

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
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K0000	<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: 11/20/12</p> <p>Facility Number: 012632 Provider Number: 15G807 AIM Number: 201065000</p> <p>Surveyor: Mark Bugni, 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 4 and had a census of 3 at the time of this survey.</p>	K0000		
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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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/28/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS154	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 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. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed in the event the automatic sprinkler system is out of service for 4 hours or more in a 24 hour period to protect 3 of 3 clients in accordance with LSC, Section 9.7.6.1. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on an interview with the home manager during a review of the facility's Evacuation Plan on 11/20/12 at 12:35 p.m., the facility did not have a written policy and procedure for an impaired automatic sprinkler system.</p>	KS154	<p>CORRECTION: <i>Where a required automatic sprinkler system is out of service for more than 4 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. Specifically, the governing body will provide the facility with a current copy of the agency's policy on emergency, disaster, evacuation plans and responses, which describes the Fire Watch System and addresses notification of the local fire department, fire alarm company, Life Safety (Indiana State Department of Health) and operations employees and residents of system shut down as appropriate, when the facility's sprinkler system is out of service.</i></p> <p>PREVENTION: The facility will assure that all staff are retrained toward proper</p>	12/20/2012	

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			<p>implementation the sprinkler malfunction notification protocols and the fire watch system. Members of the Operations and Quality Assurance Teams will review training documentation as a part of their regularly scheduled monthly and quarterly audit process to assure staff are prepared to implement the systems as needed.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Support Associates, Maintenance Team, Quality Assurance Team, Operations Team</p>		

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KS155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 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. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 3 of 3 clients indicating procedures to be followed in the event the fire alarm system is out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients. Findings include: Based on an interview with the home manager on 11/20/12 at 12.30 p.m. during a review of the facility's Evacuation Plan, there was no written policy indicating procedures to be followed in the event the fire alarm system is out of service for four or more hours in a twenty four hour period.</p>	KS155	<p>CORRECTION: <i>Where a required fire alarm system is out of service for more than 4 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. Specifically, the governing body will provide the facility with a current copy of the agency's policy on emergency, disaster, evacuation plans and responses, which describes the Fire Watch System and addresses notification of the local fire department, fire alarm company, Life Safety (Indiana State Department of Health) and operations employees and residents of system shut down as appropriate, when the facility's fire alarm system is out of service.</i></p> <p>PREVENTION: The facility will assure that all staff are retrained toward proper implementation the fire alarm</p>	12/20/2012	

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			<p>malfunction notification protocols and the fire watch system. Members of the Operations and Quality Assurance Teams will review training documentation as a part of their regularly scheduled monthly and quarterly audit process to assure staff are prepared to implement the systems as needed.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Support Associates, Maintenance Team, Quality Assurance Team, Operations Team</p>	