

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

PRINTED: 10/17/2017
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 09/19/2017	
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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/02/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/19/17</p> <p>Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760</p> <p>At this PSR 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</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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.</p> <p>Quality Review completed on 09/26/17 - 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 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 14.4.5 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>1.All 4 manual pull stations were inspected and passed inspection on 9/21/2017.2. 2.No other residents could have been affected by this deficient practice. Only those living in this house. 3.Lyons Fire and Safety has been contracted to perform these inspections each quarter. 4.Damar's maintenance staff will monitor to ensure compliance in their weekly inspections of the home.</p>		09/21/2017

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	<p>practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Centron's "Account 4970" documentation dated 08/24/17 with the Qualified Intellectual Development Professional (QIDP) and the Home Manager at 2:00 p.m. on 09/19/17, functional testing documentation for all manual fire alarm box 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 no additional fire alarm system functional testing documentation within the most recent twelve month period was available for review at the time of the survey and agreed manual fire alarm box functional testing was not included on Centron's 08/24/17 functional testing documentation. Based on observations with the QIDP and the Home Manager during a tour of the facility at 2:20 p.m. on 09/19/17, a total of four manual fire alarm boxes are located in the facility.</p> <p>This deficiency was cited on 08/02/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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K S353 Bldg. 01	<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. NFPA 13D Systems 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). 						

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	<p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <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>_____</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>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</p>	K S353	<p>1.The sprinkler system was inspected and passed inspection on 9/21/2017.</p> <p>2.No other residents could have been affected by this deficient practice. Only those living in this</p>	09/21/2017			

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	<p>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 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 record review with the</p>				<p>house.</p> <p>3.PIPE will do these inspections in the future.</p> <p>4.Damar's maintenance staff will monitor to ensure compliance in their weekly inspections of the home.</p>		

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	<p>Qualified Intellectual Development Professional (QIDP) and the Home Manager at 2:00 p.m. on 09/19/17, quarterly water flow alarm testing documentation for the third quarter (July, August, September) 2017 was not available for review. Based on observations with the QIDP and the Home Manager during a tour of the facility at 2:30 p.m. on 09/19/17, 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, 06/22/17 and 09/08/17. "No" was stated on the hanging tag in response to "Did alarms operate?" for each of the four testing 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 testing documentation was available for review and agreed the aforementioned documentation indicated the sprinkler system waterflow alarm did not send an alarm to the fire panel.</p> <p>This deficiency was cited on 08/02/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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