

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G639	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/22/2013
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 426 E MONTGOMERY RD. GREENSBURG, IN 47240
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K0000	<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: 01/22/13</p> <p>Facility Number: 001214 Provider Number: 15G639 AIM Number: 100234330</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 sprinklered. 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 6 at the time of this survey.</p>	K0000		
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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 0.25.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/25/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS046	<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 4 counter top surfaces were provided with ground fault circuit interrupter (GFCI) protection against electric shock near an electrical outlet. 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 (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 01/22/13 during a tour of the facility from 10:00 a.m. to 11:50 a.m. with the quality assurance director, the kitchen had two electric outlets two feet from the kitchen sink. In the adjoining laundry room, a wash tub basin had one electric outlet from the 220</p>	KS046	<p>K0046</p> <p>A maintenance request has been submitted for the necessary repairs to bring these receptacles to code. This will be completed by February 21, 2013.</p> <p>Responsible for QA: QIDP, Maintenance</p>	02/21/2013

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	volt dryer plug within one foot of the wash tub basin which was not provided with a ground-fault circuit interrupters. Furthermore, the main electric panel in the garage was checked and it was confirmed the electric receptacles two feet from the kitchen sink and one foot from the laundry wash tub basin were not provided with GFCI protection to prevent electric shock. This was confirmed by the quality assurance director at the time of observations.						

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KS148	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on observation, record review, and interview; the facility failed to ensure 1 of 2 areas where smoking was permitted was included on the written smoking policy. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on a review of the written smoking policy labeled Policy #1.009 dated 09/09/11 on 01/22/13 at 10:40 a.m. with the quality assurance director, the written policy stated "Smoke free areas shall include the interior of all buildings and facilities and residences where Developmental Services Incorporated programs and services are provided. Smoking will be permitted on the grounds outside of the buildings or in designated areas at the homes." Furthermore, the smoking policy identified the outside back patio as the designated smoking area. Based on observation during a tour of the facility on 01/22/13 at 11:10 a.m. with the quality assurance director, the inside of the garage had a coffee can located near the garage door one half full of unlit cigarette butts and there were two unlit cigarette butts on the concrete floor</p>			KS148	<p>K0148</p> <p>Smoking policy was reviewed and found to be appropriate. Staff have been retrained on this policy and their responsibility to ensure clients follow the same policy. QIDP or designee will observe at least monthly in the home to ensure compliance in this area.</p> <p>Responsible for QA: QIDP, SGL Manager</p>		02/21/2013

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	near the south wall near the combustible wooden stud wall juncture and two unlit cigarette butts on concrete floor surface along the northwest wall next to five combustible cardboard boxes. Based on an interview with the quality assurance director on 01/22/13 at 11:20 a.m., the garage is not listed as a designated smoking location and the staff have been told to not smoke in the garage. The lack of the garage as an area where smoking is permitted in the written smoking policy and unsupervised discarded cigarette butts on the garage floor near combustible wooden wall studs and cardboard boxes was confirmed by the quality assurance director at the exit conference on 01/22/13 at 11:55 a.m. and by telephone interview with the residential coordinator on 01/22/13 at 12:10 p.m.			

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KS149	<p>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 ensure 1 of 2 areas where smoking was permitted used safety type ashtrays or receptacles for discarded smoking materials. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 01/22/13 at 11:10 a.m. with the quality assurance director, the inside of the garage had a coffee can located near the garage door one half full of unlit cigarette butts and there were two unlit cigarette butts on the concrete floor near the south wall near the combustible wooden stud wall juncture and two unlit cigarette butts on the concrete floor surface along the northwest wall next to five combustible cardboard boxes. Based on an interview with the quality assurance director on 01/22/13 at 11:20 a.m., the outside smoking location on the back patio has an acceptable fire rated cigarette container but the garage does not. The lack of an acceptable safety type ashtray or receptacle for discarded smoking</p>	KS149	<p>K0149</p> <p>The coffee can has been removed from this home and staff retrained on the agency smoking policy. The client in this home who smokes has also been retrained on the smoking policy. The appropriate safety type receptacle for discarding smoking materials will continue to be available in the designated smoking area for the home. QIDP or designee will observe at least monthly to ensure compliance in this area.</p> <p>Responsible for QA: QIDP</p>	02/21/2013

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	material was confirmed by the quality assurance director at the exit conference on 01/22/13 at 11:55 a.m.				

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KS152	<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 conduct fire drills at least quarterly on 2 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include: Based on a review of the Fire Drill Book with the quality assurance director on</p>	KS152	<p>K0152 QIDP will retrain staff on the requirements for regular evacuation drills. A schedule of the drills will be posted in the home. Staff will turn in monthly documentation to the QIDP of the evacuation drills completed that month. QIDP will compare with the drill schedule to</p>	02/21/2013	

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	01/22/13 at 10:00 a.m., there was no evidence of a first shift fire drill for the first quarter or a third shift fire drill for the third quarter of 2012. Based on an interview and review of Fire Drill Reports by the quality assurance director on 01/22/13 at 10:30 a.m., it was confirmed the first quarter first shift and third quarter third shift fire drills were not conducted for the year 2012.		ensure compliance in this area. Responsible for QA: QIDP		