

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G573	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2022
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637		
(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: 11/04/22</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</p> <p>At this Emergency Preparedness survey, Dungarvin Indiana LLC 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 8 certified beds. All 8 beds are certified for Medicaid/Medicare. At the time of the survey, the census was 5.</p> <p>Quality Review completed on 11/07/22</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: 11/04/22</p> <p>Facility Number: 001087 Provider Number: 15G573 AIM Number: 100239960</p> <p>At this Life Safety Code survey, Dungarvin Indiana LLC was found not in compliance with</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Susan Gichohi

Area Director

11/28/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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 S100 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, with a basement, was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, in client sleeping rooms and all living areas. The facility has a capacity of 8 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 Prompt with an E-Score of 0.2.</p> <p>Quality Review completed on 11/07/22</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to document 1 of 4 portable fire extinguishers located in the facility was subject to maintenance at intervals of not more than one year. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.4 requires any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature</p>	K S100	<p><u>K 0100</u> <u>General Requirements – Other</u> <u>(Standard)</u> – Failed to document 1 of 4 portable fire extinguishers located in the facility was subject to maintenance at intervals of not more than one year – the portable fire extinguishers located in the shuttle van and the basement</p>	12/02/2022

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	<p>requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified in applicable NFPA standards. NFPA 10, the Standard for Portable Fire Extinguishers, 2010 Edition, Section 7.3.1.1 states fire extinguishers shall be subject to maintenance at intervals of not more than one year, at the time of hydrostatic test, or when specifically indicated by an inspection. Section 7.3.3 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed, identifies the person performing the work, and identifies the name of the agency performing the work. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on Record Review with the House Manager during a tour of the facility from 10:29 a.m. to 12:22 p.m. on 11/04/22, the portable fire extinguishers located in the shuttle van and the basement had failed the annual inspection on 7/28/22 due to being overdue for a 6-year test. Based on interview at the time of observation, the House Manager stated no other documentation of the north hallway annual fire extinguisher maintenance was available for review and was unsure if the two fire extinguishers had been replaced or provided with the 6-year test.</p> <p>Findings were discussed with the House Manager at exit conference.</p>		<p>were overdue for a 6-year test. <u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey with event ID RE6G21 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> Maintenance Staff, Program Director, and Administrative Coordinator are all receiving training on this standard and finding and on the expectations regarding fire extinguisher testing and maintenance. Documentation of the required testing and maintenance for the deficient fire extinguishers is being obtained and placed at the facility for review. <p><u>How facility will identify other residents potentially affected & what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> Maintenance staff will be responsible to ensure the schedule of testing and maintenance is followed and implemented by the contracted provider with documentation filed in the shared drive. Administrative Coordinator and Program Director will be responsible to ensure that documentation of all maintenance</p>	

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K S353 Bldg. 01	<p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>2012 EXISTING (Prompt)</p> <p>NFPA 13 and 13R Systems</p> <p>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>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). 		and testing is filed appropriately at the facility.	

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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> <hr/> <p>B. Show who provided the service.</p> <hr/> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <hr/> <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 maintain monthly inspection documentation for 1 of 1 sprinkler systems in accordance with NFPA 25. NFPA 25,</p>	K S353	<u>K 0353</u> <u>Sprinkler System – Maintenance and Testing (Standard) – Failed to maintain monthly inspection</u>	12/02/2022

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	<p>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 and staff in the facility.</p> <p>Findings include:</p> <p>Based on record review with the House Manager on 11/04/22 between 10:29 a.m. and 12:22 p.m., there was no up-to-date documentation of a monthly gauge and valve check for the home's sprinkler system. Based on observation with the House Manager at 12:28 p.m., there were two gauges and two control valves on the sprinkler riser with documentation stating the last monthly check was done in May of 202. Based on an interview at the time of records review, the House Manager stated they were unaware if monthly checks were conducted.</p> <p>Findings were discussed with the House Manager at exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were</p>		<p>documentation for 1 of 1 sprinkler systems. There was no available documentation of a monthly gauge and valve check for the sprinkler system. The spare sprinkler cabinet in the riser room was not large enough to contain all sprinkler heads and prevent damage to the sprinkler heads. Documentation of a 20-year test or a subsequent 10-year test of a representative sample of sprinklers was not available for review. There was no first quarter inspection for the water flow alarm device available for review. There was no documentation available to show that the recommended recharge of the antifreeze in the sprinkler system had been completed.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u></p> <p>All parts of the POC for the survey with event ID RE6G21 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> Director of Maintenance was briefed on all deficiencies cited under this standard. Monthly gauge and valve check documentation has been moved from the actual sprinkler risers to the monthly maintenance checklist. All checklists are scanned to the shared drive and printed and filed at the facility in the Life Safety binder by the Program Director or Administrative Coordinator. Maintenance will oversee 	

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	<p>provided with spare sprinklers, a spare sprinkler cabinet large enough to fit all spare sprinkler heads, and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 11/04/22 at 12:28 p.m., the spare sprinkler cabinet in the riser room was not large enough to contain all sprinkler heads and prevent damage to the sprinkler heads. When the cabinet in riser room was opened, the cabinet contained 3 more sprinkler heads than spots available. Based on interview at the time of the observations, the House Manager agreed the cabinet was not large enough to contain all spare sprinkler heads and would contact maintenance.</p> <p>This finding was reviewed with the House Manager during the exit conference.</p> <p>3. Based on record review, observation, and interview; the facility failed to ensure the sprinkler system would function as required by conducting</p>		<p>the installation of an appropriately sized cabinet for the parts and tools needed to maintain the sprinkler system.</p> <ul style="list-style-type: none"> Maintenance Personnel maintain responsibility for ensuring that all required testing and maintenance is performed and documented by the contracted provider. The contracted provider is given authorization to implement all recommended work and maintenance in order to remain in compliance with all standards established by NFPA 25. <p>Documentation that any recommended work has been completed is being obtained from the contracted provider and any work that has not yet been scheduled is being scheduled for completion.</p> <ul style="list-style-type: none"> Maintenance Director, Program Director, and Administrative Coordinator to review this finding and sign training regarding expectations going forward. <p><u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>A monitoring system is in place and delegated to an Administrative</p>	

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	<p>the sprinkler test at 20-years old. Section 33.2.3.5.8.10 of NFPA 101 requires the testing of a representative sample of fast-response sprinklers in accordance with Section 5.3.1.1.3 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. If the sample fails the test, all of the sprinklers represented by that sample shall be replaced. If the sprinklers pass the test, the test shall be repeated every ten years thereafter. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on record review on 11/04/22 between 10:29 a.m. and 12:22 p.m., an annual sprinkler system report dated 10/17/2022 with the House Manager, documentation of the 20-year test or subsequent 10-year test of a representative sample of sprinklers was not available for review. Based on the annual sprinkler report, the sprinkler company stated sprinkler heads in the home are dated 1990 and require a 20-year sample test. The sprinklers may be 32-years old. Based on observation during the building tour, residential sprinklers were found throughout the facility. Based on interview at the time of record review, the House Manager was not aware of testing or the replacement of sprinklers. The House Manager acknowledged documentation of sprinkler testing was not available for review and the sprinkler system is more than 30 years old.</p> <p>The issue was acknowledged by the House Manager during the exit conference.</p> <p>4. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 5.2.5 states, waterflow</p>		<p>Coordinator to monitor the Life Safety compliance of the facility, including a look behind check of this documentation during monthly visits. Area Director to further verify with a second look behind during regular site visits.</p>	

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	<p>alarm and supervisory alarm devices shall be inspected quarterly to verify that they are free of physical damage. 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. Section 5.3.3.2 states vane-type and pressure switch-type water flow alarm devices shall be tested semiannually. A test is defined as a procedure used to determine the operational status of a component or system by conducting periodic physical checks, such as waterflow tests, fire pump tests, alarm tests, and trip tests of dry pipe, deluge, or preaction valves. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the House Manager on 11/04/22 between 10:29 a.m. and 12:22 p.m., there was no first quarter inspection for the water flow alarm device available for review. Based on interview at the time of observation, the House Manager stated documentation could not be found for the sprinkler inspection.</p> <p>Findings were discussed with the House Manager at exit conference.</p> <p>5. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 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. 4.1.4.2 stated corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all</p>			

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K S363 Bldg. 01	<p>clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the House Manager on 11/04/22 between 10:29 a.m. and 12:22 p.m., the Quarterly Fire Springier System Inspection from 10/17/22 and 10/4/21 recommended a recharge of the antifreeze in the sprinkler system as it was below passing rate which could cause damage to pipes. Based on interview at the time of observation, the House Manager agreed there were deficiencies on the sprinkler system that needed to be serviced, but did not have any documentation to verify if the work had been scheduled.</p> <p>The finding was reviewed with the House Manager during the exit conference.</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 <p>Based on observation and interview, the facility</p>	K S363	K 0363	12/02/2022

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	<p>failed to ensure 1 of 6 clients sleeping rooms were provided with a door which would self-close and latch securely in the door frame. This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 11/04/22 at 12:39 p.m., sleeping room doors #1 did not latch into the frame when closed. Based on interview at the time of observation, the House Manager confirmed the aforementioned door failed to latch into the frame and stated they will notify Maintenance.</p> <p>Findings were discussed with the House Manager at exit conference.</p>		<p><u>Corridors - Doors (Standard)</u> – Failed to ensure 1 of 6 clients sleeping rooms were provided with a door which would self-close and latch securely in the door frame. <u>Corrective action for resident(s)</u> found to have been affected</p> <p>All parts of the POC for the survey with event ID RE6G21 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> · A Maintenance Request was filed immediately to repair the door that was not properly latching, and this has been repaired by Maintenance. · Maintenance Staff, Program Director, Lead DSP, and Administrative Coordinator will all receive retraining on the expectation that every bedroom must have a fire door that self-closes and latches securely during a fire. · All facility staff receiving retraining on filing maintenance requests and how to verify that all doors closed and latched properly during regular monthly fire drills. · Maintenance Personnel maintain responsibility for testing all fire doors during monthly site checks. The log is to be filled out on the monthly site inspection at each house. The Maintenance Director will be scanning the monthly site inspection to a shared drive each month so that copies can be printed and placed in the Life Safety binder at the 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G573	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2022
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				<p>home.</p> <p>PD/QIDP, Lead DSP, Administrative Coordinator and Maintenance Director will receive retraining on their roles in monitoring compliance with this standard.</p> <p><u>How facility will identify other residents potentially affected & what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>A monitoring system is in place and delegated to an Administrative Coordinator to monitor the Life Safety compliance of the facility, including a look behind check of safety checklist documentation during monthly visits. Area Director to further verify with a second look behind during regular site visits.</p>