STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G551	A. BUILDING 01 B. WING	06/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	8211 CHRISTIANA LN INDIANAPOLIS, IN 46256

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 06/09/14 Facility Number: 001065 Provider Number: 15G551 AIM Number: 100239840 Surveyor: Mark Caraher, Life Safety Code Specialist, 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. This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, in bedrooms and in all living areas. The facility has a capacity of 5 and had a census of 4 at the time of this survey.	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 8211 CHRISTIANA LN INDIANAPOLIS, IN 46256	

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	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 0.6. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/12/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K01S051	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. 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. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. 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	K01S051	**CORRECTION:** *A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.* Specifically, the contracted alarm service will provide	07/09/2014

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	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, 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. Findings include: Based on review of Superior Systems & Supply Inc. "Fire Alarm: Periodic Fire Alarm Inspection and Testing Report" dated 06/12/13 during record review with the Maintenance Aide from 10:45 a.m. to 11:40 a.m. on 06/09/14, documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period was not available for review. The aforementioned documentation only stated a total of three fire alarm boxes were located in the facility. Based on interview at the time of record review, the Maintenance Aide stated no other documentation was available for review indicating the results of functional testing of 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 11:40 a.m. to 12:05 p.m. on		documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period. **PREVENTION:** Copies of documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period will be maintained with other inspection records at the facility. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Maintenance Team, Operations Team	

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	06/09/14, three manual fire alarm boxes were installed in the facility.			