

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G627	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8044 DARTMOUTH RD INDIANAPOLIS, IN 46260
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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: 03/02/12</p> <p>Facility Number: 001189 Provider Number: 15G627 AIM Number: 100245700</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, all living areas and all bedrooms. 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 Slow with an E-Score of 2.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/05/12</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p>			

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KS016	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 kitchens was rated Class A or Class B for a Slow rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Aide during a tour of the facility from 10:55 a.m. to 11:20 a.m. on 03/02/12, there is wood paneling in the kitchen. Based on interview at the time of observation, the Maintenance Aide stated there was no documentation available to show the flame spread rating for the wood paneling was Class A or Class B.</p>			KS016	<p>CORRECTION: <i>Interior wall and ceiling finish is Class A or Class B. Specifically, the facility's kitchen wood paneling will treated to assure its flame spread rating is Class A or Class B.</i></p> <p>PREVENTION: The Maintenance Coordinator will assure the facility has documentation that wall and ceiling finishes are Class A or Class B. Additionally the Operations Team will incorporate checking for documentation of flame spread ratings into its internal quality assurance audits</p> <p>Responsible Parties: Maintenance Team, Operations Team</p>		04/01/2012

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions for 4 of 4 first and third shift fire drills. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on review of "Emergency Evacuation Drill: Fire" documentation</p>	KS152	<p>CORRECTION: The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations Team</p>	04/01/2012	

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	<p>with the Maintenance Aide during record review from 10:05 a.m. to 10:55 a.m. on 03/02/12;</p> <p>a) four of four first shift fire drills conducted on 06/06/11, 09/15/11, 12/07/11 and 01/30/12 were conducted between 7:16 a.m. and 7:30 a.m.</p> <p>b) four of four third shift fire drills conducted on 06/15/11, 09/29/11, 11/28/11 and 02/01/12 were conducted between 3:00 a.m. and 3:30 a.m.</p> <p>Based on interview at the time of record review, it was acknowledged by the Maintenance Aide first and third shift fire drills were not conducted under varied conditions.</p>		<p>will review and track all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Responsible Parties: Support Associates, QDDPD, Operations Team</p>		