

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G472	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2012
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3708 LUEWAN DR INDIANAPOLIS, IN 46229
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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: 02/27/12</p> <p>Facility Number: 000986 Provider Number: 15G472 AIM Number: 100244890</p> <p>Surveyor: Mark Caraher, 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 one story building was determined to be nonsprinklered. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p>	K0000		

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 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/01/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke barrier doors held open by devices arranged to automatically close would self close when the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect 6 clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Coordinator during a tour of the facility from 12:40 p.m. to 1:05 p.m. on 02/27/12, the corridor smoke barrier door which is held open by a magnetic hold device and arranged to automatically close did not self close when the fire alarm system was activated. The magnetic hold device released the door when the fire alarm system was activated but a loose top hinge prevented the door from closing and caused it to leave a six inch gap between the door and the frame. Based on interview at the time of observation, the Residential Coordinator acknowledged the corridor smoke barrier door did not self close when the fire alarm system was activated.</p>	K0130	<p>The closure on the door will be adjusted so as to ensure that when the door automatic closes when the fire alarm system is activated. Routine observations will be made in the home to ensure that the door closes automatically when the system is activated to ensure that this does not become an issue in the future.</p> <p>Persons responsible: Maintenance, Residential Director and Residential Coordinator</p>	03/28/2012			

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KS018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 sleeping room doors would latch into the door frame. This deficient practice could affect 1 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Residential Coordinator during a tour of the facility from 12:40 p.m. to 1:05 p.m. on 02/27/12, the door handle on the entry door to the north client sleeping room failed to latch into the door frame. Based on interview at the time of observation, the Residential Coordinator acknowledged the door handle on the entry door to the north client sleeping room failed to latch into the door frame.</p>	KS018	<p>The closure on the door will be adjusted so as to ensure that when the door automatic closes when the fire alarm system is activated. Routine observations will be made in the home to ensure that the door closes automatically when the system is activated to ensure that this does not become an issue in the future.</p> <p>Persons responsible: Maintenance, Residential Director and Residential Coordinator</p>	03/28/2012

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KS155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. LSC A.9.6.1.8 explains a fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Those individuals should be specifically trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Emergency Procedures" documentation with the Residential Coordinator during record review from 12:15 p.m. to 12:40 p.m. on</p>	KS155	<p>The Fire Emergency Procedures policy will be changed to indicate that in the event that the fire alarm system is impaired for four consecutive hours in a twenty four hour period the President or his designee will be notified and the building will either be evacuated or an approved fire watch system will be enacted per his directive. The President or his designee will assign an individual fire watch responsibilities. All individuals working in a home will receive training on the fire watch responsibilities to include fire prevention and fire department notification.</p> <p>Persons responsible: Residential Director, Residential Coordinator and Area Director</p>	03/28/2012			

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	<p>02/27/12, the facility did not include the following in the written fire watch policy for the facility:</p> <p>a) a statement requiring the building to be evacuated or an approved fire watch shall be provided where the fire alarm system is out of service for more than four hours in a twenty four hour period.</p> <p>b) a statement assigning an individual fire watch responsibilities who is specifically trained in fire prevention and in occupant and fire department notification techniques.</p> <p>Based on interview at the time of record review, the Residential Coordinator acknowledged the written fire watch policy for fire alarm system impairment for the facility did not include the aforementioned statements.</p>			