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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G462 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/01/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>DEVELOPMENTAL SERVICE ALTERNATIVES INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2228 VAN BUSKIRK RD<br>ANDERSON, IN 46011 |
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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: 02/01/13</p> <p>Facility Number: 000976<br/>Provider Number: 15G462<br/>AIM Number: 100235450</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Developmental Service Alternatives 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 two story facility with a basement was sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, resident sleeping rooms and common living areas. The facility has a capacity of eight and had a census of eight at the time of this</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>survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/08/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> |               |   |                      |

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| KS051  | <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observations and interview, the facility failed to ensure 1 of 3 levels was provided with manual fire alarm boxes. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural path to exit an area. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation on 02/01/13 at 1:13 p.m. with the Maintenance Director, the basement was not provided with a manual fire alarm box. Based on an interview on 02/01/13 at 1:15 p.m. with the Maintenance Director, the facility has three manual fire alarm boxes; one is located on the second floor and two are located on the first floor with none located in the basement which is used for</p> | KS051   | A pull station will be installed in the basement of this facility on or before the date of compliance. No other areas are out of compliance as indicated by survey QWKJ21. | 03/03/2013   |  |   |  |

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|                          | record storage and additional cleaning supplies. Residents are allowed in the basement.                                      |                     |  |                            |