

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G405	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2014
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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 0999 N 250 W LAGRANGE, IN 46761
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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: 03/18/14</p> <p>Facility Number: 000919 Provider Number: 15G405 AIM Number: 100244400</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Alternative Lifestyles 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>The one story facility with a partial basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels of the house including in the corridors, in sleeping rooms and in common living areas. 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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	<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 03/24/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K01S123	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every bathroom door is designed to allow opening from the outside during an emergency when locked. 32.2.2.5.4, 33.2.2.5.4</p> <p>Based on observation and interview, the facility failed to ensure the bathroom door in 1 of 3 sleeping rooms could be opened from the outside during an emergency when locked. This deficient practice could affect two clients.</p> <p>Finding includes:</p> <p>Based on observation with the Chief Executive Officer (CEO) on 03/18/14 at 3:19 p.m., the bathroom door knob in the southeast sleeping room could be locked from the inside but lacked a way to unlock the door from the opposite side. The CEO confirmed the bathroom door knob could not be unlocked from outside the bathroom.</p>	K01S123	<p>It will be the responsibility of the Alinec Maintenance Personnel to change the door knob on the SE bedroom master bath to a privacy knob that can be opened with a key in the event of an emergency intervention. In the future it will be the responsibility of the person doing the monthly inspection of the residence to make sure all doors close and latch in their frames. Also, to ensure all knobs are the correct type and are in good working order.</p>	03/28/2014

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K01S150	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure draperies and curtains in 3 of 3 sleeping rooms were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects all clients.</p> <p>Finding include:</p> <p>Based on observations with the Chief Executive Officer (CEO) on 03/18/14 from 3:00 p.m. to 3:30 p.m., curtains were hung at the windows in all three sleeping rooms. Based on an interview with the CEO at the time of observations, he stated the curtains have never been treated with a flame retardant chemical nor could he provide documentation to indicate the curtains were flame resistant.</p>	K01S150	<p>It will be the responsibility of the C.E.O. to obtain from the Fire Protection company a fire retardant solution that can be applied to the draperies to meet LSC section 10.3.1 and NFPA 701. We will also, get the MSDA sheet to go along with the product for continued safety practices. It will be the responsibility of the Maintenance Personnel to apply the solution and document the treatment application. In the future it will be the responsibility of the C.E.O. to keep the documentation of the treatment of the draperies and be able to produce them for the survey process.</p>	04/18/2014			

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