

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G456	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
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
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: 11/10/20</p> <p>Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760</p> <p>At this Emergency Preparedness survey, Damar Services - El Camino 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 4.</p> <p>Quality Review completed on 11/10/20</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: 11/10/20</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</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>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 4 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 Prompt with an E-Score of 0.1.</p> <p>Quality Review completed on 11/10/20</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,</p>	K S345	K S 345 1.The report did not contain the location of the pull stations during testing. The contractor will make sure the final report contains the	12/10/2020

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	<p>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.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection and Testing Report" documentation dated 10/15/20 with the Director of Community Living & Support Services and the Maintenance Tech during record review from 10:40 a.m. to 12:10 p.m. on 11/10/20, 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 the 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 Maintenance Tech 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 Maintenance Tech during a tour of the facility from 12:10 p.m. to 12:25 p.m. on 11/10/20, four manual fire alarm boxes were noted in the facility.</p> <p>This finding was reviewed with the Director of Community Living & Support Services and the</p>		<p>location and results of the functional testing of the manual pull stations locations.</p> <p>2. All residents could be affected by this deficiency if not tested and documented per regulations.</p> <p>3. The maintenance tech accompanying the contractor will review documentation upon completion of the testing to ensure the locations of the pull stations are noted.</p> <p>4. Maintenance management will also review the documentation to ensure it is correctly filled out.</p> <p>5. Completion by December 10, 2020</p>	

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K S351 Bldg. 01	<p>Maintenance Tech during the exit conference.</p> <p>NFPA 101</p> <p>Sprinkler System - Installation</p> <p>Sprinkler System - Installation</p> <p>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.</p> <p>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.</p> <p>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 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.</p> <p>In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance</p>			

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	<p>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. 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:</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, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7</p> <p>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.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection and Testing Report" documentation dated 10/15/20 with the Director of Community Living & Support Services and the Maintenance Tech during record review from 10:40 a.m. to 12:10 p.m. on 11/10/20, the facility has a heat detector</p>	K S351	<p>1. The heat detector in the attic was not listed on the report.</p> <p>2. All residents could be affected by this deficiency.</p> <p>3. The contractor will make sure the attic heat detector is listed on the report and tested per regulation.</p> <p>4. The maintenance tech will accompany the contractor when performing the routine systems checks to make sure the contractor includes the attic heat detector. Maintenance management will review the report</p>	12/10/2020

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	<p>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 Tech stated the attic is not fully sprinklered, it is not used for storage and does not consist of noncombustible or limited combustible construction and does not consist of fire retardant treated wood. The Maintenance Tech said heat detectors were installed last year as a result of last year's Life Safety Code survey but agreed documentation of the addition of heat detectors to the attic was not available for review at the time of the survey. A ladder was not available for access to the attic during the survey.</p> <p>This finding was reviewed with the Director of Community Living & Support Services and the Maintenance Tech during the exit conference.</p>			<p>to make sure the attic heat detector, as well as the other heat detectors, is listed.</p> <p>5. Completion by December 10, 2020.</p>