

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G253	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/15/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1757 S 600 W NEW PALESTINE, IN 46163
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/15/14</p> <p>Facility Number: 000773 Provider Number: 15G253 AIM Number: 100243410</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Developmental Service Alternatives Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This two story facility was not sprinkled. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the</p>	K010000		
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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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K01S014	<p>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 0.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/19/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 3 of 14 rooms was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p>	K01S014	It was confirmed with the head of the maintenance department that there was indeed a flame retardant paint additive VE – 231 added to the paint which was used to paint the wood paneling in the bedroom and office. The porch will be painted with the fire retardant paint. The paint additive	06/14/2014

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K01S018	<p>Findings include:</p> <p>Based on observations on 05/15/14 during a tour of the facility from 12:00 p.m. to 1:00 p.m. with the residential director; the staff office, client bedroom # 4, and the porch had walls covered with wood paneling. Based on an interview with the residential director on 05/15/14 at 12:50 p.m., there was no evidence the wood paneled walls had a flame spread rating of a Class A, Class B, or Class C interior finish. This was verified by the residential director at the time of observations and acknowledged at the exit conference on 05/15/14 at 1:15 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 4 client</p>	K01S018	<p>has test approvals for NFPA 255 (class "A"),ANSI 2-55 (class "1") and ANSM E-84 (class"1"). This paint additive is added to any paint which will be used to paint wood paneled surfaces. Maintenance will ensure that the additive is used when painting wood paneled surfaces. Persons responsible: Maintenance and Area Director</p> <p>The door has been repaired by maintenance to ensure that the door closes and latches into the</p>	06/14/2014			

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	<p>sleeping room doors closed and latched into the door frame and was capable of resisting smoke for at least 1/2 hour. This deficient practice could affect 1 of 7 clients who reside in the facility.</p> <p>Findings include:</p> <p>Based on observation with the residential director on 05/15/14 at 12:45 p.m., the corridor door to the second floor client bedroom at the top of the stairs failed to latch into the door frame. Furthermore, the client bedroom door was not smoke resistant due to a two inch gap along the latching sides of the door where the door met the door frame. This was verified by the residential director at the time of observation and at the exit conference on 05/15/14 at 1:15 p.m.</p>		<p>door frame secure and no longer has a gap along the latching sides. Maintenance will be notified any time that doors do not shut securely and the necessary repairs will be made.</p> <p>Persons Responsible: Maintenance and Area Director</p>		