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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G092 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 09/08/2014 |
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| NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 583 CAMELOT DR SEYMOUR, IN 47274 |
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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: 09/08/14</p> <p>Facility Number: 000632 Provider Number: 15G092 AIM Number: 100233940</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</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 not sprinkled. The facility has a fire alarm system with smoke detection in the corridors and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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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| K01S018 | <p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.48.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 09/11/14.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 sleeping room doors were capable of resisting smoke for at least 1/2 hour. This deficient practice could affect 4 clients who reside in bedroom #1 and bedroom #4.</p> | K01S018 | In order to correct this deficiency, agency maintenance staff has been officially notified. Resident bedroom doors #1 and #4 will be evaluated by maintenance staff and the latching mechanism for both doors will be a) replaced to the satisfaction of the life safety code standard or b) the entire | 10/08/2014 |

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| K01S150 | <p>Findings include:</p> <p>Based on observations with the team lead on 09/08/14 from 9:00 a.m. to 10:15 a.m., the corridor door to bedroom #1 and bedroom #4 each failed to latch into the door frame and the bedroom doors were not smoke resistant due to a two inch gap along the latching side of the doors in the closed position. This was verified by the team lead at the time of observations and at the exit conference on 09/08/14 at 10:15 a.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 13 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</p> | K01S150 | <p>door and frame will be replaced in order to comply with said standards. These repairs will ensure proper latching of the doors and eliminate any gaps in order to improve smoke resistance for the facility. All supported group living residential facilities will be inspected by regional staff in order to set a baseline for adherence to fire safety standards regarding smoke resistance of resident bedroom doors. Any other bedroom doors found out of compliance will be addressed immediately. Moving forward, 2nd shift house staff will ensure that client bedroom doors are in working order and report deficiencies to the regional facility immediately. As of 9/18/14, these systematic changes will take place.</p> <p>In accordance with LSC Section 10.3.1, requiring draperies, curtains, and other similar loosely hanging furnishings and decorations to be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films, the home will</p> | 10/08/2014 | | | |

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| | <p>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> <p>Findings include</p> <p>Based on an interview with the team lead on 09/08/14 at 9:00 a.m. during record review, there was no record of fire rated documentation on window curtains throughout the facility. Based on observations during a tour of the facility with the team lead on 09/08/14 from 9:00 a.m. to 10:15 a.m., the living room had three bed sheets used as window curtains, and client sleeping room #1, #2, and #3 each had a blanket used as a window curtain. Based on an interview with the team lead on 09/08/14 at 10:00 a.m., the living room bed sheets and blankets used as window curtains do not have a flame resistance and were used as an alternative window curtain. The lack of flame resistance documentation for the bed sheets and blankets used as window curtains was verified by the team lead at the time of record review and observation and at the exit conference on 09/08/14 at 10:15 a.m.</p> | | <p>immediately remove all window coverings that violate thsi code and that are not flame resistant. Other supported group living homes will be inspected to ensure similar compliance. House staff will be notified of section 10.3.1 and its expectations. County managers will ensure that the practice of using bedsheets or blankets as window coverings will not be tolerated. Regional managment will ensure that each house has proper flame-resistant coverings on all applcable windows in order to eliminate the temptation by clients of staff to use improper means to cover bare windows. These systematic changes(new up to code window coverings) will occur by October 8, 2014.</p> | | | | |