

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G805	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 KELLAM RD CENTERVILLE, IN 47330
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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
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: 04/09/14</p> <p>Facility Number: 012633 Provider Number: 15G805 AIM Number: 201072030</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>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 32, New 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, in common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <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 0.44.</p> <p>Quality Review by Robert Booher, Life Safety</p>	K010000		

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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K01S149	<p>Code Specialist-Medical Surveyor on 04/15/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to provide a noncombustible ashtray for 1 of 1 areas where smoking is permitted. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on an interview with the medical coach on 04/09/14 at 12:20 p.m., the facility had one smoking location outside the garage. Based on observation of the outside location by the garage on 04/09/14 at 12:40 p.m. with the medical coach, the outside location had ten cigarette butts on the ground surface and lacked a noncombustible ashtray for discarded smoking material. This was verified by the medical coach at the time of observation.</p>	K01S149	<p>CORRECTION:Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. Specifically, the facility has purchased two noncombustible, weather-proof ashtrays and will place them in the designated outdoor smoking areas. PREVENTION:The facility will incorporate visual inspection of the outside smoking area into its regularly scheduled Physical Environment Safety Checks. Additionally members of the Operations and Quality Assurance teams will visit the facility no less than monthly and assure that a noncombustible ashtray is in use. Responsible Parties:QIDP, Direct Support Staff, Operations Team</p>	05/09/2014