STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICES INC	3839 CAMELOT LN COLUMBUS, IN 47201

(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
K 000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 04/10/15 Facility Number: 003184 Provider Number: 15G697 AIM Number: 200368720 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. This one story facility was not 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. Calculation of the Evacuation Difficulty	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	15G090		04/10/2015

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	Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.32.			
K 032 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens. Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2.2 Based on observation and interview, the facility failed to ensure 2 of 4 corridors used as a primary means of escape were not exposed to living areas and kitchens for a Slow rated facility. This deficient practice could affect all clients in the facility. Findings include: Based on observations on 04/10/15 during a tour of the facility from 11:10 a.m. to 12:30 p.m. with the regional program manager, the East Hall and West Hall client sleeping room corridors were both exposed to the kitchens and living rooms by wall openings in the corridor with no smoke barrier door separation. This was verified by the regional program	K 032	In order to correct this deficiency, steps were taken to address not only the absence of smoke barrier doors, but also to improve upon former practices as a result of a slow rating for this facility. Since previous life safety code surveys, the residents in the home have displayed diminished mobility. The RPM will request all county QIDPs to reevaluate their homes' ratings due to similar concerns over diminished mobility. The QA and QIDP of this home have revised their home's evacuation charts in order to reflect the installation of smoke barrier doors. The meeting spot for evacuations has also been modified to take into account the clients' mobility needs. After the RPM was made aware of the need for smoke barrier doors, a work order was immediately filed	05/10/2015

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3839 CAMELOT LN COLUMBUS, IN 47201	

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	manager at the time of observations and acknowledged at the exit conference on 04/10/15 at 12:35 p.m.		with the agency's maintenance department. The smoke barrier doors for East and West halls will be installed by 5/10/15. The RPM and QIDP will ask maintenance staff to provide updates in order to ensure that installation is done in a timely manner. Any other DSI homes that get reevaluated by the county QIDP and having an outcome rating of "slow" will be adapted to include smoke barrier doors if not present already.	