

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

PRINTED: 01/27/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G482		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/13/2022	
NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--CAMBY RD				STREET ADDRESS, CITY, STATE, ZIP COD 10600 E CR 700 S CAMBY, IN 46113			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 01/13/22</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>At this Emergency Preparedness survey, Damar Services - Camby Road 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 6.</p> <p>Quality Review completed on 01/18/22</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: 01/13/22</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>At this Life Safety Code survey, Damar Services Inc. - Camby Road was found not in compliance</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 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 S351  Bldg. 01	<p>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 and all living areas, as well as heat detectors within the unused attic space. 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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>Quality Review completed on 01/18/22</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 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. 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. Automatic sprinklers shall not be required in</p>						

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	<p>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 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"> <li>1. Protected by heat detection system to activate the fire alarm system according to 9.6.</li> <li>2. Protected by automatic sprinkler system according to 9.7.</li> <li>3. Constructed of noncombustible or</li> </ol>						

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	<p>limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <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 on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 kitchen. NFPA 13, 2010 edition, Section 6.2.7 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. This deficient practice could affect all clients and staff within the home.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Technician (Tech) on 01/13/22 at 12:06 p.m., the sprinkler head located in the kitchen had an escutcheon that was not completely sealed to the ceiling with a gap of approximately a three-eighths of an inch around it that led to the attic space above. Based on interview at the time of observations, the Maintenance Tech acknowledged the aforementioned gap and stated that he would seal the escutcheon gap as soon as he could. During the exit conference with the Director of Community Living and Support Services and the facility Maintenance Tech at 12:15 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p>			K S351	<p>The sprinkler head located in the kitchen had an escutcheon that was not completely sealed. Maintenance will seal the gap with Firestop.</p> <p>All clients could be effected by not having the gap filled.</p> <p>Maintenance will check the sprinkler heads for gaps during their weekly maintenance checks.</p> <p>Maintenance leadership will review the weekly systems checks on a monthly basis, and address any deficiencies.</p>		01/29/2022