

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G412	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12110 BECKLEY DR CUMBERLAND, IN 46229
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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: 01/09/15</p> <p>Facility Number: 000926 Provider Number: 15G412 AIM Number: 100244470</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Developmental Service Alternatives 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 building was determined to be nonsprinklered. The facility has a fire alarm system with smoke detection in corridors and in and all living areas. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p>	K010000		
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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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K010130	<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 01/14/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>The staff responsible for monitoring the fire extinguishers in the home have been trained to check the extinguishers no less than monthly and document on the tag that the inspection occurred. They have been further trained to report any time that they discover that the extinguisher is under or overcharged. (attachment B) Routine observations within the home will ensure that the extinguishers are checked routinely and that they are present and have the appropriate level of charge.</p> <p>Persons responsible: Management Trainee, Residential Director.</p>	01/27/2015

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	<p>inspection shall be recorded. In addition, NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Residential Director from 1:30 p.m. to 2:15 p.m. on 01/09/15, monthly portable fire extinguisher inspection documentation for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Residential Director stated monthly portable fire extinguisher inspections are documented on hanging tags affixed to each facility fire extinguisher. Based on observation with the Residential Director during a tour of the facility from 2:15 p.m. to 2:30 p.m. on 01/09/15, the portable fire extinguisher located near the laundry had an affixed inspection and maintenance tag lacking documentation of monthly inspections for March, April, June, August and December 2014. Based on interview at the time of observation, the Residential Director stated no other documentation of monthly portable fire extinguisher inspections was available for review and acknowledged monthly</p>			

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K01S152	<p>inspections for March, April, June, August and December 2014 for the aforementioned portable fire extinguisher was not available for review.</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 one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift for 3 of 4 quarters and on the second for 1 of 4 quarters. This</p>	K01S152	Staff have been in-serviced on completing drills in compliance with regulations. (AttachmentA). The Residential Director will be responsible to schedule specific staff to complete drills at a frequency	01/27/2015

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	<p>deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Residential Director during record review from 1:30 p.m. to 2:15 p.m. on 01/09/15, documentation of a fire drill conducted on the first shift (6:00 a.m. to 3:00 p.m.) in the second quarter (April, May, June), the third quarter (July, August, September) and the fourth quarter (October, November, December) of 2014 was not available for review. In addition, documentation of a fire drill conducted on the second shift (3:00 p.m. to 11:00 p.m.) in the third quarter quarter (July, August, September) of 2014 was not available for review. Based on interview at the time of record review, the Residential Director acknowledged documentation of a fire drill conducted on the aforementioned shifts and quarters in 2014 was not available for review.</p>		<p>which is compliant with regulations. This schedule will be placed in the site. (AttachmentA) The drills and schedule will be monitored by the Residential Director andArea Director to assure compliance. Additionally, the Area Director will track the completion of the drills.</p> <p>Person responsible: Residential Director and Area Director</p>				