

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

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 07/05/2024
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637		
(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 2nd Post Survey Revisit (PSR) for the 1st PSR conducted on 05/29/24 for the Emergency Preparedness Survey that exited on 04/02/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73</p> <p>Survey Date: 07/05/24</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</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/Medicare. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 07/08/24</p>	E 0000		
K 0000 Bldg. 01	<p>A 2nd Post Survey Revisit (PSR) to the 1st PSR conducted on 05/29/24 for the Life Safety Code Recertification and State Licensure Survey conducted on 04/02/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 07/05/24</p> <p>Facility Number: 001087</p>	K 0000		

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

TITLE

(X6) DATE

Annmarie Fanning

Area Director

07/16/2024

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>Provider Number: 15G573 AIM Number: 100239960</p> <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 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, with a basement, was determined to be fully sprinklered with heat detection in attic spaces. The facility has a fire alarm system with smoke detection in corridors, in client sleeping rooms and all 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 Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.84.</p> <p>Quality Review completed on 07/08/24</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</p>			

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	<p>Maintenance of Water Based Fire Protection System.</p> <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). 			

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	<p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 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>Based on observation and interview, the facility failed to maintain the ceiling construction in the garage. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect approximately all staff and clients.</p> <p>Findings include:</p> <p>Based on observation with the Program Director on 05/29/24 between 09:15 a.m. and 10:15 a.m., one sprinkler head located within the garage next to the overhead door had an approximately 1/4" of annular space around the sprinkler head. Based on interview at the time of observation, the Program Director confirmed that there was a</p>	K S353	<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 I3I723 will be fully implemented, including the following specifics:</p> <p>The maintenance manager repaired the annular space around the sprinkler heads in the garage and bedroom #5. The work was completed on 7/8/2024.</p> <p>Going forward, the Quality assurance coordinator will monitor all VFP documentation to ensure that all aspects of testing and inspections are complete, any follow-up and/or work related to deficiencies is completed timely, and work orders are received and</p>	07/08/2024

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	<p>ceiling penetration next to a sprinkler head. She further stated that a maintenance request had been put in for it to be fixed and will submit another one to follow up with the request. Later during the survey, the Area Director was able to be contact via phone and also confirmed that the process for the repair of the ceiling is still ongoing and is waiting for another day for personnel to come and fix the penetrations.</p> <p>The finding was discussed with the Program Director at exit conference. This deficiency was cited on 04/02/24. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p>		<p>filed.</p> <p><u>How facility will identify other residents potentially affected & what measures taken</u> 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>Maintenance Manager in conjunction with the Area Director and the Quality Assurance Coordinator is developing a monitoring system to review all VFP inspections and approve work orders with VFP to resolve any noted deficiencies on annual and or quarterly inspections. The Quality Assurance Coordinator is tracking all VFP inspections to ensure all paperwork is in life safety binders as soon as possible.</p> <p>Persons responsible: Maintenance Manager, QA Coordinator</p>	