

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G652	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/10/2014
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN 47240
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(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
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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: 11/10/14</p> <p>Facility Number: 001190 Provider Number: 15G652 AIM Number: 100233930</p> <p>Surveyor: Mark Bugni, 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 one story facility was fully 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>	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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K01S046	<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 0.36.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/13/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 2 of 2 kitchen receptacles and 1 of 2 bathroom receptacles were provided with ground fault circuit interrupter (GFCI) protection against electric shock near an electrical outlet. NFPA 101, 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter</p>	K01S046	<p>In order to correct the deficiency, a maintenance request has been submitted as of 11/18/2014 by the QIDP in charge of the home. The maintenance will replace the two kitchen outlets and the blue bathroom outlets with GFCI enabled electrical outlets. The outlets will be replaced no later than 12/10/2014. In order to ensure that all DSI group homes are in compliance with the GFCI regulation, each county QIDP will inspect each home for similar deficiencies. If any deficiency of this nature is discovered, the QIDP will submit a maintenance request immediately in order to comply with</p>	12/10/2014			

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	<p>(GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and electrical insulation is more subject to failure. This deficient practice affects all clients who would use the kitchen and laundry area.</p> <p>Findings include:</p> <p>Based on observations on 11/10/14 during a tour of the facility from 1:20 p.m. to 2:30 p.m. with the home manager, the kitchen had two electric outlets one foot from the kitchen sink, and the blue bathroom had one electric outlet one foot from the hand wash sink not provided with a ground-fault circuit interrupters. Furthermore, the main electric panel in the garage was checked and confirmed that the electric receptacles one foot from the kitchen sink and one foot from the blue bathroom hand wash sink were not provided with GFCI protection to prevent electric shock. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 11/10/14 at 2:40 p.m.</p>		<p>safety standards.</p> <p>Responsible for QA: County QIDP, Maintenance staff</p>				