

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G090	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/15/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3839 CAMELOT LN COLUMBUS, IN 47201
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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: 04/15/16</p> <p>Facility Number: 000630 Provider Number: 15G090 AIM Number: 100233920</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, 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 S018 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.32.</p> <p>Quality Review completed on 04/19/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 1 of 6 client sleeping room doors was provided with a latch suitable for keeping the door closed. This deficient practice could affect 1 of 6 clients who reside in the facility.</p> <p>Findings include:</p> <p>Based on observation with the qualified intellectual disability professional on 04/15/16 at 12:35 p.m., the corridor door to client bedroom #4 on the East Hall failed to latch into the door frame on three separate attempts and had a one</p>	K S018	<p>Corrective actionstaken:</p> <ul style="list-style-type: none"> The QIDP has sent a work order to agency maintenanceto repair the corridor door to client #4's bedroom <p>How we will identifyothers:</p> <ul style="list-style-type: none"> The quality assurance manager audits the homesfor safety on a monthly basis. She will note in her audit if there are doors inother homes that are in need of similar repair. All county QIDPs will be asked to assess thecondition of all group home doors and report back to agency leadership on theircondition, documenting their findings on an observation sheet. 	05/15/2016

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K S046 Bldg. 01	<p>inch gap along the latching side of the door where the door failed to latch into the door frame. This was verified by the qualified intellectual disability professional at the time of observation and at the exit conference on 04/15/16 at 1:00 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 water softener room did not use extension cords as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment shall comply with NFPA 70, National Electrical Code. NFPA 70, 1999 edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring in a structure. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 04/15/16 at</p>			K S046	<p>Measures put inplace:</p> <ul style="list-style-type: none"> ·Group home record review (attachment A) ·Group home observation sheet (Attachment B) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> ·The quality assurance manager sends all auditsto the regional manager and director of quality assurance. The QA will note anydeficiencies, including faulty doors. The regional manager will send the countyQIDP a plan of correction requesting that any deficiency is addressed within 7days. <p>Corrective actionstaken:</p> <ul style="list-style-type: none"> ·The QIDP has sent a work order to agency maintenanceto replace the extension cord with fixed wiring. <p>How we will identifyothers:</p> <ul style="list-style-type: none"> ·The quality assurance manager audits the homesfor safety on a monthly basis. She will note in her audit if there are extensioncords in use. ·All county QIDPs will be asked to assess theirhomes for the presence of unauthorized extension cords. If any are found, theywill remove and contact maintenance for a solution that does not violate code. <p>Measures put inplace:</p> <ul style="list-style-type: none"> ·Group home record review (05/15/2016

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	12:20 p.m. with the qualified intellectual disability professional, the East Hall water softener room had a thin wire brown extension cord used to power the water softener. This was verified by the qualified intellectual disability professional at the time of observation and acknowledged at the exit conference on 04/15/16 at 1:00 p.m.		Attachment A) ·Group home observation sheet (Attachment B) Monitoring of corrective action: ·The quality assurance manager sends all audits to the regional manager and director of quality assurance. The QA will note any deficiencies, including unauthorized extension cords. The regional manager will send the county QIDP a plan of correction requesting that any deficiency is addressed within 7 days.		