

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G393	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/10/2016
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 JENNINGS ST NORTH VERNON, IN 47265
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K 0000  Bldg. 01	<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: 03/10/16</p> <p>Facility Number: 000907 Provider Number: 15G393 AIM Number: 100244410</p> <p>At this Life Safety Code survey, Developmental Services 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 one story facility was determined to be fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, 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 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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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K S053 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.56.</p> <p>Quality Review completed on 03/18/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility</p>			

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	<p>has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review and interview, the facility failed to ensure 6 of 6 smoke detectors were tested by a qualified service technician within the past 2 years. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument.</p>	K S053	<p><b>Corrective actionstaken:</b></p> <ul style="list-style-type: none"> <li>·Records of sensitivity tests from 9/24/2015(attachment A) has obtained from Koorsen and will be attached. Copies will beplaced in house files.</li> <li>·QIDPs werein-serviced on the need to maintain sensitivity reports in the house on 3/31/16( Attachment C)</li> </ul> <p><b>How will we identifyothers:</b></p> <ul style="list-style-type: none"> <li>·QIDPs from all counties will audit their drillbooks to ensure sensitivity tests are in place for every two years.</li> <li>·The quality assurance manager conducts monthlyaudits of all group homes. She will audit the drill book to ensure sensitivitytests are being done every two years.</li> </ul> <p><b>Measures put inplace:</b></p> <ul style="list-style-type: none"> <li>·Group home record review audit ( Attachment B)</li> </ul> <p><b>Monitoring ofcorrective action:</b></p> <ul style="list-style-type: none"> <li>·The QA for group homes will audit the homemonthly to ensure sensitivity tests are completed in the home every two years.The QA manager then sends the audit to the RPM who submits a corrective actionreport to the county QIDP and director of community living. The QIDP mustcorrect all deficiencies with seven days.</li> </ul>	04/04/2016	

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	<p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on a review of Fire Alarm System Reports with the program manager on 03/10/16 at 11:15 a.m., the last two year Sensitivity Test Report was dated 01/11/13 and the last annual Fire Alarm System Report was dated 02/18/16. Furthermore, the last annual fire alarm system report did not include a test of the six smoke detectors in the facility for sensitivity. Based on an interview with the program manager on 03/10/16 at</p>			

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K S056  Bldg. 01	<p>11:30 a.m., and after a review of the Simplex/Grinnell Inspection binder, there was no records available for review to indicate a two year sensitivity test was conducted on the six smoke detectors in the facility since the Sensitivity Testing Report dated 01/11/13. The lack of a current two year sensitivity test on the facility's ten smoke detectors was verified by the program manager at the time of record review and acknowledged at the exit conference on 03/10/16 at 12:30 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: 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, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p>						

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	<p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>SLOW</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation</p>			

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	<p>of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability 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, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in</p>			

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	<p>bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to ensure 1 of 34 sprinkler heads in the facility were maintained. This deficient practice could all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 03/10/16 at 12:10 p.m. with the program manager, the kitchen storage room sprinkler was missing the sprinkler escutcheon. This was verified by the program manager at</p>	K S056	<p><b>Corrective actionstaken:</b></p> <ul style="list-style-type: none"> <li>·A work order was placed to Koorsen to replacethe missing sprinkler escutcheon in the kitchen storage room. Koorsen willreplace the escutcheon on 4/4/16.</li> <li>·QIDPs werein-serviced on the need to maintain sprinklers in good working order on 3/31/16( Attachment C)</li> </ul> <p><b>How we will identifyothers:</b></p> <ul style="list-style-type: none"> <li>·The group home quality assurance manager willinspect sprinklers during her monthly home audits. She will identify</li> </ul>	04/04/2016

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K S150 Bldg. 01	<p>the time of observation and acknowledged at the exit conference on 03/10/16 at 12:30 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on record review, interview and observation, the facility failed to ensure new draperies and curtains were flame resistant for 4 of 4 client sleeping rooms. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all clients in the facility.</p>	K S150	<p>anysprinkler that needs repair and ensure that the QIDP becomes aware of the need.</p> <p><b>Measures put inplace:</b></p> <ul style="list-style-type: none"> <li>·Group home record review audit ( attachment B)</li> </ul> <p><b>Monitoring ofcorrective action:</b></p> <ul style="list-style-type: none"> <li>·The regional program manager reviews the qualityassurance manager's audits on a monthly basis. Any deficiency noted, includingsprinklers in need of repair, will be addressed by the regional programmanager. A corrective action will be routed to the QIDP for follow-up.</li> </ul> <p><b>Corrective actionstaken:</b></p> <ul style="list-style-type: none"> <li>·The house QIDP has purchased flame resistantspray for curtains and will apply to all house curtains that need it. The QIDPwill make a copy of the receipt and date and place in the drill book.</li> <li>·QIDPs werein-serviced on the need to have flame resistant curtains in homes on 3/31/16 (Attachment C)</li> </ul> <p><b>How we will identifyothers:</b></p> <ul style="list-style-type: none"> <li>·The group home quality assurance manager willinspect curtains during her monthly audits. She will identify any</li> </ul>	04/04/2016			

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	<p>Findings include</p> <p>Based on an interview with the program manager on 03/10/16 at 11:35 a.m. during record review, there was no record of fire rated documentation on window curtains located in the four client sleeping rooms. Furthermore, the program manager indicated the window curtains in the resident rooms were purchased the past year and were fire rated curtains. Based on observations during a tour of the facility with the program manager on 03/10/16 from 11:40 a.m. to 12:25 p.m., the four client sleeping rooms down the client corridor each had a set of window curtains with no attached label indicating the curtains were flame resistant. The lack of flame resistance documentation for the four client sleeping rooms window curtains was verified by the program manager at the time of record review and observation and at the exit conference on 03/10/16 at 12:30 p.m.</p>		<p>curtain thatneeds replaced or treated and ensure that the QIDP becomes aware of the need.</p> <p><b>Measures put inplace:</b></p> <ul style="list-style-type: none"> <li>·Group home record review audit ( attachment B)</li> </ul> <p><b>Monitoring ofcorrective action:</b></p> <ul style="list-style-type: none"> <li>·The regional program manager reviews the qualityassurance manager's audits on a monthly basis. Any deficiency noted, including curtainsthat need treated, will be addressed by the regional program manager. Acorrective action will be routed to the QIDP for follow-up.</li> </ul>		