

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G405	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2015
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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 0999 N 250 W LAGRANGE, IN 46761
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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
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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: 02/16/14</p> <p>Facility Number: 000919 Provider Number: 15G405 AIM Number: 100244400</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist and Scott Wytosick, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Alternative Lifestyles 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>The one story facility with a partial basement was not sprinklered. The facility has a fire alarm system with smoke detection in all levels of the house including the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6</p>	K010000		
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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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K01S051	<p>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 0.2.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/18/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. Based on observation and interview, the facility failed to ensure 1 of 4 manual pull stations was clear of obstructions.</p>	K01S051	It will be the responsibility of the QIDP to in-service the residential staff and program participants that all fire alarm pull stations and	03/01/2015			

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	<p>LSC 9.6.2.6 requires manual pull stations shall be accessible, unobstructed and visible. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observations on 2/16/2015 at 11:25 a.m. with the Chief Executive Officer, the manual pull station was obstructed by a portable radio located at the men's sleeping room exit door. Based on interview at the time of observation, it was acknowledged and removed from obstruction.</p>		<p>fire exits are to be accessible, unobstructed, and visible at all times</p> <p>Every day in the month of march the fire alarm pull stations, and fire exits will be checked by residential staff and documented that in fact all fire alarm pull stations and fire exits are accessible, unobstructed, and visible. The intent is to reestablish sound safety practices In the future it will be the responsibility of the person doing the monthly residence maintenance checklist to confirm that all fire alarm pull stations and fire exits are accessible, unobstructed, and visible. If a deficiency is noted, it will be corrected immediately, but in addition the RHM, QIDP, and the Quality Assurance Committee will be notified for corrective action.</p>		