

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

PRINTED: 11/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G573		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 10/13/2021	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
(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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 08/25/21 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475</p> <p>Survey Date: 10/13/21</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</p> <p>At this PSR survey, Dungarvin Indiana Inc. 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. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 10/18/21</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 08/25/21 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475</p> <p>Survey Date: 10/13/21</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</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 that other safeguards 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.

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K S345 Bldg. 01	<p>At this Life Safety Code survey, 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 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 with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in the living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evaluation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.28.</p> <p>Quality Review completed on 10/18/21</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 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 Section 9.6. NFPA 72,</p>		K S345	<p><u>K0345</u> <u>Fire Alarm System – Testing and Maintenance (Standard) – Failed to document/file a visual</u></p>		11/12/2021	

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	<p>Section 14.3.1 states that unless otherwise permitted by 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:</p> <ul style="list-style-type: none"> 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 <p>This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 10/13/21 at 12:08 p.m. during this Post Survey Revisit with the Program Director present, documentation could still not be provided regarding a visual semi-annual fire alarm system inspection during the past 12 months. Based on interview at the time of record review, the Program Director stated that she thought the vendor had been in the home and had completed the inspection but could not locate the documentation to verify this. During the exit conference with the Program Director at 12:35 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>This deficiency was cited on 08/25/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>2) Based on record review and interview, the facility failed to ensure all facility smoke</p>		<p>semi-annual fire alarm system inspection from the past 12 months. Failed to document/file inspection showing that all facility smoke detectors were within their listed and marked sensitivity range.</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>All parts of the POC for the survey with event ID GII022 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> ·The fire alarm inspection completed on 6/10/2021 is uploaded with this submission. Page 5 of the inspection has a section where all detectors are listed and has a spot to indicate any deficiencies or any detectors that did not pass sensitivity testing. This inspection will be filed in the Life Safety binder at the home by 11/12/21. ·The Maintenance staff conduct monthly site inspections that include a visual fire alarm system inspection. The October 2021 inspection form is uploaded with this submission to show a visual fire alarm system inspection. The system for storing this documentation is being revised to ensure the form completed each month will be made available to regulatory agencies as needed. <p><u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>All residents potentially are</p>				

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	<p>detectors were within their listed and marked sensitivity range. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided 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 requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and 14.4.5.3.2 states every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced. The detector sensitivity cannot be tested or</p>				<p>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 new Administrative Coordinator to monitor the Life Safety books monthly to ensure that all required inspections are present and filed at all times.</p>		

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	<p>measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 10/13/21 at 12:11 p.m. during this Post Survey Revisit with the Program Director present, documentation could still not be provided regarding a smoke detector sensitivity test within the most recent two-year period. Based on interview at the time of record review, the Program Director stated that she thought the vendor had been in the home and had completed the inspection but could not locate the documentation to verify this. During the exit conference with the Program Director at 12:35 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>This deficiency was cited on 08/25/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						