

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G639	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 426 E MONTGOMERY RD. GREENSBURG, IN 47240
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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: 06/03/15</p> <p>Facility Number: 001214 Provider Number: 15G639 AIM Number: 100234330</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 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 6 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 S041 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.24.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 primary means of escape to the outside was accessible. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 06/03/15 at 1:55 p.m. with the home manager, the handle for the client sleeping room corridor exit door failed to open the exit door on three separate attempts. Based on an interview with the home manager on 06/03/15 at 2:00 p.m., the client sleeping room corridor exit is used as a primary exit for</p>	K S041	<p>In order to correct this deficiency, the group home manager will request that the exit door in question be repaired immediately. DSI maintenance arrived on 6/5/15 and was able to successfully operate the exit door. The maintenance staff performed preventative maintenance on the door to ensure proper functioning for any future use. The group home manager will request that all group home staff test their egress door for proper operation on a weekly basis. The group home manager will request that all egress doors are also tested during monthly fire drills. County QIDPs will request maintenance to immediately repair any egress doors found to be inoperable.</p>	06/04/2015

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K S046 Bldg. 01	<p>client evacuation from the sleeping room corridor. The failure of the client sleeping room corridor exit door handle operation which prevented egress access was verified by the home manager at the time of observation and acknowledged at the exit conference on 06/03/15 at 2:25 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen was provided with ground fault circuit interrupter (GFCI) protection against electric shock near electrical outlets. NFPA 101, 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and</p>	K S046	In order to conform to LSC 9.1.2, maintenance will ensure that all bathroom and kitchen counter outlets in agency group homes are fitted with a ground-fault-circuit-interrupter (GFCI). DSI maintenance replaced the kitchen outlets with GFCI outlets on 6/4/15. The RPM will also direct maintenance staff to inspect main electrical panels in each home to ensure that bathroom and kitchen circuits are protected by GFCI circuit breakers. The Maintenance staff will also label each outlet and circuit breaker as being GFCI protected.	06/04/2015

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K S056 Bldg. 01	<p>electrical insulation is more subject to failure. This deficient practice affects all clients who would use the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 06/03/15 at 1:40 p.m. with the home manager, the kitchen had three electric outlet one to three feet from the kitchen sink not provided with a ground-fault circuit interrupters. Furthermore, the main electric panel in the garage was checked and confirmed that the electric receptacles in the kitchen located one to three feet from the kitchen sink were not provided with GFCI protection to prevent electric shock. This was verified by the home manager at the exit conference on 06/03/15 at 2:25 p.m.</p> <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</p>			

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	<p>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 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>			

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	<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> <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>			

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	<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 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 46 sprinkler heads free of corrosion. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p>	K S056	In order to correct this deficiency, the RPM has contacted Koorsen Fire & Security to make the following repairs: Koorsen will inspect the 46 sprinkler heads in the home and inspect for corrosion or covered in paint. The	06/04/2015

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K S152 Bldg. 01	<p>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 observation on 06/03/15 at 2:00 p.m. with the home manager, the sprinkler in the client sleeping room corridor bathroom was completely covered in green corrosion. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 06/03/15 at 2:25 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least</p>		<p>sprinkler in the client sleeping room corridor bathroom will be directly addressed by Koorsen. Koorsen will either clean or replace the corroded head(s). Koorsen made these repairs on 6/4/2015. The RPM will require that all county QIDPs will inspect sprinkler heads during their documented monthly home inspections. The QIDPs will report to the RPM any current and future needs for sprinkler heads. The QIDPs will note whether the sprinkler heads have any amount of corrosion as well as document any missing part that needs replacement. Koorsen will be asked to inspect sprinkler heads whenever they conduct quarterly inspections or annual tests.</p>				

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	<p>one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters and 1 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Fire Drill Reports on 06/03/15 with the home manager at 1:20 p.m., there was no record of a fire drill conducted on first shift for the first quarter of the year 2015, and the third quarter of the year 2014. This was verified by the home manager at the time of record review and the home manager confirmed there were no other records to indicate the missed fire drills were conducted at the exit conference on 06/03/15 at 2:25 p.m.</p>	K S152	<p>In order to ensure that drills are being done in a timely manner, the county QIDPs will continue to create monthly schedules, noting when drills are to take place. The QIDPs will post this schedule in the homes in order for staff to be more aware of when drills are to take place. The QIDP will turn the schedules in to the RPM with other end of month paperwork. The RPM will receive a copy of the drills that were completed during the month and ensure that the appropriate numbers of drills are being conducted at each home for the quarter. The QIDP and Team Lead will ensure that these actions are systemic for all county homes and followed out through formal, documented observations of staff as well as daily and weekly informal house visits.</p>	07/03/2015	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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