

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G197	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/04/2011
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3016 N HOOVER RD NASHVILLE, IN47448
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K0000	<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: 11/04/11</p> <p>Facility Number: 000727 Provider Number: 15G197 AIM Number: 100239620</p> <p>Surveyor: Lex Brashear, 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system</p>	K0000		

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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	<p>with smoke detection on each level including the corridors and common living areas. The facility has a capacity of six and had a census of six 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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/09/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS018	<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. Based on observation and interview, the facility failed to ensure 3 of 4 client sleeping room doors would close, latch, and were smoke resistant. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 11/04/11 between 11:00 a.m. and 11:30 a.m. during a tour of the facility with Client Service Worker (CSW) # 1, client sleeping room door # 1 (located on the main level), and the doors to client sleeping rooms # 3 and # 4 (located on the second floor on the right), did not close and latch into their door frames when tested. Each door had a gap of one half to one inch when closed.</p>	KS018	Maintenance has repaired each door listed in this citation and checked all other doors in facility to ensure that all doors close and latch completely. Routine inspections of facility will be conducted at least monthly to ensure continued compliance. Responsible for QA: QIDP, SGL Manager	11/16/2011

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KS051	<p>During an interview at the time of each observation, CSW # 1 acknowledged client sleeping room doors # 1, # 3, and # 4 did not close and latch completely when tested.</p> <p>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 and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system's components and devices such as smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, and fire</p>	KS051	<p>The Fire and Security vendor has been contacted regarding the visual/functional test results for this home. A report will be forwarded to SGL Manager with these results. SGL manager has requested that this test be conducted and results included at each facility during regular inspections.</p> <p>Responsible for QA: SGL Manager</p>	12/04/2011	

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	<p>alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system annual inspection reports in the Hoover House Book on 11/04/11 at 10:15 a.m. with Client Service Worker (CSW) # 1 present, the annual fire alarm system inspection report dated 09/14/11 did include an itemized check list of all devices tested, however, the form did not include a visual/functional test result of each device tested such as smoke detectors and pull stations. This was acknowledged by the CSW # 1 at the time of record review.</p>				