

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G518	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/09/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8217 LIEBER RD INDIANAPOLIS, IN 46260
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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: 09/09/13</p> <p>Facility Number: 001032 Provider Number: 15G518 AIM Number: 100245240</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Community Alternatives - Adept 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 one story building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		

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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	<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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/10/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 8 of 8 clients in the facility. This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the Program Director and the Maintenance Aide from 10:55 a.m. to 11:35 a.m. on 09/09/13, records of staff instruction and review of the facility's written protection plan was not available for review. Based on</p>	K01S147	CORRECTION:The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept	10/09/2013	

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	interview at the time of record review, the Program Director and the Maintenance Aide acknowledged records of staff instruction regarding the protection plan was not available for review. Furthermore, based on review of "Emergency Evacuation Drill: Fire" there is no documentation available for review of a fire drill being conducted on the first, second and third shift in the fourth quarter (October, November, December) of 2012.		informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. Specifically, the interdisciplinary team has developed individualized evacuation plans for all clients. All facility staff will be trained toward implementation of these plans no less than monthly. PREVENTION:The Home Manager will include individual evacuation plan training documentation with the facility's Monthly Packet which is turned in to the Operations Team. Members of the Administrative Team will track compliance with monthly training requirements. Responsible Parties: QIDP, Direct Support Staff, Administrative Team		

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to provide documentation of fire drills conducted on the first, second and third shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include: Based on review of "Emergency</p>	K01S152	CORRECTION:The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter. PREVENTION:Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for	10/09/2013			

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	Evacuation Drill: Fire" documentation with the Program Director and the Maintenance Aide during record review from 10:55 a.m. to 11:35 a.m. on 09/09/13, documentation of a fire drill being conducted on the first, second and third shift in the fourth quarter (October, November, December) of 2012 was not available for review. Based on interview at the time of record review, the Program Director and the Maintenance Aide acknowledged documentation of a fire drill being conducted for the aforementioned shifts in the fourth quarter of 2012 was not available for review.		all staff each quarter. The Administrative Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Additionally, the Administrative Team will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly. Responsible Parties: QIDP, Direct Support Staff, Administrative Team		