

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

PRINTED: 08/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G456		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/02/2017	
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--EL CAMIN				STREET ADDRESS, CITY, STATE, ZIP CODE 4912 EL CAMINO CT INDIANAPOLIS, IN 46221			
(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	
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/02/17</p> <p>Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760</p> <p>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.</p> <p>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.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</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>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.</p> <p>Quality Review completed on 08/08/17 - DA</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 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 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Table 14.4.5 states all initiating devices shall be functional tested annually. This deficient</p>		K S345	<p>K0345</p> <p>1. The corrective action is that the inspections will be done by 8/27/2017 and the copies of the inspection documentation will be stored in the home.</p> <p>2. These same corrective actions will be taken in all 3 of our group homes.</p> <p>3. Immediately following the inspections, we will schedule the inspections for next year. Scheduling the next inspections will</p>		08/27/2017	

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	<p>practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Development Professional (QIDP) from 12:00 p.m. to 12:35 p.m. on 08/02/17, functional testing documentation for all fire alarm system initiating devices within the most recent twelve month period was not available for review. Based on interview at the time of record review, the QIDP stated functional testing documentation for all fire alarm system initiating devices within the most recent twelve month period was not available for review.</p> <p>2. Based on record review and interview, the facility failed to ensure all facility smoke 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 every alternate year</p>			<p>ensure that this deficient practice does not recur.</p> <p>4. Logs will be kept complete with dates and types of inspections, and will include the date of the NEXT inspection, which will be scheduled at the time of each inspection.</p>			

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	<p>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.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p>						

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K S346 Bldg. 01	<p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Development Professional (QIDP) from 12:00 p.m. to 12:35 p.m. on 08/02/17, documentation of smoke detector sensitivity testing within the most recent two year period was not available for review. Based on interview at the time of record review, the QIDP stated documentation of smoke detector sensitivity testing within the most recent two year period was not available for review.</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm System – Out of Service 2012 EXISTING (Prompt) Where a required fire alarm system is out of service for more than four hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 33.2.3.4.1, 9.6.1.3, 9.6.1.5, 9.6.1.6 Based on record review and interview, the facility failed to provide a written fire</p>		K S346	<p>K0346 1. The corrective action is that</p>		08/27/2017	

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K S353 Bldg. 01	<p>watch policy for when the fire alarm system is out of service for more than four hours in a 24-hour period. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Development Professional (QIDP) from 12:00 p.m. to 12:35 p.m. on 08/02/17, written fire watch policy documentation for when the fire alarm system is out of service for more than four hours in a 24-hour period was not available for review. Based on interview at the time of record review, the QIDP stated written fire watch policy documentation was not available for review.</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>			<p>written fire watch policy will be made available to all staff and clients in the home.</p> <p>2. These same corrective actions will be taken in all 3 of our group homes.</p> <p>3. These fire watch policies will be posted in the homes so they will always be available for staff and clients to see.</p> <p>4. Written fire watch policies and procedures will be placed permanently in the home so that this deficient practice does not recur. Further, QDDPs and staff will be trained.</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 13.3.4). 15. Dry pipe systems extending into 						

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	<p>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>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</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 record review, observation and interview; the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. NFPA 4.1.4.1 states the property owner or designated</p>	K S353	<p>1. The corrective action is that the inspections that are required to be done monthly will be added to the WEEKLY maintenance inspections rounds that occur.</p> <p>2. These same corrective actions will be taken in all 3 of our group homes.</p> <p>3. Damar will do the required inspections more often than is required in order to ensure compliance.</p> <p>4. Logs will be kept complete with dates and types of inspections, and will include the date of the NEXT inspection, which will be scheduled at the time of each inspection.</p>		08/27/2017		

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	<p>representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Grunau Company's "Sprinkler System" documentation dated 06/27/16 with the Qualified Intellectual Development Professional (QIDP) during record review from 12:00 p.m. to 12:35 p.m. on 08/02/17, "No" was stated in response to Section B of the report under "Did the electric alarm(s) operate during testing." Based on observations with the QIDP during a tour of the facility from 12:35 p.m. to 1:00 p.m. on 08/02/17, Grunau Company had affixed a hanging tag to the facility's wet sprinkler system riser documenting sprinkler system gauge and control valve inspections on 12/01/16, 03/14/17 and 06/22/17. "No" was stated on the hanging tag in response</p>						

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	<p>to "Did alarms operate?" for each of the three inspection dates listed on the hanging tag. Based on interview at the time of record review and of the observations, the QIDP stated no additional sprinkler system waterflow alarm repair or replace documentation on or after 06/27/16 was available for review and stated the aforementioned documentation indicated the sprinkler system waterflow alarm did not send an alarm to the fire panel.</p> <p>2. Based on observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its</p>						

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	<p>components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Qualified Intellectual Development Professional (QIDP) during a tour of the facility from 12:35 p.m. to 1:00 p.m. on 08/02/17, Grunau Company had affixed a hanging tag to the facility's wet sprinkler system riser documenting sprinkler system gauge and control valve inspections on 09/26/16, 12/01/16, 03/14/17 and 06/22/17. Based on interview at the time of the observations, the QIDP stated the facility does not perform additional monthly sprinkler system gauge and system control valve inspections outside of the quarterly contractor checks and stated monthly sprinkler system gauge and control valve inspection documentation for eight months of the most recent twelve month period was not available for review.</p>						
K S354 Bldg. 01	<p>NFPA 101 Sprinkler System - Out of Service Sprinkler System – Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10</p>						

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	<p>hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.</p> <p>33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25)</p> <p>Based on record review and interview, the facility failed to provide a written fire watch policy for when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Development Professional (QIDP) from 12:00 p.m. to 12:35 p.m. on 08/02/17, written fire watch policy documentation for when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period was not available for review. Based on interview at the time of record review, the QIDP stated written fire watch policy documentation was not available for review.</p>		K S354	<p>K0354</p> <ol style="list-style-type: none"> The corrective action is that written fire watch policy will be made available to all staff and clients in the home. These same corrective actions will be taken in all 3 of our group homes. These fire watch policies will be posted in the homes so they will always be available for staff and clients to see. Written fire watch policies and procedures will be placed permanently in the home so that this deficient practice does not recur. Further, QDDPs and staff will be trained. 		08/27/2017	
K S711 Bldg. 01	<p>NFPA 101</p> <p>Evacuation and Relocation Plan</p> <p>Evacuation and Relocation Plan</p> <p>The administration of every resident board and care facility shall have in effect and available to all supervisory personnel written</p>						

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	<p>copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan shall include special staff response, including fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is admitted to the home. All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction shall be reviewed by the staff not less than every two months. A copy of the plan shall be readily available at all times within the facility.</p> <p>All residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire. Training shall include proper actions to be taken if the primary escape route is blocked. If the resident is given rehabilitation or habilitation training, training in fire prevention and the actions to be taken in the event of a fire shall be part of the training program. Residents shall be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without additional personal risk.</p> <p>32.7.1, 32.7.2, 33.7.1, 33.7.2</p> <p>Based on record review and interview, the facility failed to provide a written evacuation and relocation plan in the event of fire and failed to provide documentation of periodic staff instruction on the written fire plan not less than every two months. This deficient practice affects all clients, staff and visitors.</p>	K S711	<p>K0711</p> <ol style="list-style-type: none"> 1. The corrective action is that written fire evacuation plans will be posted in each home. 2. These same corrective actions will be taken in all 3 of our group homes. 3. These fire evacuation plans will be posted in the homes so they will always be available for staff and clients to see. 	08/27/2017			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G456		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/02/2017	
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K S712 Bldg. 01	<p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Development Professional (QIDP) from 12:00 p.m. to 12:35 p.m. on 08/02/17, a written evacuation and relocation plan in the event of fire and periodic staff instruction on the written fire plan was not available for review. Based on interview at the time of record review, the QIDP stated a written evacuation and relocation plan and periodic staff instruction on the plan was not available for review. In addition, documentation of a fire drill conducted on the second and third shift in the second quarter (April, May, June) of 2017 was also not available for review.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical 			<p>4. The presence of fire evacuation maps will be added to the monthly maintenance checklist. If maps are found to be missing, they will be replaced monthly.</p>			

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	<p>disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the second and third shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Qualified Intellectual Development Professional (QIDP) from 12:00 p.m. to 12:35 p.m. on 08/02/17, documentation of a fire drill conducted on the second and third shift in the second quarter (April, May, June) of 2017 was not available for review. Based on interview at the time of record review, the QIDP stated documentation of a fire drill conducted on the second and third shift in the second quarter of 2017 was not available for review.</p>	K S712	<p>K0712</p> <p>1. The evacuation drills were incomplete. The new QIDP has posted a new schedule in the home.</p> <p>2. All group homes drills will be reviewed and new schedules posted. Staff will be trained on the schedules.</p> <p>3. The new QIDP and the Interim Manager will review the completed drills monthly to ensure the all shifts will be completed quarterly as required to meet the regulation.</p> <p>4. The new QIDP and the Interim Manager will review the completed drills monthly to ensure all drills will be completed quarterly as required to meet the regulation.</p>	08/27/2017			