

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G791	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2023
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 474 WHITEWOOD DR VALPARAISO, IN 46385		
(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. --	<p>A Post Survey Revisit (PSR) for the Emergency Preparedness Survey that exited on 10/27/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73</p> <p>Survey Date: 11/29/23</p> <p>Facility Number: 012557 Provider Number: 15G791 AIM Number: 201017960A</p> <p>At this Emergency Preparedness PSR, 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 4 certified beds. All 4 beds are certified for Medicaid. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 12/01/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/27/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 11/29/23</p> <p>Facility Number: 012557 Provider Number: 15G791 AIM Number: 201017960A</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Greta Goins

Area Director

12/15/2023

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 disclosed 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 S353 Bldg. 01	<p>At this Life Safety Code PSR, Dungarvin Indiana LLC was found not in compliance with Requirements for Participation in Medicaid, 42 CFR subpart 483.490(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 was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, hard wired detectors in all resident sleeping rooms and heat detection in the attic. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>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 0.27.</p> <p>Quality Review completed on 12/01/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p>			

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	<p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1)). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 			

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	<p>13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>B. Show who provided the service.</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on records review, observation, and interview the facility failed to ensure 1 of 2 sprinkler system gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>During a tour of the facility with the Program Director on 11/29/23 between 12:00 p.m. and 12:20 p.m., at the sprinkler riser, sprinkler gauge two had a manufacture date of 2013 listed on the face of the sprinkler gauge. During record review with the</p>	K S353	<p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey with event ID EZ9B22 will be fully implemented, including the following specifics:</p> <p>The maintenance manager contacted VFP Fire Systems about the 5-year inspection and gauge testing. VFP was at the facility on 12/11/23 and completed the 5-year inspection and recalibration/replacement of gauges as needed. The final inspection report was not available at the time of this submission, but a screenshot of the email confirmation of them confirming the inspection is uploaded with this submission.</p> <p>The Maintenance staff conduct monthly site inspections</p>	12/15/2023

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	<p>Program Director between 11:40 a.m. and 12:00 p.m., no documentation could be provided to show the gauges had been replaced or recalibrated. Furthermore, the annual sprinkler report dated 04/14/23 provided during the survey listed a deficiency that stated a sprinkler gauge was out of date. Based on interview at the time of the observation and record review, the Program Director acknowledged one sprinkler system gauge was more than five years old and stated no documentation was available to show the gauge has been replaced or recalibrated.</p> <p>Findings were discussed with the Program Director at exit conference. This deficiency was cited on 10/27/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by this standard. 4.1.4.2 stated corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Program Director on 10/27/23 between 11:40 a.m. and 12:00 p.m., the Wet Fire Sprinkler System Inspection Report dated 10/9/23 indicated that the sprinkler system company was unaware if a five year internal pipe inspection has been completed in the past. The</p>		<p>that include gauge and valve checks. The maintenance manager is responsible for reviewing and scheduling follow up maintenance and or repairs to the sprinkler system when deficiencies are noted on the inspections.</p> <p><u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>Area Director is developing a monitoring system in conjunction with the Maintenance Dept and Administrative Coordinator to monitor the Life Safety books monthly to ensure that all required inspections are present and filed at all times. The Maintenance Manager is reviewing systems to ensure that all VFP Fire Systems inspections and reports are reviewed and followed up on timely to ensure that deficiencies noted are corrected.</p> <p>Person responsible: Maintenance manager</p>	

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	<p>deficiency was listed as a deficiency under the "Deficiency Summary" section on page one. It had a status of "open." During an interview with the Program Director, she stated she was unaware if the sprinkler company had completed the proposed inspection. The Program Director then made a phone call to maintenance personnel and they could not confirm if that inspection had been done.</p> <p>The finding was reviewed with the Program Director during the exit conference. This deficiency was cited on 10/27/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p>			