

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G449	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7859 DELBROOK DR INDIANAPOLIS, IN 46260
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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: 10/23/14</p> <p>Facility Number: 000963 Provider Number: 15G449 AIM Number: 100244740</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 all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</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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K01S051	<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 0.3.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/28/14.</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 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.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72,</p>	K01S051	<p>CORRECTION:</p> <p><i>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Specifically, all alarm initiating devices in the facility will be tested by the contracted alarm service.</i></p>	11/22/2014			

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	<p>National Fire Alarm Code. NFPA 72, Table 7-3.2 states all initiating devices shall be functional tested annually. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Superior Systems & Supply "Periodic Fire Alarm Inspection and Testing Report" documentation dated 06/19/14 with the Maintenance Aide during record review from 9:30 a.m. to 10:20 a.m. on 10/23/14, functional testing documentation for 1 of 3 manual fire alarm box locations within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance Aide stated no additional documentation was available for review indicating the results of functional testing of all manual fire alarm box locations within the most recent twelve month period. Based on observation with the Maintenance Aide during a tour of the facility from 10:20 a.m. to 10:45 a.m. on 10/23/14, a total of three manual fire alarm boxes were installed in the facility. Based on interview at the time of observation, the Maintenance Aide acknowledged functional testing documentation for the manual fire alarm box located at the east exit within the</p>		<p>PREVENTION:</p> <p>An agency maintenance coordinator, designated by the Governing Body, will accompany the contracted alarm service employee during all periodic fire alarm system tests. The maintenance coordinator will review the alarm system inventory with alarm service personnel to assure all alarm initiating devices are tested every 12 months in accordance with Section 9.6, 33.2.3.4.1.</p> <p>RESPONSIBLE PARTIES:</p> <p>Maintenance Team, Operations Team</p>	

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