STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G456	A. BUILDING -- B. WING	07/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DAMAR SERVICES INC--EL CAMIN	4912 EL CAMINO CT INDIANAPOLIS, IN 46221

(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. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475. Survey Date: 07/19/19 Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760 At this Emergency Preparedness survey, Damar Services - El Camino was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 6. Quality Review completed on 07/22/19 The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:	E 0000		
E 0026 Bldg. --	Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials in accordance with 42 CFR 483.475(b)(8). This deficient practice could affect all occupants.	E 0026	1. The emergency preparedness policies and procedures will be revised to include the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by	08/18/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Findings include: Based on review of "Emergency Management" documentation dated September 2018 with the Director of Community Living & Support Services during record review from 12:30 p.m. to 1:05 p.m. on 07/19/19, the emergency preparedness plan did not include the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act. Based on interview at the time of record review, the Director agreed the plan did not include the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act.		emergency management officials in accordance with 42 CFR 483.475(b)(8). 2. All residents could be affected by this deficiency. The deficiency will be corrected by revising the policies and procedures. 3. The policy and procedures will be added to the annual list of policy review. 4. The policy and procedures will be reviewed annually by the Performance, Quality and Compliance division to ensure that the deficiency does not reoccur. 5, Systemic changes will be completed no later than August 18, 2019.	
E 0031 Bldg. --	Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan included all applicable sources of assistance. This deficient practice could affect all occupants. Findings include: Based on review of "Emergency Management" documentation dated September 2018 with the Director of Community Living & Support Services during record review from 12:30 p.m. to 1:05 p.m. on 07/19/19, the emergency preparedness plan did not include contacting the Indiana State Department of Health (ISDH) by telephone at 317-460-7287 for emergency incidents that require	E 0031	1. The emergency preparedness plan will be updated to include the correct telephone contact information for the emergency preparedness source of assistance for emergency incidents that require a full or partial evacuation. 2. All residents could be affected by this deficiency. The emergency preparedness plan will be updated. 3. The emergency plan will be reviewed annually for correct telephone numbers, additional resources, etc.	08/18/2019

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	a full or partial evacuation. Based on interview at the time of record review, the Director agreed the plan did not include the correct telephone contact information for the aforementioned emergency preparedness source of assistance for emergency incidents that require a full or partial evacuation.		4. The emergency preparedness plan will be reviewed annually by the Performance, Quality and Compliance division to ensure correct information is contained. 5. Systemic changes will be completed no later than August 18, 2019.	
E 0039 Bldg. --	Based on record review and interview, the facility failed to ensure the emergency preparedness training and testing program includes a training program. The ICF/IID facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of the training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.475(d)(1). This deficient practice could affect all occupants. Findings include: Based on review of "Emergency Management" documentation dated September 2018 with the Director of Community Living & Support Services during record review from 12:30 p.m. to 1:05 p.m. on 07/19/19, documentation of a community based disaster drill conducted within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Director stated the facility performed a table	E 0039	1. The facility will perform a community-based disaster drill within a twelve-month period. Documentation will be available for review. 2. All residents could be affected by this deficiency. The deficiency will be corrected by completing the required community drill. 3. The exercise will be put on a schedule for review every six months to ensure the requirement is met within the twelve-month period. 4. The policy and procedures will be reviewed annually by the Performance, Quality and Compliance division to ensure that the deficiency does not reoccur. 5. Completion by August 18, 2019.	08/18/2019

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	top exercise with the Decatur Township Fire Department on 06/17/19 but has not conducted a community based disaster drill or experienced an actual natural or man-made emergency within the most recent twelve month period and agreed testing documentation was not available for review at the time of the survey.			
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 07/19/19 Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760 At this Life Safety Code survey, Damar Services Inc.-El Camino 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. This one story building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the	K 0000		

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	facility Prompt with an E-Score of 0.2. Quality Review completed on 07/22/19			
K S345 Bldg. 01	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 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. Findings include: Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection and Test Report" documentation dated 08/24/18 with the Director of Community Living & Support	K S345	1. The reports did not contain the location of the testing. The contractor will document the location and results of the functional testing of the manual fire alarm box locations. 2. All residents could be affected by this deficiency if not tested and documented per regulations. 3. The maintenance staff accompanying the contractor will review documentation upon completion of the testing to ensure the locations of the pull boxes are noted. 4. The Director of Facilities and Assets will review the documentation to ensure it is correctly filled out. 5. Completion by August 18, 2019	08/18/2019

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	Services during record review from 12:30 p.m. to 1:05 p.m. on 07/19/19, 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 all smoke detectors and manual pull 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 Director 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 observation with the Director during a tour of the facility from 1:05 p.m. to 1:25 p.m. on 07/19/19, four manual fire alarm boxes were noted in the facility.			
K S351 Bldg. 01	NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 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. 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. Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such			

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	spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier. 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. 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 Residential Occupancies up to and including Four Stories in Height, shall be permitted. 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: 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.			

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	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 Based upon record review 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. Findings include: Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection and Test Report" documentation dated 08/24/18 during record review with the Director of Community Living & Support Services and Damar Services Maintenance Staff from 12:30 p.m. to 1:05 p.m. on 07/19/19, the facility has a heat detector located in the kitchen, the closet and the laundry but the documentation did not list a heat detector in the attic. Based on interview at the time of record review, the Maintenance staff stated the attic is not fully sprinklered and does not have a heat detector. A ladder was not available for access to the attic during the survey.	K S351	1. The heat detector has been ordered and will be placed in the attic once it arrives. 2. All residents could be affected by this deficiency. 3. The maintenance staff will add the attic in routine systems checks. 4. The maintenance staff will accompany the contractor when performing the routine systems checks to ensure the contractor checks the attic heat detector. 5. Completion by August 18, 2019.	08/18/2019