

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G393	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2014
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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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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/19/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/27/14</p> <p>Facility Number: 000907 Provider Number: 15G393 AIM Number: 100244410</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this PSR 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, in common living areas and hard wired smoke detectors in all</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>client sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the 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 1.24.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/31/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S017	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved</p>				

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	<p>facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 8 sleeping room walls were separated with smoke partitions from the common spaces and corridors in a sprinkled facility in accordance with 8.2.4. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the home manager on 01/27/14 during a tour of the facility from 8:20 a.m. to 10:20 a.m., the following room and corridor walls separating the client sleeping room corridor from the common spaces in the facility were not smoke resistant where the walls were attached to the ceiling;</p> <p>a. The kitchen corridor to dining room wall had a twelve foot section of wall with a three quarter inch gap in the drywall along the twelve foot long wall</p>	K01S017	<p>SGL Manager discussed with Property Manager concerns with failure to correct this deficiency as planned previously. Property Manager has assured SGL Manager that repairs will be made by the end of February. The plan is that these areas will be mudded and or other appropriate material used to fill in the gaps thus bringing the areas up to code. Further evaluation of the structure will be done in the next few months to determine if more extensive repairs are needed to prevent any future problems of this nature. Responsible for QA: SGL Manager, Property Manager</p>	02/28/2014			

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	<p>where it met the ceiling.</p> <p>b. The kitchen corridor wall had a ten foot section of wall with a one half inch gap in the drywall along the ten foot long wall where it met the ceiling.</p> <p>c. The kitchen corridor wall along the seven foot long section by the food storage room had a one half inch gap in the drywall where it met the ceiling.</p> <p>d. The east client bathroom north and south walls had a nine foot long section of the two walls with a three quarter inch gap in the drywall where the ceiling met the walls.</p> <p>e. The west client bathroom wall had a six foot section of wall with a one half inch gap in the drywall where it met the ceiling.</p> <p>f. The second east client sleeping room corridor wall had a twenty foot section of wall with a half inch gap in the drywall where it met the ceiling.</p> <p>The drywall separating from the ceiling of the above listed walls was verified by the home manager at the time of observations and acknowledged by the home manager at the exit conference on 01/27/14 at 10:20 a.m.</p> <p>This deficiency was cited on 12/19/13. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>						

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>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> <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</p>						

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	<p>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>SLOW 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 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>			

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	<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 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</p>			

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	<p>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.</p> <p>1. Based on observation and interview, the facility failed to ensure 4 of 15 rooms were provided with sprinkler heads free of paint. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations on 01/27/14 during a tour of the facility from 8:20 a.m. to 10:20 a.m. with the home manager, the laundry room sprinkler, the first east client sleeping room sprinkler above the television, the second west</p>	K01S056	Koorsen Fire and Security has been contacted regarding this citation. SGL Manager was assured that these repairs would be made by the end of February in each of these areas. Koorsen is responsible for regular inspections to ensure that the facility is in compliance with regulations. SGL Manager will ensure that all inspections are completed timely. Responsible for QA: SGL Manager, QIDP	02/28/2014

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	<p>client sleeping room sprinkler above the closet, and the first west client sleeping room sprinkler were covered in white paint. This was verified by the home manager at the time of each observations and acknowledged at the exit conference on 01/27/14 at 10:20 a.m.</p> <p>This deficiency was cited on 12/19/13. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested every five years or replaced. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.</p>						

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	<p>Findings include:</p> <p>Based on record review with the home manager on 01/27/14 at 9:00 a.m., the Simplex inspection reports dated 12/2/13, 09/12/13, 06/26/13 and 03/15/13 did not indicate if the gauges had been replaced or list the last date the sprinkler gauge was replaced. Based on observation of the sprinkler gauge in the sprinkler riser room next to the kitchen on 01/27/14 at 9:20 a.m. with the home manager, the sprinkler gauge did not have a date on the face of the gauge or have any date written on the gauge or attached inspection tags to indicate a replacement date. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 01/27/14 at 10:20 a.m.</p> <p>This deficiency was cited on 12/19/13. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>				