

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G452 | (X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____ | (X3) DATE SURVEY COMPLETED 09/14/2023 |
|---|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC | | STREET ADDRESS, CITY, STATE, ZIP COD 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. -- | <p>A Post Survey Revisit (PSR) for the Emergency Preparedness Survey that exited on 08/01/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73</p> <p>Survey Date: 09/14/23</p> <p>Facility Number: 000966 Provider Number: 15G452 AIM Number: 100244770</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 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 09/18/23</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 08/01/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 09/14/23</p> <p>Facility Number: 000966 Provider Number: 15G452 AIM Number: 100244770</p> | K 0000 | | |

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

TITLE

(X6) DATE

Susan Gichohi

Area Director

09/30/2023

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 S300 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 483.470(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.</p> <p>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 battery-smoke detectors in all client rooms. The facility has a capacity of eight and had a census of seven 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 0.56.</p> <p>Quality Review completed on 09/18/23</p> <p>NFPA 101 Protection - Other Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection 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 record review, interview and observation, the facility failed to ensure documentation for the preventative maintenance of 4 of 4 battery operated smoke alarms in resident rooms were complete. NFPA 101 in 4.6.12.3 states</p> | K S300 | <p><u>K 0300</u> <u>Protection - Other (Standard)</u> – Failed to ensure documentation or the preventative maintenance of 4 of 4 battery operated smoke</p> | 10/14/2023 |

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| | <p>existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, 29.10 Maintenance and Tests. Fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. NFPA 72, 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>During a tour of the facility with the Program Director on 09/14/23 between 11:45 a.m. and 11:51 a.m., battery operated smoke alarms were observed in each sleeping room of the house. During record review between 11:05 a.m. and 11:38 a.m. with the Program Director, no documentation could be provided for testing of the smoke alarms. Documentation presented during record review indicated that the facility does monthly site checks. The list indicated that the fire alarm and resident rooms are inspected and indicates if attention is needed or not. Based on interview at the time of record review, the Program Director indicated that maintenance does the checks for the battery smoke detectors, but could not find documentation if they had been completed.</p> <p>The findings were reviewed with the Program Director during the exit conference. This deficiency was cited on 08/01/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> | | <p>alarms in the resident rooms were complete.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID FY4822 will be fully implemented, including the following specifics:</p> <p>The failure to complete this as indicated in the previous plan of correction has been reviewed and addressed.</p> <p>Maintenance will be instructed again to either remove the battery operated smoke alarms or to ensure a system is in place to implement a preventative maintenance program for them.</p> <p>Going forward, Maintenance is to ensure that all life safety features in the home must be maintained if they are going to be in place.</p> <p><u>How facility will identify other</u> <u>residents potentially affected &</u> <u>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</u> <u>facility put in place to ensure no</u> <u>recurrence</u></p> <p>A monitoring system is in place and delegated to an Administrative Coordinator to monitor the Life Safety compliance of the facility, including a look behind check of this documentation during monthly visits. Area Director to further</p> | |

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| | | | verify with a second look behind during regular site visits. | |