

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G672	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/09/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 W PRIVATE RD 385 N NORTH VERNON, IN 47265
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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: 02/09/16</p> <p>Facility Number: 008879 Provider Number: 15G672 AIM Number: 200076390</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 determined to be fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</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 S152 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.60.</p> <p>Quality Review on 02/11/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters and 1 of 3 shifts over</p>	K S152	<p>Corrective actions taken:</p> <p>The fire evacuation drill sheet has been revised to reflect that all sleep time drills must be conducted between the hours</p>	03/01/2016

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	<p>the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Fire Drill Reports on 02/09/16 with the team lead at 9:20 a.m., there was no record of a fire drill conducted on first shift for the third quarter of the year 2015. This was verified by the team lead at the time of record review and acknowledged at the exit conference on 02/09/16 at 10:50 a.m.</p>		<p>of 1am and 4am.</p> <ul style="list-style-type: none"> · Staff will be in-serviced on the new expectation of the sleep time drills <p>How we will identify others:</p> <ul style="list-style-type: none"> · The group home quality assurance manager will ensure that all drills have been conducted during the proper time during her monthly documented audits. · All group home night auditors ensure during their nightly audits that scheduled drills have been completed. Sleep time drills will be conducted by the night auditor. <p>Measures put in place:</p> <ul style="list-style-type: none"> · Revised fire evacuation drill sheet (attachment A) · Group home monthly record review (Attachment B) · Night auditor sheet (Attachment C) <p>Monitoring of corrective action:</p> <ul style="list-style-type: none"> · The regional manager will receive all county fire evacuation drills monthly to ensure sleep time drills are conducted between the hours of 1am-4am · The agency safety coordinator receives all group home drills monthly to ensure continuing compliance. · All county QIDPs will review night auditor sheets and their findings on a daily basis · The group home regional program manager will receive all quality assurance manager audits. The regional program manager will ensure all 		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			deficiencies found are addressed in the form of training or appropriate disciplinary action.		