

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

PRINTED: 01/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G045		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/04/2022	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP COD 829 EARL RD MICHIGAN CITY, IN 46360			
(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 01/04/2022</p> <p>Facility Number: 000601 Provider Number: 15G045 AIM Number: 100233480</p> <p>At this Emergency Preparedness survey, Paladin, 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 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 5.</p> <p>Quality Review completed on 01/05/22</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/04/2022</p> <p>Facility Number: 000601 Provider Number: 15G045 AIM Number: 100233480</p> <p>At this Life Safety Code survey, Paladin Inc. was found not in compliance with Requirements for</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 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 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>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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.52.</p> <p>Quality Review completed on 01/05/22</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. 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</p>						

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	<p>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 unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). 						

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	<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.) 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 document monthly 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 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Section 3.3.18 states an inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operating condition and is free of physical damage. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>During record review with the Director of I.C.F. and Maintenance Supervisor on 01/04/2022 from 9:45 a.m. to 11:00 a.m., no records could be</p>			K S353	<p>K353-</p> <p>In order for this deficiency to be met and fixed now and going forward for this site; as well as all of our group homes, Paladin has put in place a team effort approach to ensure the monthly inspections in accordance to NFPA 25 for sections 5.2.4.1/Section 5.1.2 and Section 3.3.18 are completed monthly on our random visits to the homes. We will ensure between our maintenance, IDT and DSPs the inspections are completed at least monthly. Our maintenance supervisor has trained the IDT/DSPs on what to inspect and to look for during inspection as well as to document on the inspection form for extra assurance. SEE ATTACHED FORM</p> <p>Once these are completed they will be turned into the Corporate Compliance Officer to upload to her file and place a copy into the LSC book. Corporate Compliance</p>		01/14/2022

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K S358 Bldg. 01	<p>provided indicating that monthly inspections of the sprinkler system gauges and valves were completed in March, July and November of 2021. Based on interview at the time of record review, the Maintenance Supervisor stated he 'didn't have those' and confirmed that no records were maintained for the aforementioned months of 2021.</p> <p>This finding was reviewed with the Director of I.C.F and Maintenance Supervisor at the exit conference.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING (Slow) In Slow Evacuation Capability facilities 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 9.6, as modified below. The adequacy of the water supply shall be documented.</p> <p>In Slow Evacuation Capability 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 spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Slow Evacuation Capability facilities, where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic</p>				Office will inform Director of any missing forms or concerns for the Director to follow up on as a checks and balance system. Maintenance will continue to work with sprinkler companies to ensure all is tests and are working properly per regulations.		

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	<p>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.</p> <p>In Slow 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.</p> <p>Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6.</p> <p>Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 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. <p>33.2.3.5.3, 33.2.3.5.3.2 through 33.2.3.5.3.4, 33.2.3.5.3.6</p> <p>Based on record review and interview, the facility could not ensure that the attic spaces were protected by one of the following:</p> <ol style="list-style-type: none"> 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. 			K S358	<p>K358-</p> <p>In order for this deficiency to be met and fixed now and in the future for this site; and all of our group homes, Certasite has come out to install them per requirements of the National Fire</p>		01/10/2022

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K S712 Bldg. 01	<p>3. Constructed of noncombustible or limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <p>This deficient practice could affect all clients, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Director of I.C.F. and Maintenance Supervisor on 01/04/2022 from 9:45 a.m. to 11:00 a.m., the facility was unable to provide documentation which ensured the attic spaces were protected. Based on interview at the time record review, the Director of I.C.F. stated he is getting a quote from a vendor for installation of heat detection in the attic spaces; but the attic does lack heat detection or sprinkler protection at the time of the survey.</p> <p>This finding was reviewed with the Director of I.C.F and Maintenance Supervisor at the exit conference.</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> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <p>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the</p>				<p>Protection Association 101 and NFPA 13D and according to 9.6/9.7 that the attic space was protected by a heat detection system. Certasite has come out at this survey site to complete and test this deficiency on 1/10/2022. All detectors are working and operational. SEE ATTACHED report. Certasite will continue their annual testing and inspections for all regulations going forward.</p>		

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	<p>evacuation of clients with physical 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.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters and 2 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the facility fire drill reports entitled "Post Drill / Test of Emergency Procedures on 01/04/2022 from 9:45 a.m. to 11:00 a.m. with the Director of I.C.F. and Maintenance Supervisor, there was no record of a fire drill conducted on:</p> <p>1) the first quarter (January, February, or March) on the third shift in 2021.</p> <p>2) the second quarter (April, May, June) on the first shift in 2021.</p> <p>3) the third quarter (July, August, September) on the first shift in 2021.</p> <p>Based on an interview with the Director of a I.C.F. at the time of record review, there was no other documentation available for review to indicate the missed drill had been conducted. It was also verified that the facility stayed open during the time of the missing fire drills. Based on an</p>			K S712	<p>K0712-</p> <p>In order for this deficiency to be met now and in the future, and for all group homes, the Program Manager, IDT and Corporate Compliance Officer will ensure the new fire drill schedule with dates and times are posted in all the homes for varied times and shifts. (SEE ATTACHED) This will then be added to staffs schedules when it's time to have the drill ran for accountability. Emails will also be sent out for reminders to complete and turn in form. The form has also been reviewed (for clearer understanding of times) and have be trained on at the all staff meeting (11/18/2021 and again on 1/14/22) to ensure the forms and drills are correctly filled out with accurate times by the DSPs. A retraining for staff completing a drill with alarm system will be completed at next meeting.</p>		01/14/2022

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	<p>interview at the time of record review, the Director of I.C.F. stated that the drills were most likely missed or overlooked.</p> <p>This finding was reviewed with the Director of I.C.F. and Maintenance Supervisor at the exit conference.</p>				<p>They are trained upon hire and periodically throughout the year to ensure competency of the system.</p>		