STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G456	A. BUILDING -- B. WING	07/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DAMAR SERVICES INC--EL CAMIN	4912 EL CAMINO CT INDIANAPOLIS, IN 46221

(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. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475. Survey Date: 07/23/18 Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760 At this Emergency Preparedness survey, Damar Services - El Camino was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475 The facility has 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 5. Quality Review completed on 07/27/18 - DA The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:	E 0000		
E 0001 Bldg. --	Based on record review and interview, the facility failed to meet the Condition of Participation to establish and maintain an emergency preparedness program in accordance with 42 CFR 483.475 that includes the following elements: a) An Emergency Plan b) Policies and Procedures c) A Communication Plan d) Training and Testing	E 0001	E001 – 483.475 1. The current emergency preparedness plan will be revised to meet the requirements of this standard, policies and procedures, a communication plan, as well as training and testing. 2. All clients have the potential to be affected by this deficiency.	08/22/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
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	This deficient practice could affect all occupants. Findings include: Based on record review with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the facility failed to provide and maintain an emergency preparedness plan that was reviewed and updated at least annually at the time of the survey. Based on interview at the time of record review, the QIDP stated a complete emergency preparedness plan was at the Corporate Office and she would e-mail the surveyor the policy later that day but agreed an emergency preparedness plan was not available for review at the time of the survey.		3. The emergency preparedness plan (EPP) will be reviewed/revised at least annually by the Director of Community Living and Support Services (CLaSS) and the Director of Performance and Quality Improvement. The Qualified Intellectual Disability Professional (QIDP) will ensure the EPP binder in each home is up to date. 4. The emergency preparedness plan (EPP) will be reviewed/revised at least annually by the Director of CLaSS and the Director of PQI. The QIDP will ensure the EPP binder in each home is up to date. 5. August 22, 2018	
E 0004 Bldg. --	Based on record review and interview, the facility failed to develop and maintain an emergency preparedness plan that was reviewed and updated at least annually in accordance with 42 CFR 483.475(a). This deficient practice could affect all occupants. Findings include: Based on record review with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the facility failed to provide and maintain an emergency preparedness plan that was reviewed and updated at least annually. Based on interview at the time of record review, the QIDP stated a complete emergency preparedness plan was at the Corporate Office and she would e-mail the surveyor the policy later that day but agreed	E 0004	1. The current emergency preparedness plan will be revised to meet the requirements, policies and procedures, a communication plan, as well as training and testing. 2. 2. All clients have the potential to be affected by this deficiency. 3. 3. The emergency preparedness plan (EPP) will be reviewed/revised at least annually by the Director of Community Living and Support Services (CLaSS) and the Director of Performance and Quality Improvement (PQI). The Qualified Intellectual Disability Professional (QIDP) will ensure the EPP binder	08/22/2018

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	an emergency preparedness plan that was reviewed within them most recent twelve month period was not available for review at the time of the survey.		in each home is up to date. 4. 4. The emergency preparedness plan (EPP) will be reviewed/revised at least annually by the Director of CLaSS and the Director of PQI. The QIDP will ensure the EPP binder in each home is up to date. 5. 5. August 22, 2018	
E 0013 Bldg. --	Based on record review and interview, the facility failed to develop and implement emergency preparedness policies and procedures. The policies and procedures must be reviewed and updated at least annually in accordance with 42 CFR 483.475(b). This deficient practice could affect all occupants. Findings include: Based on record review with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the facility failed to provide and maintain emergency preparedness policies and procedures which were reviewed and updated within the most recent twelve month period. Based on interview at the time of record review, the QIDP stated emergency preparedness program policies and procedures documentation was at the Corporate Office and she would e-mail the surveyor the policy later that day but agreed emergency preparedness policies and procedures reviewed within the most recent twelve month period was not available for review at the time of the survey.	E 0013	1. The Director of CLaSS, Director of PQI and the QIDP will ensure the EPP binder is complete and up to date. The policies and procedures addressing emergencies and communication will be reviewed and revise. All emergency policies and procedures will be reviewed at least annually. The EPP will be developed based on the findings and revisions. 2. All clients have the potential to be affected by this deficiency. The EPP will be reviewed and revised as needed, at least annually by the Director of CLaSS and the Director of PQI. 3. The policies and procedures will be reviewed and revised as needed. All policies and procedures included in the EPP will be reviewed at least annually. 4. The Director of CLaSS, and the Director of PQI will ensure the policies and procedures are reviewed and revised as needed,	08/22/2018

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			at least annually. The QIDP will ensure the EPP binder is complete and up to date in the homes. 5. August 22, 2018	
E 0029 Bldg. --	Based on record review and interview, the facility failed to develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws was reviewed and updated at least annually in accordance with 42 CFR 483.475(c). This deficient practice could affect all occupants. Findings include: Based on record review with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the facility failed to provide and maintain an emergency preparedness communication plan which was reviewed and updated within the most recent twelve month period. Based on interview at the time of record review, the QIDP stated the emergency preparedness program communication plan was at the Corporate Office and she would e-mail the surveyor the policy later that day but agreed an emergency preparedness communication plan reviewed within the most recent twelve month period was not available for review at the time of the survey.	E 0029	E029 – 483.475(c) 1. The communication plan, will include but not be limited to; contact information for contracted entities, client physicians, other ICFs and volunteers. All EPP policies and procedures will be reviewed at least annually. 2. All clients in the homes have the potential to be affected by the deficiency. The Director of CLaSS, and the Director of PQI will ensure the communication plan is reviewed and revised as needed, at least annually. The QIDP will ensure the EPP binder is complete and up to date in the homes. 3. The communication plan, will include but not be limited to; contact information for contracted entities, client physicians, other ICFs and volunteers. All emergency policies and procedures of the communication plan will be reviewed at least annually. 4. The Director of CLaSS, and the Director of PQI will ensure the plan is reviewed and revised as needed, at least annually. The QIDP will	08/22/2018

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			ensure the EPP binder is complete and up to date in the homes. 5. August 22, 2018	
E 0036 Bldg. --	Based on record review and interview, the facility failed to develop and maintain an emergency preparedness training and testing program that was reviewed and updated at least annually in accordance with 42 CFR 483.475(d). This deficient practice could affect all occupants. Findings include: Based on record review with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the facility failed to provide and maintain an emergency preparedness training and testing program which was reviewed and updated within the most recent twelve month period. Based on interview at the time of record review, the QIDP stated the emergency preparedness program training and testing documentation was at the Corporate Office and and she would e-mail the surveyor the policy later that day but agreed emergency preparedness training and testing documentation reviewed within the most recent twelve month period was not available for review at the time of the survey.	E 0036	E036 – 483.475(d) 1. The EPP will include policies and procedures on training and testing based on the emergency plan. All staff will receive training and testing on emergency management during new hire orientation and annually. 2. All clients in the homes have the potential to be affected by this deficiency. The EPP will be reviewed and revised as needed, at least annually, by the Director of CLaSS and the Director of PQI. 3. The EPP will include policies and procedures on training and testing. Staff will receive training and testing on emergency management during new hire orientation and annually. There will also be training and testing on the EPP annually. The EPP will be reviewed and revised as needed, but at least annually, by the Director of CLaSS and the Director of PQI. 4. The EPP will be reviewed and revised as needed, and training and testing at least annually, by the Director of CLaSS, the Director of Training and the Director of PQI. The QIDP will	08/22/2018

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			ensure the binder in the home is correct and up to date.	
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 07/23/18 Facility Number: 000970 Provider Number: 15G456 AIM Number: 100239760 At this Life Safety Code 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. 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 5 at the time of this survey. 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. Quality Review completed on 07/27/18 - DA	K 0000		

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K S346 Bldg. 01	NFPA 101 Fire Alarm System - Out of Service Fire Alarm System - Out of Service 2012 EXISTING (Prompt) Where a required fire alarm system is out of service for more than four hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 33.2.3.4.1, 9.6.1.3, 9.6.1.5, 9.6.1.6 Based on record review and interview, the facility failed to provide a complete written fire watch policy for when the fire alarm system is out of service for more than four hours in a 24-hour period. This deficient practice affects all clients, staff and visitors. Findings include: Based on review of "Fire Watch" documentation with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the fire watch plan for fire alarm system impairment was incomplete. The plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method when the ISDH Gateway is operational or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview at the time of record review, the QIDP stated a more complete fire watch policy was at the Corporate Office and she would e-mail the surveyor the policy later that day but agreed the fire watch documentation for fire alarm system impairment	K S346	K0346 1. The policies and procedures of the fire watch policy will the reviewed and revised to ensure the staff designated to perform a fire watch, is not assigned any other duties during that time. It will also have the contact information for ISDH Gateway and the non-operational contact added to the policy. At the end of the watch, the Director of CLaSS or the QIDP will contact all entities to inform them the system is fully functional. 2. All clients in the homes have the potential to be affected due to this deficiency. The policy and procedure will be reviewed and revised by the Director of CLaSS and the Director of PQI. 3. The fire watch policy will the reviewed and revised to ensure the staff designated to perform a fire watch, is not assigned any other duties during that time and the contact information for ISDH	08/22/2018

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	did not state to contact the Indiana State Department of Health via the ISDH Gateway link as the primary method when contacting ISDH or at the e-mail address listed above at the time of the survey.		Gateway and the ISDH Gateway non-operational contact. At the end of the watch, the Director of CLaSS and/or the QIDP will contact all entities to inform them the system is fully functional. 4. The Fire Watch policy will be reviewed and revised annually by the Director of CLaSS and the Director of PQI. 5. August 22, 2018	
K S353 Bldg. 01	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: 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			

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	(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). A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____			

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	(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 Based on record review, observation and interview; the facility failed to document 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 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients, staff, and visitors in the facility. Findings include: Based on review of Grunau's "Sprinkler Inspection" documentation dated 09/08/17 with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, monthly sprinkler gauge inspection documentation for eleven months of the most recent twelve month period was not available for review. In addition, monthly inspection documentation for all locked or supervised sprinkler system control valves for eleven months of the most recent twelve month	K S353	K0353 1. Sprinkler gauges and all locked or supervised sprinkler system control valves will be inspected by the maintenance technician monthly. 2. All clients have the potential to be affected by this deficiency. The new Director of Maintenance will ensure the monthly documentation will be provided and a copy emailed to Director of CLaSS and the QIDP. 3. The maintenance supervisor will follow up on the inspection, documentation and reporting of the technician. The new Director of Maintenance will ensure the monthly documentation will be provided and a copy emailed to the Director of CLaSS and the QIDP. 4. The maintenance supervisor will follow up on the inspection, documentation and reporting of the technician. The new Director of Maintenance will ensure the monthly documentation will be provided and a copy emailed to the Director of CLaSS and the QIDP. 5. August 22, 2018	08/22/2018

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	period was also not available for review. Based on observations with the Qualified Intellectual Disabilities Professional (QIDP) during a tour of the facility from 1:50 p.m. to 2:05 p.m. on 07/23/18, Grunau had affixed a hanging tag to the wet sprinkler system riser documenting additional sprinkler gauge and valve inspections were conducted on 12/08/17, 03/01/18 and 06/01/18. Based on interview at the time of record review, the QIDP contacted facility maintenance staff who stated they conduct monthly sprinkler system gauge and control valve inspections but do not document the inspections and agreed monthly sprinkler system gauge and control valve inspection documentation for eight months of the most recent twelve month period was not available for review.			
K S354 Bldg. 01	NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed for the protection of all residents in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.6. LSC 9.7.6 requires sprinkler impairment procedures	K S354	K0354 1. The policies and procedures of the fire watch policy will the reviewed and revised to ensure the staff designated to perform a fire watch, is not assigned any other duties during that time. It will also have the	08/22/2018

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DAMAR SERVICES INC--EL CAMIN	4912 EL CAMINO CT INDIANAPOLIS, IN 46221

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	comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all clients, staff and visitors. Findings include: Based on review of "Fire Watch" documentation with the Qualified Intellectual Disabilities Professional (QIDP) during record review from 12:55 p.m. to 1:50 p.m. on 07/23/18, the fire watch plan for sprinkler system impairment was incomplete. The plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview at the time of record review, the QIDP stated a more complete fire watch policy was at the Corporate Office and she would e-mail the surveyor the policy later that day but agreed the fire watch documentation for sprinkler system impairment did not state to contact the Indiana State Department of Health via the ISDH Gateway link as the primary method when contacting ISDH or at the e-mail address listed above at the time of the survey.		contact information for ISDH Gateway and the non-operational contact added to the policy. At the end of the watch, the Director of CLaSS or the QIDP will contact all entities to inform them the system is fully functional. 2. All clients in the homes have the potential to be affected due to this deficiency. The policy and procedure will be reviewed and revised by the Director of CLaSS and the Director of PQI. 3. 3. The fire watch policy will the reviewed and revised to ensure the staff designated to perform a fire watch, is not assigned any other duties during that time and the contact information for ISDH Gateway and the ISDH Gateway non-operational contact. At the end of the watch, the Director of CLaSS and/or the QIDP will contact all entities to inform them the system is fully functional. 4. The Fire Watch policy will be reviewed and revised annually by the Director of CLaSS and the Director of PQI. 5. 5. August 22, 2018	
K S511 Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G456	A. BUILDING 01 B. WING	07/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure all electrical wiring in the facility was maintained in safe operating condition. LSC 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 314 states exposed terminals and receptacles shall be enclosed so that live wiring terminals are not exposed to contact. This deficient practice could affect all clients, staff and visitors. Findings include: Based on observations with the Qualified Intellectual Disabilities Professional (QIDP) during a tour of the facility from 1:50 p.m. to 2:05 p.m. on 07/23/18, spliced electrical wiring on the wall mounted underneath the fire alarm control panel in the closet by the main entrance door was confined within a junction box but the junction box was not provided with a cover compatible with the box. Based on interview at the time of the observations, the QIDP agreed the aforementioned junction box was not provided with a cover compatible with the box.	K S511	K0511 1. The maintenance technician will provide a cover compatible with the junction box in the in the closet. 2. All clients in the homes have the potential to be affected due to this deficiency. 3. The maintenance supervisor will follow up on the work order to ensure the cover is obtained and put on the junction box. 4. Staff will report any uncovered junction boxes or hanging electrical wires for maintenance for repair as well as the QIDP. 5. August 22, 2018	08/22/2018