.7 states any building service equipment or safeguard provided to achieve the goals of this Code shall be designed, installed, and approved in accordance with applicable NFPA codes. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1 states an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. Section 8.4.2.4 states spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. NFPA 110, Section 8.3.4 states a permanent record of EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. This deficient practice affects all clients, staff, and visitors. Findings include: Based on record review on 07/25/22 at 3:42 p.m. with the Program Director. documentation of monthly generator load testing for the past twelve-month time period was not available for review. Based on interview at the time of record review, the Program Director stated that the facility has a natural gas fired emergency generator and that the Maintenance Man kept records of the testing, but he could not be reached to provide the documentation. Based on	K S500	K 0500 Building Services - Other (Standard) – Failed to maintain a complete written record of monthly generator load testing for 12 of 12 months. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID E4VV21 will be fully implemented, including the following specifics: • The Maintenance staff conduct monthly site inspections that generator load testing. Maintenance Director has been tasked with ensuring that the Monthly Site Inspection Form is scanned to the shared drive monthly so that a copy can be printed and placed in the Life Safety Binder at the home. • Maintenance Director, Program Director, and facility staff to review this finding and receive retraining on the requirement that the generator must undergo a load testing each month and that evidence of all inspections must be maintained in the Life Safety binder for review by regulatory surveyors. How facility will identify other	08/25/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING 01 B. WING	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	observations with the Program Director during a tour of the facility at 4:28 p.m., one natural gas fired emergency generator was located outside the facility in the back yard.		residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, Maintenance Director is responsible to ensure that documentation of monthly generator load testing is made available to the Program Director to file in the Life Safety Binder.	