

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G422	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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: 06/22/12</p> <p>Facility Number: 000936 Provider Number: 15G422 AIM Number: 100244610</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 was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p>	K0000		

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 0.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/22/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS040	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors or paths of travel to a means of escape are not less than 28 inches.</p> <p>Exception: Bathroom doors are not less than 24 inches. 33.2.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure the path of travel to a means of escape was not less than 28 inches in one of four bedrooms. This deficient practice could affect two of seven clients.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Aide during a tour of the facility from 10:16 a.m. to 10:35 a.m. on 06/22/12, the clear width of the door way entry into the bedroom by the front entrance measured 23 inches. Based on interview at the time of observation, the Maintenance Aide acknowledged the clear width of the door way into the bedroom by the front entrance was less than 28 inches.</p>	KS040	<p>CORRECTION: <i>Doors or paths of travel to a means of escape are not less than 28 inches.</i> Specifically, the doorway adjacent to the home's front entrance will be expanded to 28 inches in width. PREVENTION: Maintenance staff will review the physical environment requirements of the Life Safety Code to assure all facility egresses meet regulatory requirements. RESPONSIBLE PARTIES: QDDPD, Maintenance Team, Operations Team, Quality Assurance Team</p>	07/22/2012			