

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

PRINTED: 12/08/2020
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G482		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/12/2020	
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD				STREET ADDRESS, CITY, STATE, ZIP COD 10600 E CR 700 S CAMBY, IN 46113			
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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: 11/12/20</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>At this Emergency Preparedness survey, Damar Services-Camby Road 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 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 11/18/20</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: 11/12/20</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>At this Life Safety Code survey, Damar Services Inc.-Camby Rd. 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 other safeguards 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 disclosable 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 S345 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 building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 6 and had a census of 6 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 0.2.</p> <p>Quality Review completed on 11/18/20</p> <p>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 Based on record review, observation and interview; the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.3 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable</p>			K S345	<p>KS 345 1.The report did not contain the location of the pull stations during testing. The contractor and the maintenance tech will make sure the final report contains the</p>		12/12/2020

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	<p>requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.6.2.4 states a record of all inspections, testing, and maintenance shall be provided that includes all the applicable information requested. Device test results shall include information such as device type, address or location and test result. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection and Testing Report" documentation dated 10/15/20 with the Director of Community Living & Support Services and the Maintenance Tech during record review from 12:10 p.m. to 1:35 p.m. on 11/12/20, documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period was not available for review. The aforementioned documentation stated "tested the manual fire stations" but did not list the device location and the results of testing the manual fire alarm boxes. Based on interview at the time of record review, the Maintenance Tech stated no other documentation was available for review indicating the location and results of functional testing of manual fire alarm box locations within the most recent twelve month period. Based on observations with the Maintenance Tech during a tour of the facility from 1:35 p.m. to 2:00 p.m. on 11/12/20, four manual fire alarm boxes were noted in the facility.</p> <p>This finding was reviewed with the Director of Community Living & Support Services and the Maintenance Tech at the exit conference.</p>				<p>location and results of the functional testing of the manual pull stations locations.</p> <p>2. All residents could be affected by this deficiency if not tested and documented per regulations.</p> <p>3. The maintenance tech accompanying the contractor will review documentation upon completion of the testing to ensure the locations of the pull stations are noted.</p> <p>4. Maintenance management will also review the documentation to ensure it is correctly filled out.</p> <p>5. Completion by December 12, 2020</p>		

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K S351 Bldg. 01	<p>NFPA 101</p> <p>Sprinkler System - Installation</p> <p>Sprinkler System - Installation</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented.</p> <p>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, shall be permitted.</p> <p>Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, 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, shall be permitted.</p> <p>Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6. Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 2. Protected by automatic sprinkler system according to 9.7. 3. Constructed of noncombustible or limited-combustible construction; or 4. Constructed of fire-retardant-treated wood according to NFPA 703. <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7</p> <p>Based upon record review, observation and interview; the facility failed to ensure 1 of 1 attics was fully sprinklered or met 1 or more of 4 exceptions per LSC 33.2.3.5.7.2. This deficient practice could affect all clients staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection and Testing Report" documentation dated 10/15/20 with the Director of Community Living & Support Services and the Maintenance Tech during record review from 12:10 p.m. to 1:35 p.m. on 11/12/20, the facility has a heat detector located in the kitchen, the laundry room and a location identified as "Module_33_Point_7" but</p>			K S351	<p>KS 351</p> <ol style="list-style-type: none"> 1. There is a heat detector in the attic above the laundry room. The heat detector was not listed on the report for testing. 2. All residents could be affected by this deficiency. 3. The contractor will make sure the attic heat detector is listed on the report and tested per regulation. 4. The maintenance tech will accompany the contractor when performing the routine systems checks to make sure the contractor includes the attic heat detector, as well as the other 		12/12/2020

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K S712 Bldg. 01	<p>the documentation did not list a heat detector in the attic. Based on interview at the time of record review, the Maintenance Tech stated the attic is not fully sprinklered, it is not used for storage and does not consist of noncombustible or limited combustible construction and does not consist of fire retardant treated wood. The Maintenance Tech stated he believed heat detectors were installed last year as a result of last year's Life Safety Code survey but agreed documentation of the addition of heat detectors to the attic was not available for review at the time of the survey. Based on observations with the Maintenance Tech during a tour of the facility from 1:35 p.m. to 2:00 p.m. on 11/12/20, the attic was not sprinklered above the attic access door in the laundry room. No heat detectors were noted in the attic above the laundry room.</p> <p>This finding was reviewed with the Director of Community Living & Support Services and the Maintenance Tech at the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <p>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the evacuation of clients with physical</p>				<p>detectors. Maintenance management will make sure the locations are noted on the report.</p> <p>5.Completion by December 12, 2020.</p>		

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	<p>disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i)</p> <p>1. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the third shift for 2 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with Director of Community Living & Support Services and the Maintenance Tech during record review from 12:10 p.m. to 1:35 p.m. on 11/12/20, documentation of a fire drill conducted on the third shift in the second quarter (April, May, June) 2020 and in the third quarter (July, August, September) 2020 was not available for review. Based on interview at the time of record review, the Director of Community Living & Support Services stated the facility operates three shifts per day, additional fire drill documentation was not available for review and agreed documentation of a fire drill conducted on the aforementioned shift and quarters was not available for review.</p> <p>This finding was reviewed with the Director of Community Living & Support Services and the</p>			K S712	<p>K0712</p> <p>1.The evacuation drills were incomplete. The lead staff and QIDP will make sure the drills are completed with varied times during the shift.</p> <p>2.All group home drills will be reviewed by the QIDP to make sure that drills are completed for each shift during the quarter.</p> <p>3.The QIDP and lead staff will review the completed drills monthly to ensure that all shifts will be completed to meet the regulation.</p> <p>4.The QIDP and the lead staff will review the completed drills monthly to ensure all drills are completed quarterly.</p> <p>5.Completed by December 12, 2020</p>		12/12/2020

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	<p>Maintenance Tech at the exit conference.</p> <p>2. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the first shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with Director of Community Living & Support Services and the Maintenance Tech during record review from 12:10 p.m. to 1:35 p.m. on 11/12/20, first shift fire drills conducted within the most recent twelve month period on 01/13/20, 04/06/20 and 07/07/20 were conducted at, respectively, 7:02 a.m., 7:00 a.m. and 7:15 a.m. Based on interview at the time of record review, the Director of Community Living & Support Services stated the facility operates three shifts per day and agreed the aforementioned first shift fire drills were not conducted under varied conditions.</p> <p>This finding was reviewed with the Director of Community Living & Support Services and the Maintenance Tech at the exit conference.</p>						